



The Regulation and
Quality Improvement
Authority

SECONDARY UNANNOUNCED INSPECTION

Inspection No: 20013
RQIA No: 11075
Name of service: Todd's Close
Dates of inspections: 25 June 2014 & 2 July 2014
Inspectors' Names: Briege Ferris & Joanne Faulkner

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of Service:	Todd's Close
Address:	29f Randalstown Road Antrim BT41 4LH
Telephone Number:	07850650084
Email Address:	manager.toddclose@inspirewellbeing.org
Registered Organisation / Registered Provider:	Inspire Wellbeing Limited Mr William Morrow (acting)
Registered Manager:	Mr Dirk Peter Halfenberg
Person in Charge of the Agency at the Time of Inspections:	Ms Clayre Dickson & Mr John Fisher, Deputy Managers, 25 June 2014 Ms Clayre Dickson & Mr John Fisher, Deputy Managers, 2 July 2014 Mr Dirk Halfenberg, Registered Manager, 2 July 2014
Number of Service Users:	30 on 25 June 2014; 32 on 2 July 2014
Date and Type of Previous Inspection:	Primary Announced Inspection 7 March 2014
Date and Type of Inspection:	Secondary Unannounced Inspection, 25 June 2014, 9:30 am - 3:00 pm; Secondary Unannounced Inspection, 2 July 2014, 9.00am – 1.15pm
Names of Inspectors:	Joanne Faulkner (Care Inspector), 25 June 2014 & 2 July 2014 Briege Ferris (Finance Inspector), 25 June 2014 & 2 July 2014

2.0 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 domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of two inspection visits carried out to assess aspects of the quality of services being provided.

3.0 Purpose of the Inspections

The aim of the inspections was 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 (Revised 2011)

4.0 Profile of the Service

Todd's Close, located close to Antrim town centre, is a supported living type domiciliary care agency for adults with learning disabilities, operating under the auspices of Inspire Wellbeing Limited. The agency currently has capacity to provide care and support to 32 service users. The aim of the agency is to supported service users within their own homes to live as independently as possible within their local community.

Presently, 35 staff provide care and support to the service users based on the assessed needs of the individuals.

The service users have a tenancy with Oaklee Housing. Until 10 March 2014, the date of Inspire Wellbeing's registration with RQIA as provider, the domiciliary care service was provided by Oaklee Care and Support Services. From that date onwards, the domiciliary care has been provided by Inspire Wellbeing Limited, a joint venture between Oaklee and the Northern Ireland Association for Mental Health.

Reference is made throughout the report to the registered manager and the deputy managers, Clayre Dickson and John Fisher. The registered manager is Mr Dirk Halfenberg and Ms Gillian Carr is the area manager, with responsibility for the management of Todd's Close on a daily basis. It should also be noted that Mr Dirk Halfenberg was also the registered manager of Todd's Close domiciliary care agency prior to Inspire Wellbeing Limited assuming responsibility for this service.

5.0 Inspection Process (25 June 2014 & 2 July 2014)

The specific focus of the secondary inspection on 25 June 2014 was to examine staffing arrangements and care practices within the agency.

As the inspectors had concerns in relation to the staffing levels within the agency and financial arrangements in place for service users on 25 June 2014, a further inspection was undertaken on 2 July 2014. Inspectors were provided with copies of staffing information, finance arrangements and information relating to care practices.

Following the inspections of 25 June & 2 July 2014, inspectors remained concerned about the adequacy of staffing levels; possible inappropriate charging of service users and concerns that service users' safety and freedom from abuse could not be assured.

As a result of the outcomes of the analysis of the information provided, the registered person and representatives of the provider organisation were invited to attend a meeting with RQIA on 16 July 2014.

All visits to the homes of service users occurred after they had given permission to the inspectors to visit their homes.

Areas Examined during the Inspection Visits:

1. Care Practices, including:
 - Care Plans
 - Risk Assessments
 - Referral Information

- Restrictive Practice Assessments
 - The Impact of aspects of the Physical Environment of Todd's Close on Service Users
 - Exploration of the Potential Provision of Day Care within the Grounds of Todd's Close
2. Staffing Arrangements, including:
- An Examination of Adequate Staffing Levels
3. Service Users' Finances, including:
- Arrangements for Service Users to Pay their Utility Bills
 - Service Users' Financial Agreements and Financial Records
 - Arrangements for Service Users to Access their Money
 - Transport Arrangements in place for Service Users

6.0 Inspection Summary

In the course of the inspection carried out on 25 June 2014 and 2 July 2014, significant concerns were identified about the operation of Todd's Close.

