



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Agency:	Orchard House
RQIA Number:	11080
Date of Inspection:	24 February 2015
Inspector's Name:	Joanne Faulkner
Inspection ID:	20498

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	Orchard House
Address:	12a Rectory Close Loughgall BT61 8NA
Telephone Number:	02838892052
Email Address:	Tracey.welch@southerntrust.hscni.net
Registered Organisation / Registered Provider:	Anne Mairead McAlinden Southern HSC Trust
Registered Manager:	Tracey Welch (Acting)
Person in Charge of the Agency at the Time of Inspection:	Tracey Welch
Number of Service Users:	10
Date and Type of Previous Inspection:	2 December 2013 Announced Primary Care Inspection
Date and Time of Inspection:	24 February 2015 10:00-16:00
Name of Inspector:	Joanne Faulkner

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

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	6
Staff	5
Relatives	2
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. The inspector discussed with the manager the low return rate.

Issued To	Number issued	Number returned
Staff	18	1

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 inspector reviewed the quality improvement plan issued following the previous inspection: one requirement and one recommendation have been 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:

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

7.0 Profile of Service

Orchard House is a supported living type domiciliary care agency, located in the village of Loughgall. The agency's staff provide care and housing support to ten adults with a learning disability. Service users have individual rooms and a range of shared facilities.

The Southern Health and Social Care Trust employ the staff that provides 24 hour care and support to the service users.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independently as possible and maximising quality of life. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue.

8.0 Summary of Inspection

The announced inspection was undertaken on 24 February 2015 at the registered office located within the home shared by the service users. The inspector was supported throughout the inspection by the Acting Registered Manager, Mrs Tracey Welch and Olive Hughes, Deputy Manager (Acting).

During the inspection the inspector had the opportunity to speak to two service users and 5 staff; the inspector spoke to the relatives of two service users; in addition the inspector had the opportunity to meet another four service users.

The inspector viewed a number of care records which outlined the care and support provided by the agency to individual service users. Staff stated that service users are provided with the necessary support to remain as independent as possible in their own home.

Prior to the inspection one staff member forwarded to RQIA a completed questionnaire in relation to the quality of service provision; the inspector also spoke to five members of staff on duty during the inspection and has incorporated their comments within this report.

8.1 Staff Comments

"I enjoy working here"

"Service users are supported to live as independently as possible"

"Some service users prepare their own food with support of staff"

"We bring our own food"

"Some service users are supported to do the food shopping"

"Service users are supported to attend concerts and activities of their choice"

"Some service users were upset at not getting on holiday last year; it is planned that they will be supported to go on holiday this year"

"We get twice yearly supervision"

"Happy with the new managers, they listen to my concerns"

"Service users can have a key if they want"

"Service users are supported to attend activities in the community"

The one returned questionnaire indicated the following:

- One staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- The staff member had received Human Rights training
- The staff member had received training on handling service users' monies
- Service users have in place individual service agreements
- The staff member was aware of the whistleblowing policy

Records viewed by the inspector support the above statements; the inspector spoke to five additional staff on duty and has incorporated their views and comments. Discussions with staff, service users and their representatives at the time of inspection identified their involvement in the development of individual care and support plans and in the review process with the HSC trust.

8.2 Service Users' Comments

During the inspection, the inspector spoke to two service users and in addition met with four service users; service users described how they are supported by staff to live as independently as possible; they informed the inspector that they were involved in developing their individual care and support plans and in review meetings involving their HSC trust representative.

Service users could describe the care and support they receive and stated that staff support them to attend a number of activities in the local community; they stated that their wishes and views are respected.

Comments

- "Staff are wonderful; when I was unwell they looked after me"
- "I go out with the staff"
- "I go shopping with staff"
- "I know my keyworker"
- "I love living here"
- "I attend a hair and beauty class"
- "I can pick what I want to buy"
- "I lock my door; staff knock your door"
- "This is better than the hospital"
- "If I am worried the staff calm me"
- "I love going out for a coffee and apple cake"
- "I can make a cup of tea when I want"

8.3 Service User Representatives

The inspector spoke to the relatives of two service users who stated that their relatives are supported to live as independently as possible; they stated that they are invited to review meetings and are involved in the development of care and support plans specific to meet the needs of the service users.

