



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Northern Ireland Institute for the Disabled
Agency ID No: 11082
Date of Inspection: 19 May 2014
Inspector's Name: Jim McBride
Inspection No: 17500

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Northern Ireland Institute for the Disabled
Address:	39 Downshire Road Bangor BT20 3RD
Telephone Number:	02891465211
E mail Address:	paula.brittain@niid.co.uk
Registered Organisation / Registered Provider:	Mr William John Miskimmon
Registered Manager:	Mrs Paula Brittain
Person in Charge of the agency at the time of inspection:	Mrs Paula Brittain
Number of service users:	12
Date and type of previous inspection:	Primary Inspection 19 August 2013
Date and time of inspection:	Primary Inspection 19 May 2014 09:00-14:30
Name of inspector:	Jim McBride

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

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

Consultation Process

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

Service users	2
Staff	7
Relatives	0
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	33	26

Inspection Focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards full compliance with the one recommendation issued during the previous inspection of the 19 August 2013 was assessed.

The agency has fully met the recommendation made. The inspector verified compliance by the records made available and during discussion with the Registered Manager during the inspection.

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

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

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

Profile of Service

NIID (The Northern Ireland Institute for the Disabled) is a care provider in the voluntary sector. The agency provides care / support to disabled people in their own individual bungalows, in Strickland's Glen, Bangor.

The agency's aim is to "provide the highest standard of person centred care and support, promoting independence and integration within the local community". The agency's values are to "provide a safe environment which is client focused, open and transparent, promoting team-work and personal development".

Service is provided to twelve tenants by thirty staff; service includes personal care, preparation of meals, as well as assistance. All services required are agreed by the tenant and the Trusts care managers.

Summary of Inspection

The inspection was undertaken on the 19 May 2014, the inspector met with the registered manager Mrs Paula Brittian during the inspection.

The inspector had the opportunity to meet two service users in their own home. The inspector also spoke to seven staff.

Prior to the inspection, twenty six members forwarded to RQIA completed questionnaires in relation to the quality of service provision.

Feedback in relation to the inspection findings and comments made by agency staff in the twenty six questionnaires was provided to the manager during the inspection. It should be noted that the feedback in relation to the service was positive and staff comments have been added to this report.

Care plans examined show clear evidence that the service is person centred and individual. This was acknowledged in individual care plans well as during discussion with the manager, tenants and staff. The care plans developed include:

- Individual support plans that include the relevant human rights articles
- Tenancy agreements
- Support timetable
- Human rights
- Finances agreements
- Needs assessments
- Capacity assessments

The care plans in place are based on needs and individual choice is included:

- Need
- Risk
- Outcomes

Tenant s comments:

“I like living here”
“Staff are good”
“Staff support me”
“Staff help me with shopping and my money”
“Staff respond to my needs”
“This is better than hospital there is less people here”.

Staff Comments:

“We communicate well with each other”
“New supervision systems are now in place”
“Training recently was good it gave you a better opportunity to get more involved”
“Staff and managers have a good relationship”
We offer tenants choice every day and respect their rights and choices”.

Twenty six questionnaires were received prior to inspection; the inspector also spoke to seven members of staff on duty during the inspection and has added their comments to this report.

The twenty six questionnaires returned indicated the following:

- Protection from abuse training was received by all eight staff
- Training was rated as excellent
- Staff competency was assessed via group discussion, questions and answers by trainers
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- All twenty six staff stated they have received training in handling service users finances
Records show that last training took place on the 13 June 2013
- Service users have in place individual domiciliary care agreements
- Care-plans are prepared in conjunction with HSC Trusts referral information and risk assessments.

Discussions with the manager and staff, verify the above statements received from staff.

It was evident from reading individual person centred personal support plans and discussion with staff and tenants, that the tenants and their representatives have control/input over individual care and support.

Staff also stated that systems are in place to ensure individual opinions are heard they include:-

- Service users meetings
- Monitoring Visits
- Reviews
- Keyworkers discussions
- Daily contact

The areas indicated above were verified by:

- Discussion with staff
- Staff training records
- Person centred care plans

Staff highlighted some of the principles of support living in their returned questionnaires as:-

“To promote independent living, within a safe environment”

“To enable people to lead a full life”

“Assistance to do/ not to have done”

“Promote independence”

“Treat people with respect and dignity”

“Encourage people to make their own decisions about their life”.