These included:

- The inspectors examined a number of staff time sheets and identified that staff were regularly working shifts in excess of 14 hours. The deputy manager informed the inspector that staff are not allocated breaks whilst on duty.
- Charging for care: Arrangements were in place to charge the users of this supported living service against disability-related benefits, which appears to be contrary to longstanding DHSSPS guidance.
- Staffing/charging for personal care: In light of the staffing information provided by the agency, inspectors could not be assured that service users had received a service for which they had been charged.
- Record keeping: inspectors were concerned at the inadequacy and lack of clarity of the staff rota information and the discrepancies noted.
- Privacy and dignity: The arrangements for delivery of care did not adequately reflect consideration for the privacy and dignity of people living in their own homes. This was particularly evident in one person's home where an observation window overlooked the lounge. This window was in a shared hallway where the entrance to the office was situated and the window covering was on the outside of the window.
- Inspectors were concerned that agreed protection plans in place were preventing service users from accessing all areas of their home when they choose to.

The inspectors have identified a number of areas that the registered person needs to review and make changes. A number of requirements have been outlined within the quality improvement plan attached to this report.

This inspection has highlighted serious areas of concern about the safety and quality of this service.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve notices of failure to comply with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The registered person and representatives of the provider organisation attended a meeting with RQIA on 16 July 2014.

In light of the inspection findings and discussions held with the registered person and representatives of the provider organisation on 16 July 2014, RQIA issued the registered person with four notices of failure to comply with the Regulations 13. (c), 14. (b), 16.(1) (a) and 21 (1) (a) of The Domiciliary Care Regulations (Northern Ireland) 2007.

The timescales for compliance and actions required to comply with these regulations are outlined within the notices (FTC/DCA/11075/01/2014-15, FTC/DCA/11075/02/2014-15, FTC/DCA/11075/03/2014-15, and FTC/DCA/11075/04/2014-15) and within the Quality Improvement Plan accompanying this report.

At a meeting with RQIA on 14 August 2014, representatives from the provider organisation informed RQIA that charges to service users for personal care would cease from that date. In accordance with the timescale outlined within the relevant failure to comply notice, RQIA received written confirmation from the agency that charges for personal care had ceased.

7.0 Inspection Findings

Inspection Focus 1: Care Practices

During the inspection of the agency carried out on 2 July 2014, inspectors were provided with a record of a safeguarding vulnerable adult case discussion relating to a service user. Inspectors were concerned to note reference to an incident on 18 January 2014 when the service user (for whom the Northern HSC Trust has commissioned a one to one support package), had left his home without staff being aware. The service user was subsequently found nearby by his family, who on returning to the service user's home, could not gain access. Inspectors were concerned that staffing levels had not been adequate to meet the needs of the service user.

The registered person must ensure that at all times there is an appropriate number of suitably skilled and experienced persons employed to meet the assessed needs of the service user.

Requirement 1 is listed in the QIP in respect of this finding.

The inspectors viewed a protection plan which had been implemented following a recent safeguarding investigation by the hsc trust; the investigation had been undertaken following a number of incidents between two of the service users. The inspector was concerned to note that the agreed protection plan detailed examples of two service users living within one of the houses being prevented from accessing all areas of their home at certain times. It was noted that service users were also being prevented from jointly attending social outings.

Requirement 2 is listed in the QIP in respect of this finding.

Discussion between inspectors and the deputy managers revealed that a number of the service users were at home at the time of the visit. The inspectors enquired if permission could be obtained from the service users to visit their homes as they would like to speak with some of the service users. The deputy manager obtained consent from the service users in three of the houses within the Todd's Close scheme and subsequently the inspectors visited and spoke with a number of service users in their homes.

Visit to "The Willows"

The inspectors visited the home and noted that the entrance was shared between one of the scheme offices and the main door to the service users' home. The home is shared by four service users. The inspectors spoke to three service users during the visit.

On entering the building, the inspectors observed a window in the entrance hall (which was shared with the scheme office), which had a curtain in place however this was affixed to the outside of the window within the hallway and not on the inside of the window within the service user's lounge. The inspectors were concerned that the curtain could easily be pulled back and therefore did not provide adequate privacy to the service user.