Comments

- “Staff go beyond their duties; they are so caring”
- “Staff are approachable; they are like friends”
- “The place is wonderful”
- “This is so much better than the hospital”
- “This place was an answer to prayer”
- “It’s like one family”
- “I have no issues at all”
- “The staff are fantastic”
- “My relative has improved greatly since moving to this place”
- “It is very apparent that it is the service users home”
- “Staff do a lot to support my relative”
- “I am invited to the review meeting”
- “Staff support my relative to go to concerts, on holiday, shopping and mass”
- “ My relative is given choice and respect”
- “The Trust look after the money”

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

8.4 Detail of Inspection Process:

8.4.1 Theme 1: Service users’ finances and property are appropriately managed and safeguarded

It was the inspector’s assessment that the agency is “not compliant” in this theme.

The agency has in place the following documentation for each service user:

- Service user guide/agreements
- Financial care and support plans
- Capacity assessment documentation/ Appointee details

Records viewed outline the charges in respect of service provision including the terms and conditions and methods of payment.

Service users do not pay additional charges for care services provided by the agency; the relevant HSC trust commissions the care provided by the agency to the service users.

The agency’s office is located within the service users’ home; the HSC trust are currently engaged in discussions with RQIA in relation to making arrangements to repay service users for charges previously made. A requirement stated within the previous QIP has been assessed as not being met and will be restated.

Service users pay a weekly agreed amount for food and utilities; service users are supported to devise a menu plan and shop for food. Service user representatives could describe the process for cancelling any services no longer required from the agency.

Staff provide their own food whilst on duty in a service user's home; the agency provides a separate storage facility and has a policy relating to staff meals.

The HSC trust is appointee for a number of service users; agency staff provide service users with the agreed support required to manage their monies; this is recorded in the service users' individual care and support plans. Service users can access their money at all times; the agency maintains a record of all monies or valuables held on behalf of service users. Ledgers are maintained for individual service users; they record any transactions and are maintained in accordance with the agency's finance policy.

The agency maintains a record of safe contents; records are maintained and were available for the inspector to view; it was identified that the agency has in place a list of staff signatures.

The agency provides a transport service; service users can opt in or out of this service; service users are provided with the necessary support to avail of appropriate public transport if preferred. A record of all journeys is maintained and service users are charged for individual usage. The transport agreement details the charges and terms and conditions of the transport service.

One requirement has been made in relation to this theme.

8.4.2 Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "moving towards compliance" in this theme.

The manager stated that prior to admission the agency receives a range of assessments from the referring HSC trust representatives; these assist agency staff in developing individual care and support plans in conjunction with service users and their representatives.

Individual care records viewed by the inspector contained a range of assessments provided to the agency by the referring HSC trust and individual care and support plans. Service users and their representatives stated that they are involved in developing their care and support plans and that their choices are reflected. Agency staff record daily the care and support provided to each service user.

Records viewed describe a range of interventions used in the care and support of individual service users. Relevant human rights of service users are recorded within their care and support plans; it was identified that these are reviewed annually or as required.

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, care planning and restrictive practice. Staff informed the inspector that they receive individual supervision twice yearly and annual appraisal. Staff described how they have received training specific to the needs of individual service users.

The agency maintains a record of staff training; this was viewed by the inspector; it was noted that correction fluid had been used on a number of staff training records. A recommendation has been made.

Regular monitoring of care practices occurs to ensure that any practice deemed as restrictive is identified.

The inspector read the agency's service user guide and statement of purpose; they outline the nature and ranges of services provided.

Staff could describe practices which could be deemed as restrictive and were aware of the agency's whistleblowing policy.

The inspector viewed documentation in place for a practice deemed to be restrictive; it was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, their representatives and members of the MDT as required.

From training records viewed and discussion with staff it was noted that staff have received training in human rights and protection of vulnerable adults.

One recommendation has been made in relation to this theme.

