



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Hollybank Manor
Agency ID No: 11069
Date of Inspection: 23 September 2014
Inspector's Name: Lorraine O'Donnell
Inspection No: 0202099

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Hollybank Supported Living Scheme
Address:	13 Union Road Magherafelt BT45 5DF
Telephone Number:	02879300878
E mail Address:	arlene.stewart@northerntrust.hscni.net
Registered Organisation / Registered Provider:	Tony Stevens
Registered Manager:	Arlene Stewart
Person in Charge of the agency at the time of inspection:	Arlene Stewart
Number of service users:	27
Date and type of previous inspection:	Primary Announced Inspection 6 January 2014
Date and time of inspection:	Primary Announced Inspection 23 September 2014 10am-5:30pm
Name of inspector:	Lorraine O'Donnell

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders

- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation process

During the course of the inspection, the inspector spoke to the following:

Service users	7
Staff	4
Relatives	0
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	6

Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following four quality themes were assessed at this inspection:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**
- **Theme 2 – Responding to the needs of service users**
- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Review of action plans/progress to address outcomes from the previous inspection

The agency's progress towards compliance with the two requirements and the two recommendations made following the inspection of the 6 January 2014 was assessed. The agency has fully met the minimum standards in relation to the recommendations made at the previous inspection. The agency has fully met one requirement and was not compliant with the second requirement. This requirement has been restated.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of service

Hollybank Supported Living Scheme is a domiciliary care agency, based at 13 Union Road, Magherafelt. Under the direction of manager Mrs A Stewart a team of 32 staff provide a range of services to 27 people living in Draperstown, Magherafelt Castledawson and the Loupe. These service users are adults who require support due to mental health care needs and learning disabilities. The service users receive support which includes personal care, social support and assistance to live as independently as possible within the local community. Staff provide these services within ten shared homes of service users. The Northern HSC Trust commissions these services and is partly funded by NIHE Supporting People Scheme.

Summary of inspection

The inspection was undertaken on 23 September 2014, the inspector met with the manager and assistant manager during the inspection.

The inspector had the opportunity to meet with seven service users and four staff during the inspection.

Prior to the inspection, four staff members forwarded to RQIA a completed questionnaire and two more were completed on the day in relation to the quality of training and service provision.

Feedback in relation to the inspection findings was provided to the registered manager during the inspection.

The service provision is person centred and individual. This was evident from reading care and support plans and talking to staff and service users.

The inspector would like to thank the manager, service users and staff for their cooperation during the inspection process.

Detail of inspection process:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**

The agency's registered manager acts as the nominated appointee for sixteen service users. These arrangements were not noted in the service users' agreements and the agency was unable to provide any records of capacity assessments for these service users. The other eleven service users' finances and property are not managed by agency staff. The service users are supported with budgeting, banking and paying bills.

Service users do not contribute from their personal income towards their care or support.

The agency does not provide transport for the service users. Five service users have cars through the Motability Scheme. These service users share the use of these cars with other service users. Records are maintained of these arrangements between individual service users and of each journey including who travelled, miles travelled and the amount charged to the service user. Staff members are assessed by a HSC Trust assessor as competent prior to driving these vehicles. The agency ensures the legal documents are in place for Motability vehicles.

Each service user has a “Financial Profile” which contains a financial consent form which details the support agreement and records of cash and valuables held by the agency for safe keeping. The agency maintains a number of Financial Management Policies to ensure service users’ finances and property are appropriately managed and safeguarded. However the inspector was informed that each support worker can access the Hollybank safe on a daily basis, access is not restricted to the senior on duty as advised within the HSC Trust “ Best Practice Cash and Valuables Management” guidance for staff. The safe register indicated the registered manager pre signed up to twenty bank withdrawal slips which were stored in the safe. The inspector was unable to determine from the records kept by the agency that any reconciliation of the safe contents had occurred. These issues were discussed with the registered manager during the inspection.

The agency has been assessed as “Not Compliant” for this theme

- **Theme 2 – Responding to the needs of service users**

The agency has developed a range of documentation in relation to referrals, needs and risk assessment and care / support planning and explicitly highlighted the human rights of service users within this.

The service users each have care/support plans which were person centred and reflected consideration of the service users’ human rights. These plans contained evidence of HSC Trust involvement and were reviewed annually or more frequently if required.