Individual comments made by staff:

“Care standards here at NIID are second to none; the service users are very well treated and looked after professionally with great respect”

“We support each individual to fulfil their ambition and goals”

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

Detail of inspection process:**Theme 1 - Service users' finances and property are appropriately managed and safeguarded****The agency has achieved a compliance level of "Not Compliant" for this theme.**

The agency has provided evidence of documentation currently in place to ensure each individual service user has in place the following:

- Terms and conditions agreement
- Tenancy agreement
- Service user guide
- Statement of purpose
-

The finance arrangements were discussed with the registered manager during the inspection. Service users are provided with a service user guide and statement of purpose that was updated on the 1 May 2014.

The documentation highlighted above shows clear evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments, whilst the current statement of purpose describes the nature and range of services provided.

The following requirement has been issued in relation to this theme:

It was unclear during the inspection what service users were being charged for by the agency, this is in relation to the agency's arrangements in relation to utility bills for staff sleep over areas within tenants' homes.

Theme 2 – Responding to the needs of service users**The agency has achieved a compliance level of "Substantially Compliant" for this theme.**

The agency does have in place comprehensive Care plans. Current capacity and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery.

Individual care plans reflects the input of the HSC Trust and the thoughts and views and choices of the service users and their representatives.

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users. It was discussed with tenants who stated that they meet with their keyworker monthly and they are aware of outcomes and goals they have planned being met. One tenant discussed his goals and his activities he has been involved since moving in.

Records examined show a range of interventions used in the care and support of individuals. The manager and staff explained the agency's awareness of human rights and how it is relevant in all its work with service users. It was good to note that individual care plans explicitly outline individual human rights. Staff stated they had received human rights training; the last recorded session was completed on the 20 January 2013. One requirement has been

made in relation to the statement of purpose. The registered person must review the statement of purpose showing clear references to the use of restrictive practices and the review of the same during monitoring visits.

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

The agency has achieved a compliance level of “Compliant” for this theme.

Each service user has in place an individual domiciliary agreement provided by the agency. Tenants interviewed were able to discuss with the inspector what help and support they get from staff i.e. shopping, cooking, budgeting and social outreach.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The service users and their representatives are made aware of the number of hours care and support provided to each service user. Individual care plans state the type of care and support provided whilst outlining specific hours of support.

The manager, tenants and staff interviewed by the inspector discussed what care and support was provided to individuals daily. The service is person centred, whilst the needs and preferences of individual service users is set out in the service users individual Care Plan.

The agency's statement of purpose/service user guide describes how individual service user agreements are devised. The agency's service user agreement is consistent with the care commissioned by the HSC Trust.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider:

The inspector read the monitoring reports in place since September 2013. These have been completed and the reports in place do include action plans for service improvement. Records that were in place show evidence of discussions with:

- Staff
- Service users
- Relatives
- HSC Trust staff

The reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The manager stated that she and the agency's monitoring individual discuss the report following each visit.

Charging Survey:

Prior to inspection the agency were asked to complete and return to the RQIA a charging survey, outlining the procedures and any charges incurred by service users in a supported living scheme.

The returned survey shows that no service user is paying for additional care services that do not form part of the HSC Trust's care assessment.

The registered manager confirmed that agency staff do act on behalf of service users as appointees. Records examined during inspection included:

- 1 Capacity assessments
- 2 Appointee records provided by the Social Security Agency
- 3 A relative's permission sheet for staff to assist with individual budgeting, stating clear procedures for staff who do handle tenants' monies.

Some service users share utilities costs; however it was unclear what costs were paid for staff sleepover areas. This was discussed with the registered manager and a requirement has been made within the quality improvement plan that forms part of this report.

Statement of Purpose:

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed in 27 April 2014.

Annual review:

The agency has a procedure and associated documentation to ensure that Service Users' Care Plans are recorded and maintained. The Procedure allows for additional reviews and/or changes to the Plan to be easily implemented to reflect any changing need.

Records examined show clear evidence that annual review of service users' needs having been completed by the relevant HSC Trusts and show evidence of attendance by the agency and representatives of the service users.

The agency stated in their annual review documentation returned to the RQIA that records of ten reviews were not received by them in the six week agreed period from the HSC Trust, although records in place show clear actions completed by the manager to contact the HSC Trust requesting this information. Since completion of the review documentation by the manager a number of reviews have now been completed, these were examined by the inspector and discussed with the manager.

Follow-Up on Previous Issues

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Standard 1.1	The agency should ensure that the human rights of all service users are explicitly outlined in care records.	This recommendation was assessed as fully met; the documentation in place was satisfactory. It was good to note that the individual human rights of tenants have been identified within their care plan.	Once	Fully Met

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

Statement 1:

COMPLIANCE LEVEL

The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

- 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
- user's home looks like his/her home and does not look like a workplace for care/support staff.