Inspectors noted that the service user's privacy could easily be compromised by anyone entering or exiting the building, either to visit service users or the scheme office.

Requirement 3 is listed in the QIP in respect of this finding.

One of the inspectors visited a service user in their bedroom and noted that a mattress was in place on the floor; the deputy manager stated that this was in place as a safety measure and had been recommended by the Community Learning Disability nurse. The agency were unable to provide the inspector with documentation to support this recommendation.

The inspector was concerned that the safety of the service user could be at risk due to the presence of the mattress and that a risk assessment was not in place.

During the inspection on 2 July 2014, the deputy manager informed the inspector that a referral had been made to the occupational therapist for reassessment of needs.

The registered person should ensure that a written care plan is in place that is consistent with care commissioned by the HSC trust and it is reviewed regularly.

Requirement 4 is listed in the QIP in respect of this finding.

The inspectors noted that the hallway and shared lounge within the house were sparsely decorated and walls did not appear to have any decoration or personalisation. It was also noted by the inspectors that skirting of the internal hallway was significantly marked and the paintwork on the walls was chipped away. Inspectors discussed this with the deputy managers who stated that the damage had been caused by a service user's wheelchair and that the landlord had agreed to source alternative protection for the walls and skirting within the house.

The registered person should review the adequacy of their arrangements to support and encourage service users to decorate the walls and rooms with colours and soft furnishings of their choice to enable a more homely atmosphere to be developed.

Requirement 5 is listed in the QIP in respect of this finding.

Visit to 29K

The inspectors identified that service users within this house were being supported to individualise their home.

Modular Building

The inspectors visited the 'modular building,' a separate building located on the same site as service users' houses within Todd's close complex. The deputy manager informed the inspectors that the facility was presently being used by service users who resided in 'The Willows.'

The deputy manager also stated that there were plans for the main scheme office to be relocated to this building in the near future. The inspectors noted the building had one room presently used for craft activities, and a larger room with a table and chairs.

The inspectors observed a fully equipped kitchen and noted a medicine fridge in place, which the inspectors noted contained milk. Inspectors also noted that there were three foot spas present in the kitchen area. The deputy manager stated that the service users had purchased these individually; inspectors noted that each foot spa was identifiable to individual service users.

From records examined inspectors noted that reference had been made to a service user attending day care in the modular building. The deputy manager stated that day care was not provided and that service users attended the modular building regularly to participate in various activities. It was stated by the deputy manager that staff accompanied the service users' to the modular building.

Given the lack of clarity about the nature of the modular building, a further RQIA inspection will be carried out in order to determine whether the modular building is operating as an unregulated day centre.

9.2 Inspection Focus 2: Staffing Arrangements

Inspection of 2 July 2014

The inspectors met with the deputy managers and the registered manager on the day of inspection.

A range of documents were examined during the inspection including:

- staffing rotas for three weeks covering a period of six months during 2014
- care plans in place relating to a sample of service users
- risk assessments relating to a sample of service users

- referral information relating to a sample of service users
- restrictive practice assessments in place relating to an identified service user

During the inspection carried out on 2 July 2014, the inspectors reviewed records detailing hours worked by agency staff. Within these records, the inspectors noted regular instances of staff working in excess of 14 hours without a break. Inspectors also noted that identified staff members were routinely working 14 hour shifts a number of times per week, often on consecutive days. It was noted that a team leader within the service had worked 88 hours within an eight day period.

The inspectors discussed this with the registered manager of the service and the deputy managers on duty who stated that the agency made no provision for staff to take regular breaks while on duty. The inspectors were concerned that staff were routinely working shifts, the length of which were inconsistent with the European Working Time Directive, 2003.

Requirement 6 is listed in the QIP in respect of this finding.

Discussions with the deputy manager confirmed that on 2 July 2014, staff on duty within Todd's Close was as follows:

- two deputy managers
- two team leaders
- seven support workers

Inspectors were provided with a sample of staff rotas detailing expected staffing levels and delivered hours together with documents for each sampled week which were referred to by the deputy managers as "the breakdown sheets". Inspectors were informed that this record was a reflection of the service area to which each staff member was allocated whilst on duty. Inspectors were also provided with a breakdown of the expected hours of personal care to be delivered to each service user.

It was noted that the delivered rotas detailed the numbers of staff required across the service on each shift. This was confirmed by the deputy managers at the time of inspection. Following the inspection, an analysis of the records provided identified that there were significant, consistent shortfalls in expected staffing levels.