The service users who participated in the inspection informed the inspector they were very happy with the support they had received from the agency staff and described how the staff encouraged them to look after their home.

The staff received training in areas such as “Human Rights” and “Restrictive Practices” to ensure they have the appropriate level of knowledge and skills required to respond to the needs of the service users.

The agency maintains a “Whistleblowing Policy” and staff are aware of their responsibility to report concerns relating to care practises.

The agency was unable to provide evidence of capacity assessments for any of the sixteen service users the agency act nominated as appointee for.

The agency has been assessed as “Substantially compliant” for this theme.

- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

The service users have been issued with a ‘Service Users’ Agreement’ which sets out their allocation of care and support hours and itemises the details of the service charges which are paid weekly to the agency. However these plans were not consistently signed by the HSC Trust representative.

Service users do not make a contribution from their personal income for care or support costs.

The agency has been assessed as ‘Substantially compliant’ for this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The reports of the quality monitoring visits undertaken on behalf of the registered provider were examined and it was noted that the views of service users' representatives had not been obtained for the months of January 2014 and February 2014. The time of day the visits occurred was not recorded, therefore the inspector was unable to evidence if the visits occurred at a variety of times to ensure all aspects of service provided by the agency had been assessed.

A recommendation has been made with regard to the monthly quality monitoring visits.

Reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

The information returned to RQIA was discussed during the inspection and the registered manager confirmed all twenty seven service users had a review completed by the HSC Trust in accordance with DHSSPS guidance. The records of these meeting had been completed and returned to the agency for the service users. One service users who participated in the inspection confirmed their review had been completed and agency staff had assisted them to prepare for the review meeting with HSC Trust staff. The inspector examined the care and support plans for three service users and each had evidence of a HSC Trust review within the last twelve months.

Charging Survey

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The survey was discussed during the inspection and the registered manager advised the inspector that the agency act as appointee for sixteen of the service users, this had been a long standing arrangement under Social Security Regulations. However the agency was unable to provide any documentary evidence to support this. The inspector was informed that three service users' funds are managed by the Office of Care and Protection. The agency does not hold written authorisation from the service user or their representative to act as nominated appointee. The registered manager informed the inspector three of the sixteen service users had been assessed as lacking financial capacity, records of these assessments were not available during the inspection.

The registered manager confirmed that agency staff are available to offer advice and support with budgeting.

Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	15 (1) Schedule 1	<p>The agency’s statement of purpose must be updated in relation to Regulation 5 (1) Schedule 1 (3) (4) and (5)</p> <ul style="list-style-type: none"> - The name and address of the registered provider - The qualifications of the registered provider - The range of qualifications of the care workers. 	<p>The updated Statement of Purpose was forwarded to RQIA following the previous inspection on 6 January 2014. This document had been updated in accordance with Regulation 5 (1) Schedule 1 (3) (4) and (5).</p>	Once	Fully Met
2	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> • Utilities bills <p>The service user’s individual financial agreements will have to be further developed to reflect any payments made by them for food, utilities costs and any reimbursements received.</p>	<p>The inspector examined the financial agreements for three service users, these records included information outlining staff contributions to food and drinks when out with service users. The registered manager informed the inspector to date the service users had not been reimbursed for charges made from personal income in relation to utilities bills and staff food made prior to the introduction of the new arrangements.</p>	Twice	Not Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records.	The inspector examined three service users care and support plans which incorporated human rights considerations.	Once	Fully Met
2	Standard 12.4	The registered manager should ensure that the agency staff receive training and guidance in human rights.	The inspector examined the staff training records which confirmed all staff had received training and guidance on human rights on 09/01/2014 and 24/01/2014.	Once	Fully Met