8.4.3 Theme 3: Each service user has a written individual service agreement provided by the Agency

It was the inspector's assessment that the agency is "compliant" in this theme.

Service users have in place individual service user agreements and care and support plans; they detail the amount and type of care provided by the agency to individual service users; they are updated annually following the review involving the HSC Trust representative or as required.

Service users and their representatives could describe the amount and types of care provided by the agency and were aware of charges for services provided by the agency; they described a range of activities that the agency's staff support them to participate in.

The manager stated that care provided to the services users is commissioned by the relevant HSC trust.

Staff could describe the amount and type of care provided to individual service users and stated that service users are supported to live as independently as possible.

Care and support plans are reviewed annually or as required in conjunction with the service user, their representatives and their identified keyworker within the service. It was identified that some of the agency's documentation is provided in a format that assists service users in understanding the information.

Service user's and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views; they stated that a review is completed annually in conjunction with their HSC trust representative.

A copy of the review documentation is retained by the agency.

8.5 Additional Matters Examined

8.5.1 Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the manager informed the inspector that the relevant HSC trust commissions the care provided by the agency to the service users; they stated that none of the service users are paying additional charges for care. Service users have in place financial support plans detailing the amount of support required by the agency to enable them to manage their monies.

8.5.2 Statement of Purpose:

The agency's statement of purpose was read by the inspector; it outlined the nature and range of services provided by the agency at the time of inspection; it was identified that detail relating to restrictive practice required further detail. A requirement has been made.

8.5.3 Annual Review of Service Users' Needs by HSC Trusts:

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").

Records viewed by the inspector identify that services users have received an annual review involving the HSC trust. Service users' and their relatives informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views. Agency staff stated that they attend review meeting and retain a copy of review documentation; these were available for the inspector to view.

8.5.4 Monthly Quality Monitoring Visits by the Registered Provider

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by the SHSCT monitoring officer. From the documentation viewed the views of service users, their families and professionals had been recorded on some of the visits; however, it was identified by the inspector that on a number of the records no reference was made to views relatives and professionals. On the occasions when relatives had been consulted it was noted that the records it did not denote the name of person spoken to. The documentation contains detail of any incidents or safeguarding concerns and staffing arrangements. A requirement has been made.

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	15 (6) (d)	The registered person must ensure that the amount of money kept in the agency's safe is in accordance with the finance policy.	<p>The inspector viewed the ledgers in place for monies held on behalf of two service users; it was identified that the limits did not exceed those detailed in the agency's finance policy.</p> <p>This requirement has been assessed as being fully met.</p>	Twice	Fully met.
2	14 (b) & (d)	The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home.	<p>The manager stated that this issue is still unresolved.</p> <p>This requirement was assessed as being not met and will be restated.</p>	Once	Not Met.

No.	Minimum Standard Ref.	Recommendations	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	1.1	It is recommended that the registered person ensures that the buzzer on the front door is reviewed to determine if a less intrusive method of monitoring service users' safety could be implemented. The views of all service users/representatives with regards to the locked garden gate should be documented.	<p>The volume of the buzzer on the front door has been reduced; the inspector viewed documentation relating to consultation with service users and their representatives in relation to the front door and the locked garden gate.</p> <p>The agency have requested the input from an advocate in relation to the locked gate; the inspector viewed the gate; it was noted that the gate can be opened from the rear garden area; the manager stated that the gate was locked as a safety measure to prevent persons not living in the house from entering the rear garden.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met.