Requirement 7 is listed in the QIP in respect of this finding.

The deputy manager informed the inspectors that the "breakdown sheets" were used to complete the record of delivered hours. When comparing the record of delivered hours to the breakdown sheets, the inspectors noted significant inaccuracies and inconsistencies between these two records. In addition, inspectors noted that the breakdown sheets detailed instances where identified shifts had no allocation of staff.

Requirement 7 is listed in the QIP in respect of this finding.

During the inspection of the agency carried out on 2 July 2014, the deputy manager informed the inspectors that the team leader on duty is included within the staff providing personal care to service users as one full-time equivalent staff member. This was

confirmed with a team leader contacted by phone on 4 July 2014, who stated that team leaders are allocated an area of work and carry out their team leader duties within this time. The team leader also stated that there is no identified time allocated to complete team leader duties, which included the supervision of staff.

The inspectors were concerned that team leaders were not being allocated adequate time to complete the duties of their team leader role.

Inspection Focus 3: Supporting Service Users to Manage their Money

The inspectors discussed with the deputy managers the support provided by the agency to enable service users to manage their finances.

Inspectors noted that service users had a financial support plan in place, which the deputy manager advised were reviewed annually. Inspectors identified that the financial support plans in place detailed disposable income and total anticipated expenditure and included an agreement to charges from the agency for transport services. Of a sample of five financial support plans reviewed, it was noted that four service users had signed their individual plans.

There was no evidence available to inspectors that service users' capacity had been assessed in relation to their ability to sign their financial support plan and agreement to pay transport charges.

The Registered person is required to ensure that there are arrangements in place to ensure that service users' capacity to sign financial agreements has been established and recorded.

Requirement 8 is listed in the QIP in respect of this finding.

Service Users' Food Shopping and Utility Payments

The inspectors enquired about the processes in place within the agency to support service users to purchase their shopping. A deputy manager advised inspectors that staff support service users to travel to the local shops and supermarkets to purchase their shopping.

The inspectors were provided with the 'Financial procedures for Beacon and Inspire schemes May 2014 edition'. Inspectors noted that Section 7.0 and 8.0 of the said procedure detailed the arrangements for service users to contribute to the cost of staff meals on social outings and on holidays respectively. The inspector read the procedures and was satisfied with the content.

Payment of Utility Bills & Office Costs

The inspectors enquired about the arrangements in place for service users to pay for their utility bills, such as electricity and oil. Inspectors were provided with information from the agency's supported housing officer which detailed the arrangements in place within individual properties in the scheme. Inspectors noted that the agency had made arrangements to support the majority of service users to pay utility bills for their respective properties.

The registered manager clarified that there are two offices used by the agency located within the scheme. The registered manager stated that utility bills associated with one of the offices was divided equally between the service users and the agency as an additional party, so that the agency were contributing an equal share of utilities associated with running the office from the service users' home.

The registered manager also advised that to date, all utility bills of the property containing the second office had been paid by the agency. The registered manager clarified that utility bills were paid in full by the agency, with the intention that service users would in turn, contribute an identified amount each towards the cost of heat and light. The registered manager stated, however, that the arrangement for service users to contribute had not yet been implemented. On querying whether it would be the agency's intention to recoup utility charges from service users, inspectors were advised by the registered manager that it was unlikely that this would be possible.

Inspectors were concerned that there remained a possibility of retrospectively charging service users for costs associated with living in their home as a result of a failure to implement appropriate payment arrangements in a timely manner.

Requirement 9 is listed in the QIP in respect of this finding.

Charges to Service Users for Personal Care

Discussion with the deputy managers and a review of the records identified that all but five service users were contributing a fixed amount to the agency in respect of charges for personal care. A deputy manager clarified that only those service users who had most recently taken up a tenancy were not being charged. She went on to state that that one of the HSC Trusts had required that these charges not be made to a new service user commencing a tenancy in Todd's Close.

The inspectors were provided with a list of the service users' names and the details of the nominated appointee i.e.: the person with responsibility for receiving and managing the service user's social security benefits. From the list provided, inspectors identified that the Northern HSC Trust is acting as nominated appointee for four service users and the Belfast HSC Trust is acting as nominated appointee for one service user.

In addition, the registered manager of the service is acting as nominated appointee for nine service users. Inspectors noted that on reviewing the files relating to these nine service users, there was no written confirmation from the Social Security Agency to confirm the details of the nominated appointee.