<p>Provider's Self-Assessment</p>	
<p>Each Tenant has their own domiciliary care service users guide which does include terms and conditions, how many hours of care that have been agreed by the HSC trust. NIID do not charge tenants any extra costs for care other than the amount agreed vis hsct and paid direct to NIID via procare. NIID do not run a business out of any tenants home, staff are present as per care plan and therefore no costs are incurred by the tenant. NIID maintain the staff sleepover room which is present in some properties as a necessity to meet the tenants needs and associated risks as per HSCT agreement. The agreement does state that staff are responsible for supplying all their own meals and drinks while on duty. Any financial support that tenants may require is documented in their agreement. Policies and procedures are in place for dealing with Tenants finances. NIID get paid directly from procare for all tenants care services provided and therefore no costs are incurred by the tenant.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Documents in place included the service users' guide, care/support agreements, care plans and individual finance summary's show clear evidence of how service users manage their finances. Seven service users have an identified appointee who is part of the agency (The finance manager) and documentation clarifying this was in place. Staff that assist service users with shopping etc. have in place a procedure for recording all transactions with two signatures and regular reconciliations of monies. The manager stated that "Staff provide their own food when on duty. Records in place verify that the agency has notified each service user in writing, of the 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 were included in each service user's agreement and were processed in April 2014. The manager could not describe any arrangement 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 i.e. The sleepover rooms in each of the houses as described by the agency in their self-assessment. A requirement has been made within the quality improvement plan that forms part of this report.</p>	<p>Not Compliant</p>

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

Statement 2:

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

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

COMPLIANCE LEVEL

<p>they acted in this capacity and the service user on whose behalf they act as agent;</p> <ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>HSCT assessments don't always complete the financial section. NIID staff are aware of the level of support a tenant needs regarding finances. Some assessments do not as the tenants manage their own finances with no input from Staff. NIID keep records of all financial transactions made in respect of each tenant and these are up to date. Each transaction is signed by 2 staff or 1 staff member and the tenant and is dated appropriately. Tenants who have capacity to manage their finances do so themselves, others have capacity and have a written authorization for NIID to safely store monies on their behalf and issue them with money as and when requested. Those who do not have capacity regarding finances have a letter from their Psychiatrist on file stating that they do not have capacity and policies and procedures are in place for staff managing tenants finances. Tenants who request NIID to hold monies on their behalf are all aware that monies can be released Monday to Friday during office hours and they would normally plan appropriately for the weekend. As a contingency plan the manager can come into work and release extra monies if necessary. Reconciliation of tenants monies are carried out at least monthly and this is documented. There is documentation held with the finance manager regarding agreed appointeeship as necessary. There is a record held with the finance manager of the named persons. Where NIID operates a bank account on behalf of a service user there is written documentation and appropriate certificate held from the office of care and protection.</p>	<p>Substantially compliant</p>

<p>Inspection Findings:</p> <p>The inspector examined a number of domiciliary care agreements in place as well as appropriate capacity assessments. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed with service users' monies. The manager stated that staff have received training on the handling of service users' monies records show the last training took place on the 13 June 2013. Staff also verified this on their returned RQIA questionnaires.</p> <p>Annual reviews completed by the HSC Trust show evidence of agreements of the finance arrangements in place within the service user's agreement. A record is kept of the name of all nominated appointees, on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee. The manager stated that service users have the support of their family members to help manage their finances. The inspector also noted relatives' permissions documentation that states staff have been given permission to help tenants with budgeting and shopping whilst keeping a record of all income and expenditure. One senior staff member stated "Tenants monies are reconciled regularly and all receipts are dated, signed and stored appropriately". A number of these records were examined by the inspector and confirmed that all transactions undertaken by the staff on each service user's behalf; are being maintained and kept up-to-date.</p>	<p>Compliant</p>
<p>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<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; 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> 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>	
<p>Provider’s Self-Assessment</p>	
<p>NIID have robust controls around persons who can access tenants monies that are held at NIID for safekeeping. There is named staff only who can have access to the safe areas.</p> <p>Any monies or properties going in or coming out are always countersigned with 2 staff or 1 staff and the tenant and dated as necessary. Any tenant who is assessed as not being able to safely store monies or properties will have a capacity letter on file and NIID policies and procedures are put into place to safely store the tenants property. All tenants will be informed of where their property is stored and can have access to financial records as and when desired.</p> <p>As mentioned previously, if restrictions are required for tenants to access their monies then this is documented in the HSCT needs/risk assessment and careplans.</p> <p>Reconciliation of tenants monies is carried out at least monthly. If errors were detected then this would be fully investigated.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have individual safe storage areas for their monies, assessments in place show evidence of staff procedures in place to enable tenants to have access to their own monies. The manager described the safe keeping of monies policy and the fact that no restriction is in place for service users to access their monies.</p>	<p>Compliant</p>

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

Statement 4:

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 (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness.

