



The **Regulation and  
Quality Improvement  
Authority**

## **Announced Primary Care Inspection**

<b>Name of Agency:</b>	<b>Supported Living Services (11079)</b>
<b>RQIA Number:</b>	<b>11079</b>
<b>Date of Inspection:</b>	<b>6 January 2015</b>
<b>Inspector's Name:</b>	<b>Lorraine O'Donnell</b>
<b>Inspection ID:</b>	<b>20639</b>

**The Regulation And Quality Improvement Authority  
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**1.0 General Information**

<b>Name of Agency:</b>	Supported Living Services (11079)
<b>Address:</b>	1-3 Bowens Close Banbridge Road Lurgan BT66 7WD
<b>Telephone Number:</b>	02838832094
<b>Email Address:</b>	hazeln.somerville@southerntrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Southern HSC trust Anne Mairead McAlinden
<b>Registered Manager:</b>	Hazel Norah Somerville
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Hazel Norah Somerville
<b>Number of Service Users:</b>	9
<b>Date and Type of Previous Inspection:</b>	20 February 2014 Announced Primary Care Inspection
<b>Date and Time of Inspection:</b>	6 January 2015 10.00-16.45
<b>Name of Inspector:</b>	Lorraine O'Donnell

## 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 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.

## 3.0 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.

## 4.0 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

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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.

## 5.0 Consultation Process

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

Service Users	9
Staff	4
Relatives	1
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	18	8

## 6.0 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 three 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 five requirements and two recommendations made following the inspection of 20 February 2014 was assessed. Four requirements and two recommendations were assessed as being fully met; one requirement was assessed as being not met and will be 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 – Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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.

## **7.0 Profile of Service**

The agency provides a supported living type domiciliary care service to nine individuals with a learning disability in the Lurgan area. The service users rent their accommodation from Ulidia Housing Association and the domiciliary care agency's registered office is within the home of three service users at Bowen's Close.

The Southern Health and Social Care Trust provide care and housing support to each of the tenants and this is available on a 24 hour basis.

The service is registered as a supported living service and is subject to the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and to the Domiciliary Care Agencies Minimum Standards (DHSSPS), 2011.

The tenants each have their own bedroom and share the communal areas within their bungalow, including a kitchen/dining room, sitting room and bathrooms. The bungalows are located in a quiet residential area of the town and most of the tenants access the town for shopping, leisure and recreation. Each tenant has a key worker and an individualised care/support plan.

## **8.0 Summary of Inspection**

The announced primary care inspection was undertaken on 6 January 2015; the inspector met with the registered manager.

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

Prior to the inspection eight staff members forwarded to RQIA a completed questionnaire in relation to the quality of training, service provision, the completion of monthly monitoring visits and records held by the agency relating to restraint.

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 the service users.

The inspector would like to thank the registered manager, service users, relatives and staff for their co-operation during the inspection process.

## 8.1 Detail of Inspection Process:

### 8.1.1 Theme 1 - Service users' finances and property are appropriately managed and safeguarded.

The agency acts as appointee for all nine service users, each service user has had capacity assessments and four support plans viewed by the inspector contained these assessments and the written authorisation from the Social Security Agency for the agency to act as appointee for act the service users.

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

The agency provides safe storage for service users' money and/ or other property; up to date and accurate records are maintained. The staff who participated in the inspection informed the inspector of the robust controls around access to the safe area and the arrangements in place to safeguard the service users' property.

The agency provides a transport service which they charge to the service users based on the number of miles each service user uses. The arrangements in place are outlined in the service users' guide and service users can opt out of this arrangement. The records viewed by the inspector confirmed that service users also used other forms of transport such as taxis with the support of staff. The agency maintains transport agreements and procedures to ensure the vehicle meets the relevant legal requirements regarding insurance and road worthiness.

Each service user has a "Financial Support Agreement" 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 staff and a relative of a service user informed the inspector that the service users' experienced delays in accessing their finances due to the procedures to be followed when requesting funds from the service users' appointee. A requirement has been made.

The agency's office is located within the service users' home; matters relating to the payment of utility costs for the office are under discussion with RQIA. A requirement stated in the previous QIP relating to this matter has been assessed as being not met and has been restated.

The agency has been assessed as "not compliant" for this theme.

One requirement has been made in relation to this theme.

### **8.1.2 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 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 one service users' relative who participated in the inspection informed the inspector they were very happy with the support their relatives had received from the agency staff. They informed the inspector their relative had become more independent and enjoyed living in their own 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 practices.