10.0 Inspection Findings

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

Provider's Self-Assessment	
<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>	Substantially compliant
Inspection Findings:	
<p>The registered manager stated that none of the service users are charged for personal care provided by the agency; the relevant HSC trust commissions the care provided by the agency.</p> <p>The inspector viewed the service user and financial agreements for two service users and noted that service users are not paying additional charges for personal care. Individual care and support plans detail the support required by service users to manage their monies.</p> <p>The manager stated that the HSC trust is appointee for a number of service users; all service users have individual bank accounts; staff provide the agreed support to service users to manage their monies.</p> <p>Records viewed indicated that service users have in place a service user agreement which detail services provided and any related charges. Service user representatives could describe the process for cancelling any services provided by the agency.</p> <p>Service user representatives stated that the service user pays an agreed amount per week for food and utilities, and could describe the process for menu planning and purchasing food; service users are encouraged to participate in the preparation of food with the support of staff, dependant on their ability; this was reflected in the individual care and support plans viewed by the inspector. Service users who met with the inspector stated that they can access the kitchen and are provided with the necessary support to shop and prepare food.</p> <p>Staff stated that they are required to provide their own food whilst on duty in the service users' home. The agency has in place a policy relating to staff meals; it details the arrangements for staff accessing food whilst</p>	Not compliant.

<p>accompanying service users on an outing.</p> <p>The agency's office is located within the service users' home; the manager stated that service users do not presently contribute towards the cost of the agency's office; they stated that the HSC trust are currently engaged in discussions with RQIA in relation to making arrangements to repay service users for charges previously made. A requirement stated within the previous QIP has been assessed as not being met and will be restated.</p> <p>The agency's finance policy outlines the procedures for staff involved in supporting service users to manage their money.</p> <p>The service user guide and agreement records the process for service users in relation to cancellation of services for which they are charged.</p>	
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THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • 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 	<p>COMPLIANCE LEVEL</p>

<p>as nominated appointee;</p> <ul style="list-style-type: none"> • 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; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
Provider's Self-Assessment	
<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
Inspection Findings:	
<p>The agency has in place service user agreements, financial agreements, supported decision making template and care and support plans detailing the agreed support required by individual service users to manage their monies. The inspector viewed the documentation for three service users and noted they detailed the support required by service users to manage their finances.</p> <p>The agency retains details in individual service users care records of their appointee and financial capacity assessments; service users are supported to manage their monies as previously agreed.</p> <p>Service users and their representatives stated that they have been involved in discussions and agreements in place in relation to their monies. Service users informed the inspector that they can access their money at any time and choose how to spend their money.</p>	Compliant.

The agency retains monies on behalf of a number of service users, they maintain cash ledgers for each individual service user; it was identified that they detail any transactions and are signed by two members of staff. Reconciliation of monies held on behalf of service users is carried out daily at each shift handover and in addition a monthly audit is completed by the administrator. The agency finance policy details the procedure for staff handling service users' monies; it was viewed by the inspector.

The registered manager informed the inspector that the agency contact the HSC trust representative to request additional monies if required. The agency retains receipts for all transactions made on behalf of service users.

Service users have had financial capacity assessments carried out; the agency retains documentation detailing the outcomes.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<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
Inspection Findings:	
<p>The manager stated that there is a safe located in the agency's office; a record of the contents was available for the inspector to view and is reconciled daily at shift handover.</p>	Compliant.

Staff stated that service users are supported to keep their valuables safe and provided with the required support to manage their monies. Service users' individual care and support plans detail the support required by service users to manage their money.

The agency finance policy details the procedures for staff handling service users' monies.

The agency maintains individual financial ledgers for each service user ; the inspector viewed the ledgers maintained on behalf of three service users and noted that they record any transactions and available balance and are signed by two staff. The inspector noted that the agency has a list of staff signatures; staff stated that a reconciliation of monies held by the agency is completed at shift handover by two staff members and could describe the necessary steps if a discrepancy was identified. Receipts are retained and reconciled monthly.

The manager stated that a monthly reconciliation is also completed by the administrator and additionally an annual finance audit is completed by the agency's finance department.

Staff informed the inspector that they had recently received finance training.

The agency maintains details of service users' appointees and details of any capacity assessments completed.