COMPLIANCE LEVEL

<p>Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>NIID do not operate a transport scheme. Tenants have their own vehicles, as appropriate, leased through the mobility scheme. The decision on this is based on the tenants assessed needs and medical condition. There is a record kept of all journeys, and milage used in each tenant's vehicle. There is insurance for each vehicle that covers an any driver policy. All vehicles are road worthy and do not require MOT certificates as the vehicles are changed every 3 years. This meets legal requirements.</p>	Not applicable
Inspection Findings:	
<p>As outlined in the self-assessment, the agency does not have a transport scheme. Tenants avail of their choice of transport individually. Tenants have their own mobility cars which the agencies have no control over. Some tenants share costs with each other this is an agreement between individuals and is not administered by the agency.</p>	Compliant

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1: The agency responds appropriately to the assessed needs of service users	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<p>All tenants have a needs and risk assessment completed as and when necessary but no longer than every 6 months. HSCT forward agreed care plans to NIID and we incorporate this into NIID more detailed plans. All care plans are carried out and agreed with the tenant. Care plans are person centred which include a range of interventions to be used for the individual. Care plans are prepared and each area of the care plan is linked to the appropriate human rights.</p>	Substantially compliant
Inspection Findings:	
<p>HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read four care plans and these clearly show that the service is person centred whilst discussing outcomes and personal goals. The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Records in place show the involvement of the HSC Trust and service user representatives in the process. Human rights considerations are explicit in the agency’s documentation and include specific human rights articles relevant to the service users. Staff stated they had received human rights training; the last recorded session was completed on the 20 January 2013. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users.</p> <p>Records examined show a range of interventions used in the care and support of individuals. This was also verified by tenants and staff interviewed who discussed their activities and individual support plans.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2: 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>Staff have training commencing at induction through to mandatory training carried out annually. Extra training is given which is relevant to the area of work staff are carrying out. All staff complete the NISCC induction book and staff supervision and annual appraisals lend for further guidance. Discussions and training is also carried through team meetings. Training is evaluated by 1. completion of questionnaire or 2. through group activity in the training session with discussion then involving the complete class.</p> <p>Staff have awareness of restrictive practice and human rights implications and have read and signed for reading and understanding policies and procedures related to this. Changes in tenants needs are recorded and care plans reviewed appropriately. This is reported to relevant parties.</p> <p>Staff are fully aware of what is considered to be poor practice and through SVA training know they are legally required to report on anything that raises a concern. Staff know who and how to report this.</p>	Substantially compliant

Inspection Findings:	
<p>The inspector examined a number of training records, staff competency assessments 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. Training is evaluated and discussed during supervision and appraisal with staff this was also verified by staff in their returned questionnaires and during discussions. The inspector discussed with the manager and staff, reporting procedures if they had any concerns about poor practice, staff were clear about the reporting procedures and were able to explain to the inspector in detail how they would take these concerns forward. Staff in their returned questionnaires rated training as good and during discussion described how the agency responds to any training that would benefit both staff and service users in relation to any changing needs. Staff interviewed during the inspection advised the inspector that they felt they had received adequate training for their roles, one staff member stated: “recent training was enjoyable and you felt part of it”. One requirement has been made in relation to updating the statement of purpose describing the use of restrictive measures and the review of the same during monthly monitoring.</p>	Substantially Compliant
THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3: 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	
Any restrictive practice is only carried out as a last resort. They is the result of multi-disciplinary meetings	Substantially compliant