Furthermore, in discussing this issue with the registered manager, the inspector noted that there was no written evidence to confirm the rationale for the arrangement being in place. Inspectors highlighted the importance of obtaining written agreement from the service user/their representative in respect of the establishment of this financial arrangement.

Requirement 10 is listed in the QIP in respect of this finding.

The inspectors noted that charges against DLA and SDP appeared inconsistent with the 1999 HSS Executive document "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

“...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services.”

In addition, inspectors noted that service users were paying for provision of personal care in their own homes, which seemed inconsistent with DHSSPS guidance:

The 2007 DHSSPS “Report on free personal care and alternative options” states (p.6) “Clients at home, however, do not have to pay for their personal care.”
The circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance” addresses charging (p.18):

“The Health and Personal Social Services (Northern Ireland) Order 1972 requires that a person is charged for personal social services provided in residential care or nursing home accommodation arranged by a HSC Trust. There is no such requirement, or authority, to charge for healthcare provided in the community, either in the service user’s own home or in a residential care or nursing home. Consequently, all references to financial assessment and charging hereafter apply to the provision of personal social services in residential care or nursing home accommodation.”

Inspectors subsequently reviewed staff rotas supplied by the agency, which identified consistent shortfalls in the numbers of staff available to meet the identified needs of service users. Inspectors were therefore unable to determine whether service users had received a service in respect of the payments made.

At a meeting with on 14 August 2014, the registered provider informed RQIA that the aforementioned charges would cease on that date; this was also confirmed in correspondence forwarded to RQIA by the agency.

Requirement 11 is listed in the QIP in respect of this finding.

RQIA have referred these concerns to the Northern HSC Trust for review of the appropriateness of these charging arrangements and for consideration as potential adult safeguarding issues.

Inspectors enquired as to whether there were any written agreements in place with which detailed what services were being provided to service users in respect of these charges. A deputy manager advised inspectors that the only agreements which existed were the financial support plans (referred to above), which inspectors noted did not detail these charges nor the services provided in exchange.

Requirement 12 is listed in the QIP in respect of this finding.

Arrangements for Transport

The inspectors discussed the issue of transport used by service users. A deputy manager informed the inspectors that staff cars were used to provide transport for service users.

The inspectors noted that agreement to using this transport provision was included in the individual financial support plans examined. The inspectors were informed that the agency maintained a record of all of the journeys made by service users; however, it was noted that, to date, the agency had not charged service users for any of the journeys taken.

Inspectors were concerned that while service users/their representatives had signed up to use the transport provided by the agency, the charging system for transport had not been implemented in practice. In addition, inspectors were concerned that service users were being denied the opportunity to experience personal budgeting to use a service which has an associated cost.

Requirement 9 is listed in the QIP in respect of this finding.

The inspectors reviewed a sample of the financial ledgers (income and expenditure records) for service users. The inspectors noted that while agency staff had a method of recording income and expenditure for service users; the ledgers were not laid out using the standard method for recording financial transactions. The inspectors highlighted to the deputy manager, that where an amount of money had been spent on behalf of the service user, staff were recording the amount of expenditure rather than recording the withdrawal of cash from the service user's balance and the return of any change. The inspectors highlighted that the current method was inadequate and should be reviewed.

Requirement 13 is listed in the QIP in respect of this finding.

The inspectors enquired as to how individual service users could access their money. The deputy manager informed inspectors that a number of arrangements were in place for service users depending on their individual circumstances and their respective abilities to manage money. It was noted that two service users were under the care of the Office of Care and Protection and that monies belonging to these service users was transferred to the agency on an infrequent basis.

The deputy manager described how there had been delays in ensuring that these monies were transferred from the agency to the service users on a timely basis. The inspectors were informed by the deputy manager that she believed this was due to difficulties in securing cheque signatures at head office to enable a cheque for service users' money to be sent to the service. The inspectors noted that this was unacceptable and highlighted that money belonging to service users should not remain within a business account as a result of failures within the agency to promptly transfer it to the service user.

In discussing these arrangements, inspectors also noted that money belonging to a number of service users was currently held for safekeeping centrally within the scheme. The deputy manager explained that when these service users required their money, they came to the location where money is held and requested it. Inspectors highlighted that this arrangement was institutional in nature.