<p align="center">THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement. 	<p align="center">COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>Each service user has a 'Support Agreement' detailing the terms and conditions of their tenancy and have individual tenancy agreements with private landlords. Rental increases are at the discretion of individual landlords, and subject to the terms of tenancy agreements. Tenants are supported to complete a 'My Money Matters' assessment to assess level of support needed to manage their finances. Some tenants choose to pay for private podiatry treatment and other private health care (ophthalmology). Staff adhere to Trust 'Standing Financial Instructions' and local Hollybank financial policy. Corporate appointee monitors tenants' finances. Head of Service notified if tenants become 'self funding'. Head of Service will then write to tenants to notify them of changes applicable. Local 'Hollybank' financial policy outlines arrangement for staff contributing towards meals.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have been issued with a Service Provision Agreement and this reflects the charges relating to the service users' tenancy. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency.</p> <p>Service users do not make any personal contribution to the cost of their care or support.</p> <p>The registered manager informed the inspector a notice was given to service users at least four weeks in advance of any changes increase.</p> <p>The registered office is separate from service users' homes and therefore the service users do not contribute to the business accommodation.</p> <p>As stated in the self- assessment the financial policy includes guidelines for staff arrangements for contributing to meals and drinks. The agency has a policy and procedure in place detailing the arrangements in place to support service users to manage their property and finances. The records to be kept and required checks to be made are outlined in the Financial Guidelines.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 2:

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;
- If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date

COMPLIANCE LEVEL

<p>they acted in this capacity and the service user on whose behalf they act as agent;</p> <ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<p>Provider’s Self-Assessment</p>	
<p>Staff currently utilise tool 'My Money Matters' to assess and record support required by individual service users re managing their finances/property. An operational policy has been developed which provides a framework for all financial dealings. All tenants have their own bank accounts. Those tenants with bank cards can access their money at any time, those with bank books, within normal banking hours. There are daily checks of clients' individual monies within house safes, senior staff complete monthly audits. HCO reconciles all transactions. Hollybank safe is checked daily. Manager is corporate appointee for a number of tenants. This has been agreed to by DHSS. Individual consents for same have been gained from those tenants concerned. Some tenants have their monies managed by Office of Care & Protection.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined the records of three service users, each one had a HSC Trust assessment of the level of support they required managing their finances. The four staff who participated in the inspection informed the inspector that within the service users home staff check the safe contents and maintain records for each individual service user. These records include details of allowances and transactions, dates and signatures. When service users /or their representatives are unable to sign for receipt of money two members of staff witness the handover of money. A reconciliation of the money/possessions held in the house safe is carried out at the change of each shift. The arrangements and agreements for safe storage of service users’ money and property in the safe at the registered office were recorded in the Financial Agreement. The safe register was examined by the inspector during the inspection however there were no reconciliation records available.</p>	<p>Not Compliant</p>

The returned charging survey and discussions the inspector had with the registered manager confirmed the agency acts as a nominated appointee for sixteen service users; however these arrangements were not available in writing during the inspection. The registered manager informed the inspector the arrangements had been approved by the Social Security Agency over twenty years ago and had not been reviewed. Capacity assessments for these service users were not available during the inspection.

The inspector spoke with four staff during the inspection and they each confirmed contingency arrangements were in place if a service user requires them to purchase items or services on their behalf. These include written authority from the tenant and two staff members must be present when carrying out the transaction.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Each tenant's house has a safe which is checked/reconciled daily by staff. Keys for same are held in Hollybank for safekeeping while tenants are out. Staff collect keys and sign in and out as per local policy. Safe in Hollybank reconciled daily by HCO/Senior; keys for same held by senior staff. Any discrepancies in tenant's monies reported immediately to senior staff. Consent has been gained from all tenants re. safe storage of their bank cards/books/monies. Tenants assessed as having capabilities re. managing their own monies are encouraged and supported to do so. In cases where there is restriction of access to money, there is explicit detail in cae/support plan following Multi Disciplinary Assessment.</p>	Compliant

Inspection Findings:	
<p>The agency provides a safe for the storage of money and valuables. They maintain a range of financial management policies such as “Cash and Valuable Handling” and “NHSCT Best Practice Cash and Valuables Management”, to provide guidance for staff to ensure service users’ finances and property are appropriately managed and safeguarded.</p> <p>The registered manager informed the inspector safe contents are reconciled at least weekly, for each service user. However there were no records of reconciliations available to support this. The inspector examined the safe register, this provided a record of money and valuables which were deposited with the agency for safe keeping and returned. These records were dated and signed by the service user or their representative and the staff member receiving or returning the possessions. Access to the agency safe was not restricted to the senior on duty; each member of the support team could access the safe. Within the safe the manager stored up to twenty pre signed bank withdrawal slips which could be used for a number of service users. The inspector was informed by the staff who participated in the inspection any errors were reported using the safeguarding procedures.</p> <p>The inspector spoke with two service users who confirmed they were aware of the use of the safe to store valuables such as their cash point cards, each service user informed the inspector they did not experience any restrictions on access to their valuables.</p>	<p>Not Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 4:</p> <p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance); • Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative; • Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges; • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; • The agency ensures that the vehicle(s) used for providing transport to service users, including private 	<p>COMPLIANCE LEVEL</p>