The agency has been assessed as "compliant" for this theme.

### **8.1.3 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.

Each service users' service agreement and care plan is reviewed annually by the commissioning HSC trust. The inspector viewed records for four service users and each contained evidence of service user, relatives and HSC trust involvement. The service users confirmed staff assisted them to prepare for reviews during which their needs were discussed.

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

The agency has been assessed as 'compliant' for this theme.



## **8.2 Additional Matters Examined**

### **8.2.1 Monthly Quality Monitoring Visits by the Registered Provider**

The reports of the quality monitoring visits undertaken on behalf of the registered provider were examined for the months from June 2014 to November 2014. These were found to contain the views of the service users and their representatives. The time of day the visits occurred was recorded; therefore the inspector was able to evidence the visits occurred at a variety of times to ensure all aspects of service provided by the agency had been assessed.

### **8.2.2 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 with the registered manager. The nine service users have all been assessed as lacking financial capacity and the agency act as nominated appointee for each service user. The agency hold written authorisation from the Social Security Agency to support these arrangements for each service user and the inspector viewed records relating to this for four service users. The inspector also viewed the capacity assessments for four service users, which had been performed by a consultant clinical psychologist.

### **8.2.3 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 the nine 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 nine service users. The 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.

**9.0 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	14(e)	<p>Where the agency is acting otherwise than 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 the service users, and the confidentiality of information relating to them</p> <p>This requirement refers to the arrangements in place to ensure that the service users' privacy, dignity and wishes are respected at all times. In particular, this requirement refers to service users who are experiencing changing needs and care plans.</p>	<p>The inspector viewed support plans for four service users and found evidence of multidisciplinary care planning to support service users remaining in their home following changing care needs. The staff who participated in the inspection informed the inspector they had received additional training to enable them to be competent in supporting a service user who had changing needs.</p> <p>This requirement was assessed as being fully met.</p>	Once	Fully Met

2	15(2)(b&c)	<p>The registered person shall after consultation with the service user, or if 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>(b) specify the service user’s needs in respect of which prescribed services are to be provided;  (c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the agency’s need to provide the service user with the information on how many care and support hours they are entitled to and what is provided.</p>	<p>The inspector viewed four support plans which outlined the number of care and support hours each individual service user received in accordance with their service user agreements and assessed needs.</p> <p>This requirement was assessed as being fully met.</p>	Once	Fully Met
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3	23(1)(5)	<p>The service registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph(1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the need to seek the opinions of service users' representatives during monthly monitoring visits.</p>	<p>The inspector viewed the monthly monitoring visit reports for the months from June 2014 to November 2014 and they each contained the views of the service users' representatives.</p> <p>This requirement was assessed as being fully met.</p>	Once	Fully Met
4	16(3)	<p>The registered person shall take steps as may be necessary to address any aspect of the performance of a domiciliary care worker which is found to be unsatisfactory.</p> <p>This requirement relates to the protection plan to be reviewed to insure it is effective.</p>	<p>The inspector was informed of actions taken to ensure the effectiveness of protection plans.</p> <p>This requirement was assessed as being fully met.</p>	Once	Fully Met

5	14 (b) & (d)	<p>The registered person must ensure the service users guide and agency's policies and procedures confirm the agency's contribution towards the utility costs for the office accommodation located within the service users home. Service users must be reimbursed monies owned in respect of the proportion of the utility bills used by the office.</p>	<p>The registered manager stated that senior managers within the HSC trust are in discussions with RQIA in relation to this requirement.</p> <p>This requirement has been assessed as being not met and will be restated.</p>	Once	Not Met
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No.	Minimum Standard Ref.	Recommendations	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	12(3)	<p>Staff are trained for their roles and responsibilities. Mandatory training requirements are met.</p> <p>This recommendation relates to the need to ensure all staff have received manual handling training in line with RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services.</p>	<p>The inspector examined the training records which confirmed that all staff had received manual handling training in accordance with RQIA guidance.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully Met
2	15 (6)	<p>Advice is provided to service users on how to make a complaint and who to contact if they remain dissatisfied or require support services, including independent advocacy.</p>	<p>The inspector viewed the Service Users' Guide and records of tenants meetings which contained information for service users on how to make a complaint and who to contact. The documents contained details on how to contact an independent advocacy service.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully Met