Inspectors noted that the agency should introduce alternative ways for service users to access their money, including those service users under the care of the Office of Care and Protection.

Requirement 14 is listed in the QIP in respect of this finding.

Quality Improvement Plan

The timescales for completion commence from the date of inspection.
The registered provider / manager are 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:

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



Quality Improvement Plan

Secondary Unannounced Inspection

Todd's Close

25 June 2014 & 2 July 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 Mr Dirk Halfenberg, 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	16 (1)(a)	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that-</p> <p>(a)there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>The registered person must ensure that records are retained which detail the identified needs of each individual service user and provide evidence that the agency is staffed to ensure service users' needs are met accordingly.</p>	Once	<p>A detailed analysis of time sheets and payroll was undertaken to determine the hours worked against contracted hours to meet service user needs. This analysis reviewed the assessed need of clients and translated these into hours required (including breaks) and staff required. The new rota mechanism links this to hours delivered (including staff breaks) and staff allocated to provide a clear record of hours and staff daily allocation against contracted hours. The delivered hours rota is countersigned by an Area Manager for quality assurance.</p> <p>Training records for all staff Have been updated and are now are kept up to date and form part of the weekly management audit audit check to ensure that the</p>	As per FTC notice: FTC/DCA/110 75/03/2014 - 15: 28 August 2014.

				<p>staff are suitably skilled and have up to date training to deliver the services and meet the needs of service users.</p> <p>The outcome of this work is that we can give assurance on the number and competency of staff at all times and can confirm there are the appropriate number of suitably skilled and experienced persons to meet the needs of the service users. In addition to the above point in relation to “response/actions taken” the identified needs of each individual service user are recorded and signed agreements with service users are retained.</p> <p>Through a process of review, support plans are updated to reflect the identified needs of the service users. These are subject to weekly audit and the audit inspection sheets are available for inspection.</p>	
2	14(b)(e)	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 prescribed services arranged by the agency,	Once	Risk assessments have been conducted and support plans drawn up to ensure the safety of both clients. This has been completed in conjunction with	Four months from the date of inspection: 2 November 2014.

		<p>are provided –</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This relates to a protection plan in place which prevents two service users occupying areas of their home at the same time.</p>		<p>the NHSCT. This process is ongoing and a further meeting has been scheduled for 13th October to review the measures in place and assess the effectiveness of same. This meeting is being facilitated by the Community Team leader, NHSCT.</p>	
3	14 (e)	<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 prescribed services arranged by the agency, are provided –</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them</p> <p>This relates to the registered person ensuring that privacy in service users own homes is maintained by appropriate use of internal window covering of a window in an entrance hall that overlooks a service users private living area.</p>	Once	<p>The window covering identified during the Inspection has been moved to the inner side of the window to enable the client to have full control over the opening and closing of this covering. This measure was implemented in July following the recommendation of the Inspector.</p>	<p>Four months from the date of inspection: 2 November 2014.</p>
4	15 (2)(a)	<p>The registered person shall, after consultation with the service user, or if</p>	Once	<p>Trust staff provide direction, instruction and guidance to</p>	<p>Four months from the date</p>

		<p>consultation with the service user is not practicable after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall</p> <p>(a) be consistent with any plan for the care of the service user prepared by the Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users</p>		<p>Todd Close staff on the care and support needs of the clients. This is in keeping with NHSCT care plans and complements the service provided by statutory services.</p> <p>NHSCT staff organise and participate in reviews as required and where the care and support needs are reviewed and agree amendments to care and support plans as required.</p> <p>Additional a meeting has been convened with the Assistant Director and Service Manager of Learning Disabilities in NHSCT along with the Director of Inspire and Manager of Todd Close to review care and support services provided at Todd Close. The planned agenda includes the ongoing assessment of service users needs, including individual financial capability assessments, care and support planning and risk assessments and quarterly governance and performance meetings.</p> <p>Care and support plans are held for each service user</p>	<p>of inspection: 2 November 2014.</p>
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				within Todd Close and these are reviewed and updated in line with service user needs and agreed with NHSCT community team.	
5	14(c)	<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 prescribed services arranged by the agency, are provided –</p> <p>(c) so as to promote the independence of service users.</p> <p>This requirement relates to the need to support individual service users in personalising their own homes.</p>	Once	<p>All service users have the option to, and are supported to, personalise their own home. This is reflected in individual support plans and discussed with service users on an individual basis and support given according to choices made.</p> <p>This is now a regular agenda item at service users meetings to enable and encourage them to take their choices forward.</p>	Four months from the date of inspection: 2 November 2014.
6	13 (c)	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(c) he is physically and mentally fit for the purposes of the work which he is to perform</p> <p>This requirement relates to staff receiving breaks whilst on duty.</p> <p>The registered person must introduce a</p>	Once	<p>A policy dealing with staff entitlement to breaks was produced on 12th August 2014. On 15th August 2014 managers were provided with a copy of this Rest Break Policy and were briefed on its purpose and how to implement. This was followed up by an email on 15th August from</p>	As per FTC notice: FTC/DCA/110 75/01/2014 - 15: 28 August 2014.