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>Agreements are in place with those tenants who have mobility cars. These tenants have agreed that other tenants can share their car when travelling to the same location. Where applicable, those tenants sharing cars, pay an agreed amount weekly towards fuel. Daily logs are kept of all usage of mobility vehicles detailing passengers, destinations, mileage etc. As per Trust policy/procedures, all staff complete Trust driving test. Staff provide driving licences, tax books, insurance documents to Transport department for verification.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency does not provide a transport scheme for service users. Some service users use public transport or taxi services.</p> <p>The inspector was informed five service users have individual mobility vehicles and have agreements with other service use relating to shared use of the vehicles. These service users share their cars when travelling to the same location such as day care or shopping centres. The service users agree to pay an agreed amount weekly towards petrol charges. As stated in the self -assessment staff keep a daily log of the destination, mileage and passengers.</p> <p>The four staff who participated in the inspection confirmed they had been assessed by the HSC Trust driving assessor before permitted to drive the vehicles.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Not Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1: The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>In Hollybank, we have developed our own assessment tool identifying needs and risks. Alongside, tenants’ individual care/support plans are then developed with each tenant, identifying how said needs will be met. Care and support plans are holistic, person centred, with multi-disciplinary input, and due consideration given to Human Rights. These plans are reviewed and updated at least annually, but more frequently if required. Tenants are supported to contribute to these reviews, as are others who are involved in their daily lives, or whom tenants feel are important. Staff monitor and record the effectiveness of these plans and their outcomes with individuals, and highlight any changing needs to senior staff.</p>	Substantially compliant
Inspection Findings:	
<p>A range of care records were examined and service users’ needs and risks were documented by agency staff and had been reviewed by the HSC trust.</p> <p>The inspector examined updated needs assessments and care / support plans provided by the HSC trust for three service users; these were noted to have been aligned to the specific outcome for service users and their human rights. The care records of three service users were examined and contained daily progress notes and staff summaries of the individual’s progress towards aspects of their care and support plan. Agency staff has written an evaluation against each outcome and these reflected discussions with and the views of the service users. Service users were noted to have had annual reviews and the attendance of HSC trust staff at these meetings was evident as seen in number of updated HSC care plans.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>We have an updated training analysis which identifies mandatory training required for staff. Also, any other training identified by staff through KSF, staff supervision or team meetings. Staff are encouraged to discuss individual needs and how these can be best met, and the effectiveness of the support we provide at team meetings and in supervision. All support staff have, or are in the process of completing QCF 2/3. This vocational training focuses on the care-planning process. All staff are trained in RESPECT, which focuses on understanding individual needs, and providing positive behavioural support for individuals. RESPECT includes an awareness of restrictive practices. There is clear governance in place for the use of restrictive interventions. There is an updated 'Whistleblowing' policy, and all staff are aware of same.</p>	Compliant

Inspection Findings:	
<p>The inspector examined a number of training records and evaluation records in place. The manager stated that training completed by staff shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. The inspector examined a sample of the following training that had been completed by staff:</p> <ul style="list-style-type: none"> • Human rights January 2014 • Respect October 2013 • Safeguarding Vulnerable Adults June 2014 <p>Records in place show that training is evaluated and discussed during supervision and appraisal with staff. The four staff who returned their questionnaires rated the effectiveness of their training as good or excellent and stated that they are aware of the whistleblowing policy if they had concerns about poor practice.</p> <p>The registered manager and the three staff who participated in the inspection stated that changes to care practices are discussed with the HSC trust care manager and other staff and is reviewed regularly. This was evident in records reviewed by the inspector and the current care plans that were reviewed they HSC Trust.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Hollybank Supported Living Scheme's Statement of Purpose, Service User Guide, and Operational Guide refer to the range of services available for tenants within the scheme. All staff have mandatory training in RESPECT, supported by the policy on Behavioural Interventions. Tenants' rights and choices are respected and promoted, and are reflected in their care and support plans. Staff support tenants to express their opinions and wishes. Tenants are aware that they can decline care and support services. This is discussed with individual tenants, and at reviews. Senior and support staff discuss all aspects of tenants' individual care/support plans with them, and support individuals to set goals. Makaton symbols on support plans assist tenants to understand the aspects of care/support being discussed. Tenants sign their careplans when agreed. Should a restrictive practice be deemed necessary, a full Risk Assessment would be completed, and the least restrictive option, as agreed by the Multi-Disciplinary Team would be implemented. The impact of said restrictive practice, on individual and other tenants will always be taken into consideration, and monitoring and evaluation will be ongoing.</p>	Compliant