**10.0 Inspection Findings**

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 1:</b></p> <p><b>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<p><b>Provider's Self-Assessment</b></p>	
<p>The agency does maintain complete and up to date records in respect of the terms and conditions of personal care and this is evidenced in service users guide, individual agreements, operational procedures, support plans, team meetings, tenants meetings and care management reviews.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Service users have been issued with a Service Users' Guide and agreement which 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 service users receive at least four weeks in advance of any changes increase.</p> <p>During the previous inspection concerns were raised relating to the agency's contribution to the utility costs for the office accommodation within the service users home. However the service users had not been reimbursed for the charges made to them in accordance with the quality improvement plan which was issued following the previous inspection. The registered manager informed the inspector the HSC trust is currently in discussions with RQIA to resolve this matter.</p> <p>The agency has policies and procedures in place detailing the arrangements 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 Management of Service Users' Money procedure, which was updated in March 2014. The use of bank transfers to pay bills is promoted to safeguard service users.</p>	<p>Not compliant</p>



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

**Statement 2:**

**COMPLIANCE LEVEL**

**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;

<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• 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,</li> <li>• 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;</li> </ul> <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>	
<b>Provider's Self-Assessment</b>	
<p>The arrangements for receiving and spending service users monies on their behalf are transparent, have been authorised and appropriate records are maintained. This can be evidenced by the service user's financial records, BF56s (SSA document), SHSCT appointeeship letters and financial capacity assessment reports.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>As outlined within the self-assessment all service users manage their finances with the support of agency staff. Each service user has a financial agreement outlining income and charges; they also have support plans detailing any support they may require such as budgeting advice. The registered manager confirmed that the nine service users have had capacity assessments by a consultant clinical psychologist and were assessed as lacking financial capacity. These assessment records were available for the nine service users. The service users' agreements for four service users were viewed by the inspector and each contained the appointee details and the Social Security Agency authorisation documents</p> <p>The inspector confirmed during discussions with staff they were aware of the contingency arrangements in place if a service user requires them to purchase items or services on their behalf. However the inspector was informed by one relative and staff members that the process to access service users' money took a long time to arrange while adhering to the HSC trust procedures. As a result the relative of one service user has applied to become the service user's appointee. A requirement has been made.</p> <p>The agency maintains records relating to the safe storage of valuables on the service users behalf, these</p>	Substantially Compliant

<p>records confirmed receipts are required to be kept and a reconciliation of the possessions held by the agency on behalf of the service users are carried out monthly. The inspector examined records of these reconciliations and was able to confirm reconciliations were carried out in keeping with the agency policy.</p>	
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<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• 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;</li> </ul> <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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>There is a safe place provided for the storage of monies and valuable belonging to service users. Up to date and accurate records are maintained. Financial procedures are in place which are followed.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency provides a safe for the storage of money and valuables. They maintain a range of financial management policies such as "Management of Tenants Finances in Supported Living Services", to provide guidance for staff to ensure service users' finances and property are appropriately managed and safeguarded. The inspector examined the training records which confirmed all staff had received training on the management of service users' money in November 2014.</p>	Compliant

<p>The inspector was informed by the registered manager that reconciliation, for each service users' financial transactions was done monthly by the Clerical Support Officer and nightly safe checks were carried out by two members of staff. The service users' financial transaction sheets were checked at the end of each shift. The inspector was informed by the staff who participated in the inspection any errors were reported using the safeguarding procedures.</p>	
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**THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**

**Statement 4:**

**COMPLIANCE LEVEL**

**Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:**

- 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>(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"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<p><b>Provider's Self-Assessment</b></p>	
<p>The arrangements for providing transport to service users are transparent and agreed in writing with the service user. This can be evidenced in the service user guide, operational procedures, support plans and records of journeys taken by service users. There are updated financial procedures in place which include transport procedures to be followed by the agency on behalf of the service users.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	
<p>As stated in the agency's self- assessment, the agency provides transport for service users. The arrangements and agreements were contained in the service users' guide. The service users are also given the opportunity to opt out of these arrangements. The agency maintains records outlining the vehicle's road worthiness and insurance. The inspector was informed by staff that the mileage used by each service user was calculated monthly and submitted to the HSC trust finance department, an invoice was the sent and payment arranged from the service users bank accounts. The service users also used other forms of transport such as taxis. The use of other methods of transport was discussed with tenants during tenants meetings and service users given the opportunity to choose which they wished to use.</p>	<p>Compliant</p>