		<p>policy and procedure detailing staff entitlement to breaks whilst on duty in a service user's home. This procedure must reflect the legislative requirements of the European Working Time Directive, 2003.</p> <p>The registered person must demonstrate that the policy and procedure has been implemented and that staff are familiar with it.</p> <p>The registered person must introduce a process to accurately record that staff are taking breaks in line with the policy and procedure.</p> <p>The registered person must ensure that there is adequate staff cover in place to ensure staff breaks are facilitated whilst at all times ensuring continuity of care to service users.</p>		<p>The Director of HR and Organisational Development with the Rest Break policy and the Rest Break record. It was introduced into the scheme at once.</p> <p>A Team Brief was issued on 18th August 2014 to Managers. This brief had a section dedicated to questions and answers so that when the managers cascaded the information to staff, any issues could be formally captured, responded to and resolved.</p> <p>The policy was distributed through our HR System Cascade and a sign off section embedded in the system to monitor that staff had read and understood the policy.</p> <p>The outcome of implementing this policy and procedure is that staff fully understand their break entitlement, are getting their 20 minute breaks and are recording them accurately.</p>	
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7	21 (1) Schedule 4	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained,</p> <p>This requirement relates to the registered person ensuring that an up to date and accurate record is maintained of the details of each supply of a domiciliary care worker to a service user.</p> <p>Records, including delivered staff rotas and daily staff deployment sheets should accurately detail the names of staff and locations where staff have been on duty.</p> <p>The registered person must introduce a monitoring process to ensure that records provide accurate and consistent information about each supply of staff to a service user. A record should be retained which demonstrates that this process has been completed.</p>	Once	<p>A new computerised linked recording mechanisms has been implemented to ensure that there is a clear record of staff daily allocation and hours delivered.</p> <p>These are reconciled daily and weekly against contracted hours. A weekly audit is undertaken of these records. These records detail the staff deployment in each location.</p> <p>A new recording mechanism and staff training system was implemented on the 11th August 2014 to detail the names of staff and locations they have been on duty. This is subject to weekly audit. The rotas now clearly show where staff members are deployed in the scheme based on a core and cluster model. These rotas are subject to weekly monitoring through our audit process. They are also supported by the newly developed linked spreadsheet to ensure</p>	As per FTC notice: FTC/DCA/110 75/04/2014 - 15: 28 August 2014.
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				accuracy and consistency of information.	
8.	15 5(c)	<p>The registered person shall, for the purpose of providing prescribed services to service users, as far as is practicable</p> <p>(c) encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services.</p> <p>This requirement relates to ensuring the ability of services users to make decisions impacting on their personal finances is kept under review and documented accordingly.</p>	Once	<p>Capability assessments are ongoing with the Northern Trust and will be further discussed at a strategic level at the meeting planned with the Northern Trust Senior management on 27.10.14</p>	<p>Four months from the date of inspection: 2 November 2014.</p>
9.	14(c)	<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 prescribed services arranged by the agency, are provided –</p> <p>(c) so as to promote the independence of service users.</p> <p>This relates to arrangements being implemented to enable service users to contribute to the utility costs associated with their tenancy and the cost of transport.</p>	Once	<p>There is a detailed record of contributions made by service users towards transport costs. This is also reflected in a recording book where a log is maintained of journeys made and by whom.</p> <p>Service users have an agreement in place relating to the payment of utility bills. Where accommodation is shared, the costs are shared equally. In single occupancy accommodation service users meet the full costs. Where there is an identified support need to manage payment of utility bills this is reflected in</p>	<p>Four months from the date of inspection: 2 November 2014.</p>