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

<ul style="list-style-type: none"> • The agency ensures that the vehicle(s) used for providing transport to service users, including private (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; • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<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>
Inspection Findings:	
<p>The inspector discussed this theme with the manager who stated that the agency provides a vehicle for the use of service users. Staff that drive the vehicle are required to take a test prior to driving the vehicle.</p> <p>The manager stated that all service users have opted in to the transport scheme; the inspector viewed the transport agreements for two service users and noted that they detail the terms and conditions and any related charges.</p> <p>The agency maintains a record of all journeys taken by service users; it details the purpose of all journeys and those service users who availed of the service. Service users are billed monthly by the agency for their individual usage.</p> <p>Service users' individual care and support plans viewed detail the support required by service users to access appropriate transport.</p> <p>The manager stated that service users have the option to avail of public transport which they pay for individually. The inspector viewed the agency's transport policy.</p>	<p>Compliant.</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not compliant.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>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.</p>	Compliant
Inspection Findings:	
<p>Prior to service users taking up a tenancy the agency receive a range of multi-disciplinary assessments from the referring HSC trust; these outline the assessed needs of service users and highlight identified risks.</p> <p>From care plans viewed outline a range of interventions and reference was made to the consideration of the individual service user’s human rights.</p>	Compliant.

<p>Service users and their relatives stated that they are involved in developing their individual care and support plans and that their views are reflected. The inspector observed that care plans are reviewed annually following the review with the HSC trust representative or as required. Staff stated that they complete a daily record for each service user; detailing the care and support provided; this was viewed by the inspector.</p>	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>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.</p>	Substantially compliant
Inspection Findings:	
<p>The agency maintains a record of staff training; these were viewed by the inspector; it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, medication management, MAPA, and swallow awareness. It was identified by the inspector that correction fluid had</p>	Moving towards compliance.

<p>been used on a number of staff training records. A recommendation has been made.</p> <p>Staff stated that they had received corporate induction at the commencement of their employment and further training throughout their employment. Staff stated that they receive six monthly one to one supervision and annual appraisal; they stated that they are encouraged to identify any training needs at any time with the senior.</p> <p>Staff informed the inspector that they felt competent to carry out the requirements of their role and feel supported by the management team; they describe training received to meet the specific needs of individual service users. The agency has in place a supervision and appraisal policy.</p> <p>Staff could describe the process for highlighting any changes to service users' needs; they could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy.</p>	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>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.</p>	Compliant
Inspection Findings:	
<p>The inspector viewed the agency’s service user guide and statement of purpose; they outline the nature and range of services provided and the rights for service users to choose what services they require from the agency; they make reference to restrictive practices.</p>	Compliant.

<p>Service users and their representatives stated that they are involved in the development of their individual care and support plans and are encouraged to make their own choices.</p> <p>Staff stated that service users are provided with keys to their home and individual rooms; service users informed the inspector that they choose to keep the door of the main house locked at all times.</p> <p>The manager and staff described practices deemed to be restrictive; the inspector viewed the documentation in place relating to the restrictions. It was identified that the agency had engaged with the relevant HSC representative, the service users, their representatives and members of the MDT as required. Records viewed reflected that human rights of the service user and those sharing the house had been considered and the least restrictive practice was in place; the agency had made arrangements to minimise the impact on other service users.</p>	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Any restrictive practices in place would be recorded under robust governance arrangements.</p>	Compliant

Inspection Findings:	
<p>The inspector discussed this theme with the manager and deputy manager; they stated that care practices are reviewed regularly to ensure that those which are may be deemed as restrictive are identified.</p> <p>The manager described restrictions within the agency; the agency retains documentation relating to discussions which have taken place in relation to any restrictive practice. The documentation relating to the practice was viewed by the inspector; it was noted that risk assessments had been completed. Records detailed discussions with the multi-disciplinary team members; the outcomes and options considered are clearly recorded. The records detail discussions with the service users and their representatives; there is evidence of involvement of an advocacy service.</p> <p>Staff could describe practices which could be deemed as restrictive; they described the process for engaging with service users' and their representatives in relation to any practices that many be deemed as restrictive.</p> <p>From the training records viewed and discussion with staff it was noted that staff have received training in human rights, MAPA and protection of vulnerable adults.</p>	<p>Compliant.</p>

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

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Moving towards compliance</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Each service user has a written individual service user agreement which is provided by the agency.	Moving towards compliance
Inspection Findings:	
<p>The manager stated that the relevant HSC trust commission the care provided by the agency to individual service users.</p> <p>The inspector viewed three individual service user agreements and care and support plans; they detail the amount and type of care provided to the service user by the agency. Service users who met with the inspector could describe the care and support received from the agency. Relatives were aware that the care provided to individual service users was funded by the HSC Trust; they stated that they are invited to participate in the development of their relative’s individual care and support plans.</p>	Compliant.