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

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

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users' current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The agency does respond appropriately to the assessed needs of service users and this can be evidenced in support plans, risk assessments, satisfaction surveys, records of complaints & incidents and training records.	Compliant
<b>Inspection Findings:</b>	
<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. The inspector examined updated needs assessments and care / support plans provided by the HSC trust for four service users; these were noted to have been aligned to the specific outcome for service users and their human rights.</p> <p>The care records of four 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 have 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



<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users and can be evidenced by training records, team meetings, supervision records and the knowledge skills framework for staff.	Substantially compliant
<b>Inspection Findings:</b>	
<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"> <li>• Human rights Training November 2013</li> <li>• MAPP</li> <li>• Managing Service Users’ Money November 2014</li> <li>• Safeguarding Vulnerable Adults April and July 2013</li> </ul> <p>The eight staff who returned their questionnaires rated the effectiveness of their training as good or excellent</p>	Compliant

and stated that they are aware of the whistleblowing policy if they had concerns about poor practice.

The registered manager and the four staff who participated in the inspection stated that changes to care practices are discussed with the HSC trust representatives 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.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency and this can be evidenced in the statement of purpose, support plans and service user guide.	Compliant
<b>Inspection Findings:</b>	
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 all nine service users and one relative who confirmed the service users’ wishes were respected and they had a right to choose what support they received from the agency. Staff explained the need for a full risk assessment, involving the HSC trust prior to any restrictive practice being implemented.	Compliant

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• 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.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• 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.</li> <li>• 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.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• 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</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Any restrictive practices in place would be recorded under robust governance arrangements.</p>	Compliant

Inspection Findings:	
<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; staff had attended Human Rights Training in November 2013. All staff had received MAPPA Training. The agency maintains a policy on Restrictive Physical and Behavioural Interventions.</p> <p>The agency also maintains “A Guide to the Human Rights Act” in an easy read format and HPSS “Guidance on Restraint and Seclusion 2005”.</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.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<p><b>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</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• 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.</li> <li>• 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.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
Each service user has a written individual service user agreement which is provided by the agency.	Moving towards compliance
<b>Inspection Findings:</b>	
<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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• 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.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All methods of payment are detailed in individual service user agreements.	Moving towards compliance
<b>Inspection Findings:</b>	
<p>As outlined in the self-assessment, service users do not make contributions from their personal income towards their care or support.</p> <p>Service users who participated in the inspection outlined their understanding that their care is paid for by the HSC trust. The nine service users described to the inspector how they would contact staff if needed and they were also aware of their right to refuse services. They explained to the inspector how the staff supported them with budgeting.</p>	Compliant

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences.</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Service users' agreements will be reviewed annually confirming that service users or representatives are in agreement with the care provided and the payment of any fees.	Moving towards compliance
<b>Inspection Findings:</b>	
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 user reviews are held annually and more often if necessary with HSC trust staff. It was evident that agency staff is in regular contact with the HSC trust and that changing needs and risks are discussed regularly.	Compliant



<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Moving towards complian

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

## **11.0 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 agency has had no complaints this was verified by examination of the records held on site.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Hazel Somerville, 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 Care Inspection**

**Supported Living Services**

**6 January 2015**

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 Hazel Somerville, 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.

<b>Statutory Requirements:</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number of Times Stated</b>	<b>Details of Action Taken by Registered Person(S)</b>	<b>Timescale</b>
1.	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 prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's finance procedure is reviewed to ensure a process is in place to enable service users to access their monies when requested.</p>	Once	<p>The financial procedures for supported living services have been reviewed in 23/09/14. All supported living staff have been trained in the procedures to ensure that they are fully aware of their responsibilities in relation to supporting the service users to access their monies.</p> <p>The community keyworkers have been sent copies of the reviewed financial procedure to ensure that they are also aware of their role in enabling the service user to access monies.</p>	Three months from the date of inspection: 06 April 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 prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;            (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person must ensure the service users guide and agency's policies and procedures confirm the agency's contribution towards the utility costs for the office accommodation located within the service users home. Service users must be reimbursed monies owed in respect of the proportion of the utility bills used by the agency.</p>	Twice	<p>The trust have issued RQIA with a response regarding reimbursement of utility costs for office accommodation located within service users homes. At present there has been no further decision made. Therefore in this interim period the service user guide will be amended to reflect this.</p>	<p>Three months from the date of inspection: 06 April 2015.</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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Tracey Welch
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Miceal Crilly on behalf of Mairead McAlinden

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Joanne faulkner	13/03/1 5
Further information requested from provider			