Inspection Findings:	
<p>As stated in the self- assessment the Statement of Purpose and Service Users Guide include information explaining the nature and range of service provided by the service. The agency’s staff who participated in the inspection demonstrated a clear understanding of the principles of supported living. The inspector spoke with seven service users who confirmed their wishes were respected and they had a right to choose what support they received from the agency. The inspector was informed a night time alarm beam system was in use for one service user, within accommodation shared with two service users. This system was in place to alert staff if one service user was attempting to leave the property at night. The impact this system may have on the other service users was discussed and consent was sought. Staff explained the need for a full risk assessment, involving the HSC Trust prior to any restrictive practice being implemented.</p> <p>The inspector was informed by the registered manager that sixteen service users lack financial capacity; however there were no documents within the care records relating to capacity assessments.</p> <p>Staff informed the inspector that service users were offered copies of their care and support plans. During discussion with three service users confirmed they were aware they could have a copy of these plans and also confirmed they could have access to them at any time.</p>	<p>Substantially Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All care practices which are restrictive in nature are informed by NHSCT policies, to include 'Managing Risk in Direct Care Settings', 'Deprivation of Liberties Safeguards', 'Use of Restrictive Interventions', Human Rights legislation, and Vulnerable Adults guidance. Should a restrictive practice be deemed necessary, a full risk assessment would be completed, and the least restrictive option, as agreed by the Multi-Disciplinary Team, would be implemented. There are specific reporting and recording mechanisms in place to ensure ongoing monitoring and evaluation of these practices, to include NHSCT governance, RQIA, Positive</p>	Compliant

Behaviour Support Service. Senior staff are aware of procedures to follow.	
<p>Inspection Findings:</p> <p>The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice.</p> <p>The inspector examined the agency’s training records; nine staff had attended Human Rights Training in January 2014. All staff had received Respect Training and in October 2013. The agency maintains a policy on Restrictive Physical and Behavioural Interventions.</p> <p>The inspector examined the records of tenants meetings which evidenced that Human Rights had been discussed with service users during house meetings. The agency also maintains “A Guide to the Human Rights Act” in an easy read format. The agency also provide service users an easy read information on “How to Complain”, “Reporting Abuse” and “Staying safe out and about”</p> <p>Agency staff demonstrated to the inspector their knowledge relating to the agency’s responsibility to notify RQIA of each occasion restraint is used. A restrictive practice audit was completed by the agency in August 2014.</p>	Compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>Hollybank Supported Living scheme, has a Service User Guide, Statement of Purpose, and Operational Guide which are updated as required, and which detail the services available, and the type of care/support provided to tenants within the scheme. Copies of these are available for all tenants. There is a draft new 'Operational Policy' to guide service provision. There is a Service Plan detailing plans for the future of the service. Tenants have individual support agreements detailing the support they receive. Tenants have individual care/support plans, as discussed in Theme 2, statement 1.</p> <p>Type and amount of care/support is discussed with staff in formal/informal supervision, staff meetings, and explored in mandatory training, therefore ensuring a consistent approach to service delivery. Any changes to support/care are discussed with individual tenants and documented appropriately.</p>	Substantially compliant
Inspection Findings:	
<p>The Service User Agreements were examined and had been signed by the service users and agency staff. The service users could describe the amount and type of care provided by the agency. The agreements detail the charges for care and support and the hours of each allocated to each individual.</p> <p>The service agreements reflect how the assessed needs of the service user are met, as agreed with the HSC Trust.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Within the Service User Guide, there is an outline of services provided by Hollybank Supported Living Scheme. Within Hollybank, tenants have individual tenancy agreements with landlords, and pay rent directly to them. Staff support tenants to complete financial profiles, detailing income, and how finances are managed. Tenants are supported to complete a weekly budget, to cover daily living expenses. If tenants lose Housing Benefit and therefore Supporting People monies, they become 'self-funding', and then pay a set amount per week for their care and support. If this happens, as discussed in Theme 1, the Trust will correspond with tenants re same, staff will discuss and explain same to tenant.</p>	Substantially compliant