<p>Staff could describe the amount and type of care provided to individual service users; they described a range of practices which were specific to the meet the needs of individual service users. Staff demonstrated their awareness of the need to ensure that service users and their representatives were consulted in relation to aspects of their care and support and the importance of service users' choice and human rights</p> <p>From documentation viewed and discussion with service users the inspector noted that care plans are developed in conjunction with the commissioning trust and are reviewed annually or as required.</p> <p>The inspector viewed documentation in an easy read format to assist service users in understanding the detail of their care and support plans.</p>	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>All methods of payment are detailed in individual service user agreements.</p>	Moving towards compliance
<p>Inspection Findings:</p> <p>The agency has in place individual service user agreements; the inspector viewed three agreements; it was noted that they outline charges made to the service user by the agency.</p> <p>The manager stated that the relevant HSC trust commissions the care provided to the service users; they stated that service users are not paying the agency additional charges for care.</p>	Compliant.

Service users' relatives could describe any charges for services received from the agency; they were aware that personal care provided by the agency was funded by the relevant HSC trust. They could describe the process for cancelling any services provided by the agency which they no longer required.

The service user agreement and the service user guide details the process for the cancellation of services; of the records viewed service users have in place a signed service user agreement.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>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.</p>	Moving towards compliance
Inspection Findings:	
<p>Prior to the inspection 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”).</p>	Compliant.

<p>The agency's return stated that nine service users had received an annual review the one outstanding review has been scheduled; the registered manager informed the inspector that the service users are at least annually by the commissioning HSC trust or as required.</p> <p>Service user representatives stated that they attended an annual review involving the relevant HSC trust representative and are given the opportunity to contribute their views.</p> <p>The inspector viewed the care records for two service users and noted that reviews had been carried out and that the agency retains a copy of review documentation.</p> <p>Staff stated that the care and support plans are updated annually following the review meeting or as required; they stated that they are encouraged to participate in the review meetings of the service users.</p> <p>The inspector noted from the documentation viewed that the agency have in place service agreements which details charges to the service user for services received; these are signed by the service user and updated annually.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards complian</p>

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

11.0 Any Other Areas Examined

11.1 Complaints

The agency had no complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and from records available for inspection at the agency.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Tracey Welch, registered manager (acting), 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Orchard House

24 February 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 Mrs Tracey Welch, registered manager (Acting) 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.	14 (b) & (d)	The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home.	Twice	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,	Three months from the date of inspection: 24 May 2015.
2.	5.-(1) Schedule 1	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as "the statement of purpose") which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the registered person ensuring that the statement of purpose is updated to include appropriate information relating to restrictive practice.</p>	Once	The statement of purpose has been amended to include the use of least restrictive practice which has been discussed and agreed by multidisciplinary team and will be reviewed on regular basis	Two months from the date of inspection: 24 April 2015.
3.	23.-(1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1)</p>	Once	Each tenant in Orchard House has been given a unique identifier number which is documented in each individual tenants support plan; When the monitoring officer refers to any	Two months from the date of inspection: 24 April 2015.

		<p>shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the identity of the service user representatives consulted with.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of relevant professionals.</p>		<p>tenant in the monitoring report it will be the unique identifier number that is used.</p> <p>The monitoring officer after speaking to a family member will identify that family member by their initials in the monthly report.</p> <p>Every month contact will be made with a professional who is involved with the tenants to obtain their views on the service provided.</p>	
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Recommendations:					
These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	10.5	It is recommended that agency staff do not use correction fluid on agency records.	Once	The staff have all been reminded that all documents that are written on are legal documents and as so must be legible no tippex is to be used on any document at any time.	Two months from the date of inspection: 24 April 2015.

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	Tracey Welch.
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Micéal Crilly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	21/04/2015
Further information requested from provider			