10.	15(6)(d)	<p>The registered person shall ensure that where appropriate where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(d) specify the procedure to be followed where a domiciliary care worker acts as an agent for, or receives money from, a service user</p> <p>The registered person must obtain written evidence to confirm that a representative of the agency has been authorised by a service user or their representative or care management to approach the Social Security Agency to act as 'nominated appointee' for the individual service user. This evidence must be available in the service user's records.</p> <p>The registered person must have documentary evidence in place from the Social Security Agency to confirm those persons working in the agency acting as appointee for a service user.</p> <p>The registered person must ensure that the individual service user's agreement with the agency accurately reflects these arrangements and the records to be retained.</p>	Once	<p>individual support plans.</p> <p>Financial capability assessment of each service is being reviewed by the individual named workers within NHSCT. This is also being discussed with the Assistant Director and Service Manager for Learning Disabilities within NHSCT at the meeting planned for 27.10.14. will be discussed as part of the meeting.</p>	<p>Four months from the date of inspection: 2 November 2014.</p>
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11.	14(b)	<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 prescribed services arranged by the agency, are provided –</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person must ensure that the charges for personal care currently being paid by service users to the agency cease on or before 14 August 2014. RQIA must be provided with written confirmation on or before 14 August, that charges to service users have ceased.</p> <p>The registered person must ensure that a calculation is performed which details the amount of payments made by service users to the agency in respect of fixed charges for personal care.</p> <p>The registered person must provide evidence of engagement with the HSC Trusts involved in commissioning care for service users to establish a process for securing repayment due to individual service users.</p>		<p>An instruction was issued to put in place the necessary actions to cease these charges as of the 14th August 2014. This has been fully complied with. Service users have received repayment for any charges made after this date. The resulting deficit in funding of care and support services within Todds Close is now the subject of discussion with NHSCT and HSCB.</p>	<p>As per FTC notice: FTC/DCA/110 75/02/2014 - 15: 28 August 2014.</p>
12.	6 (1) (b)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b)the terms and conditions in respect of the services to be provided to service users,</p>	Once	<p>Each service user has a copy of a guide individualised for them. This is held in each persons file and contains clear detail of any service for which</p>	<p>Four months from the date of inspection: 2 November 2014.</p>

		<p>including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that a clear agreement is in place between each service user, or if necessary their representative, and the agency specifying the nature and amount of any service for which the service user is charged.</p>		they will be charged.	
13.	15 (6)(d)	<p>The registered person shall ensure that where appropriate where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(d)specify the procedure to be followed where a domiciliary care worker acts as an agent for, or receives money from, a service user</p> <p>The requirement relates to financial ledgers maintained within the agency.</p> <p>The registered person is required to ensure that a standard financial ledger format is used to clearly and accurately detail transaction for patients. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal, the amount; the running balance of the patient's cash total held and</p>	Once	<p>A financial policy dated May 2014 has been circulated. This contains guidelines for staff managing service users money.</p> <p>A record is retained of all transactions, the date of the transaction, a description of the transaction, amount credited or debited and what the remaining balance is. Where appropriate to do so receipts are also retained. This guidance is fully implemented in Todd Close.</p> <p>Records are retained in line with financial policy and recording requirements. Correction fluid is not in use within Todd close and any amendments to records are</p>	Four months from the date of date of inspection: 2 November 2014.

		<p>the signatures of two persons to verify the entry in the ledger. The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this. If a receipt is not available for expenditure, the record should be annotated to reflect this.</p> <p>Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used.</p>		clearly made, signed and dated.	
14.	14(c)(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 prescribed services arranged by the agency, are provided –</p> <p>(c) so as to promote the independence of service users.</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to ensuring that individual arrangements for service users to access their money and valuables are</p>	Once	<p>Service users have support plans in place in relation to management of their finances to enable as much independence as possible.</p> <p>The meeting with the Northern Trust on 27/10/14 will consider individual financial capability of each service user, agreed arrangement in place in relation to management of each service users' money and guidance following this meeting will be implemented in conjunction with both NHSCT Trust and Inspire staff.</p>	Four months from the date of inspection: 2 November 2014.

		<p>implemented.</p> <p>The registered person must engage with HSCTrust representatives for guidance in this regard where appropriate.</p> <p>The details of individual arrangements for service users should be documented in the service users' records. A review of the appropriateness of individual arrangements for service users should be carried out on a regular basis.</p>			
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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	Gillian Carr
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Peter McBride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	01 October 2014
Further information requested from provider			