Inspection Findings:	
<p>As outlined in the charging survey returned to RQIA prior to the inspection and discussions with the registered manager during the inspection, it was confirmed service users do not make contributions from their personal income towards their care or support.</p> <p>The inspector examined the care and support plans of three service users, these contained details of the amount of support hours each individual service user was funded to receive and the services the agency provided. The inspector found one support plan had not been signed by the HSC Trust representative; however the records confirmed HSC Trust involvement in the assessments and agreed plans. Service users who participated in the inspection outlined their understanding that their care is paid for by the HSC Trust.</p>	<p>Substantially Compliant.</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>All tenants have yearly reviews, or more frequently if required. As discussed in Theme 2 statement 1, reviews are attended by tenants and those important to them, staff from Supported Living, Day Services and relevant professionals. Staff meet with tenants to prepare a report in preparation for their review. The report will include progress made, goals agreed for the future, any changes to current service provision, and will reflect tenants' wishes, opinions and thoughts. Careplans will be updated by key workers following a review, tenants and key worker will sign careplan to agree any changes. Senior staff will update support plans accordingly.</p>	Compliant

Inspection Findings:	
<p>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, service users are held annually and more often if necessary with HSC Trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Substantially compliant</p>

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Substantially Compliant</p>

Any other areas examined**Complaints**

Prior to the inspection the agency returned a completed complaints questionnaire to RQIA for the period January 2013 to December 2013. The inspector reviewed the complaints records during the inspection which indicated they had been resolved satisfactorily.

Statement of purpose

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency. Following the previous inspection on 6 January 2014, it had been further developed in relation to Regulation 5 (1) Schedule 1 (3) (4) and (5). The document now includes the name and address of the registered provider, their relative qualifications and the care workers qualifications.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager, Arlene Stewart, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Lorraine O'Donnell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Announced Primary Inspection

Hollybank SLS

23 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Arlene Stewart, the registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none">• Utilities bills <p>The service users' individual financial will have to be further developed to reflect any payments made by them for food, utilities cost and any reimbursements received.</p>	Two	<p>All tenants living in the Scheme have individual budget plans which details payment of all utility bills, including electricity, grocery items and any other spends.</p> <p>The level of support required to assist the tenant with budget management is also noted in tenant care/support plans.</p>	March 2015
2	14 (b) (d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so far as to ensure the safety and security of service users' property, including their homes;</p> <p>Due to the absence of any safe reconciliation records it was not possible to determine the</p>	One	<p>6 service users have bank accounts in a local bank which hold Mandates of three authorised signatories, two of which must be used at all times. After the inspection pre-signed bank slips were removed from the safe. Withdrawal slips are now signed as required by service users to complete their weekly budget and lift their money or for other agreed purchases in line with financial management.</p> <p>Keys for the safe in Hollybank</p>	Immediate from the date of inspection.

		<p>safe management of service users' money and valuables.</p> <p>The arrangements in place in respect to access to the safe by staff and the storage of pre signed bank withdrawal slips impacts on the agency's ability to ensure the safety and security of service users' property.</p>		<p>are held either by a senior member of management staff or by administration staff. This safe is accessed by these staff and support workers on the days that banking is carried out for individual service users as per standing financial instructions. We have developed a process and document for reconciliation of the safe contents. This had been carried out previously by administration staff and senior on a regular basis but not recorded.</p> <p>The issue of appointee will now be discussed at individual reviews with service users, family and social workers.</p>	
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Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the views of professionals are obtained and recorded within monthly quality monitoring reports.</p>	One	<p>From the inspection in September 2014 monitoring reports were amended to include date & time of visits.</p> <p>Views of professionals and representatives will be sought at service users reviews and a format has been developed.</p> <p>Contact with professionals and representatives will also be ascertained at monitoring visits by telephone.</p>	Immediate from the date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Arlene Stewart
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	23/3/15
Further information requested from provider			