<p>where it has been decided that it is in the tenants best interests. In such cases a deprivation of liberty form is completed and reviewed. Tenants representatives are aware of the restriction and in agreement. The statement of purpose does include appropriate references to NIID policies which include restrictive interventions. Any tenant who lacks capacity have a letter held on file from their psychiatrist. Each tenant has a home file that does contain a copy of their care plan and in a suitable format to their needs. Individuals have information on a range of advocacy services that can be used in supporting them discussing their care plan. Where a restrictive practice has an impact on a co-tenant, there is a signed agreement with the tenant involved.</p>	
<p>Inspection Findings:</p>	
<p>Each service user has in place an individual care plan the inspector examined four of the records in place and as stated by the agency above restrictive practices are only used in best interest situations. The updated service user guide and the statement of purpose describe the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative.</p> <p>Care plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their service user guide their right to decline aspects of their care provision. The inspector noted that one tenant is subject to restrictive practice due to the effects of an individual disability. Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. The inspector noted the assessments in place and the agreements in place between the HSC Trust, tenant and the agency. Evidence in place shows that this practice has no impact on the tenant who shares the kitchen. 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. One requirement has been made in relation to updating the statement of purpose describing the use of restrictive measures and the review of the same during monthly monitoring.</p>	<p>Substantially Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Any restrictive practices are only undertaken as a last resort after risks have been assessed. It will always be the least restrictive measure to ensure safety of the tenant. A deprivation of liberty form is completed. If changes are noted in the needs of the tenant a review will be carried out and discussion will take place at a multi-disciplinary review. NIID have a minimal restraint policy which contains clear instructions when this can be used as the only means to safeguard the tenant and others. Incidents of restraint would be documented to meet requirements and reported to relevant agencies and RQIA.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>Each service user has in place an individual care plan the inspector examined four of the records in place and as stated by the agency above restrictive practices are only used in best interest situations. The updated service user guide describes the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative. Care plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their service user guide their right to decline aspects of their care provision. The inspector noted that one tenant is subject to restrictive practice to the effects of an individual disability.</p> <p>The inspector noted the assessments in place and the agreements in place between the HSC Trust, tenant and the agency. Evidence in place shows that this practice has no impact on the tenant who shares the kitchen. Review documentation in place shows clear evidence of evaluation and progress in relation to the locked cupboards. 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. One requirement has been made in relation to updating the statement of purpose describing the use of restrictive measures and the review of the same during monthly monitoring.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>Tenants can describe the amount and type of care provided to them. Staff are aware and can discuss the amount and type of care each person is to receive. Individual care plans detail the amount and type of care to be given as per agreed HSCT. The statement of purpose and policy on care planning states how individual service user agreements are devised.</p>	Substantially compliant
Inspection Findings:	
<p>Records examined by the inspector show clear details of the amount and type of care provided by the agency. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs.</p> <p>The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need and personal plan. The service users and their representatives are made aware of the number of hours care and support that is available to them. Care plans state the type of care and support provided. The manager, staff and tenants interviewed by the inspector were able to describe what care and support was provided to individuals daily. The service is person centred whilst wishes, preferences and choice is included in the personal plan. The agency’s policy care planning and their service user guide describe how individual service user agreements are devised.</p>	Compliant

<p>The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan and the personal plans information accurately detail the amount and type of care provided by the agency.</p>	
<p>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</p>	
<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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Tenants are aware of the care they receive that is funded by HSC Trust. Those Tenants who lack capacity have care plans in formats to meet their level of understanding. All care that tenants receive is fully funded by HSC Trust. No extra charges are made by NIID. The remainder points for statement 2 above are N/A to NIID at present time.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Each service user has in place a domiciliary care agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and the NIHE supporting people scheme for support. Service users do not make contributions from their personal income towards their care or support. These documents show clear evidence that the costs and service provided have been discussed with service users and their representatives. The documentation in place was signed off by the service users'</p>	<p>Compliant</p>

representatives, HSC Trust staff and agency staff. As stated by the agency in their self-assessment each service user has in place a breakdown of the hours of care and support they will receive.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY

Statement 3

COMPLIANCE LEVEL

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.

- 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.

Provider’s Self-Assessment

Tenants have annual reviews with their care manager from their HSC Trust. Tenants who have capacity can agree with the care provided. Staff can confirm that NIID take part and contribute to the reviews. There is documentation to evidence that reviews can be requested at any time and as a result of the review, any changes are documented on the care plan. No tenant at NIID pay any additional fees for care.

Substantially compliant

Inspection Findings:

Prior to inspection the agency were asked to forward to the RQIA details of service users annual reviews. The information received and the records examined by the inspector shows clear evidence that all annual reviews have taken place and the records were in place. During discussion with staff they confirmed that reviews can be convened as and when required, dependent upon the service users’ needs and preferences. Records confirm that service users’ service agreements and care plans are updated following reviews. It was

Compliant

clear from records and discussion with the manager that the agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed on an on-going basis.

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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
	Compliant

Any other areas examined

Complaints The agency has had two complaints during the last year, this was verified by returns sent to RQIA and examination of records held on site. Discussion with the manager and records examined show that all complaints were resolved satisfactorily.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Paula Brittan 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:

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



Quality Improvement Plan

Announced Primary Inspection

Northern Ireland Institute for the Disabled

19 May 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Paula Brittian both during and after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	15 6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none">• Utilities bills <p>The service user's individual financial agreements will have to be further developed to reflect any payments made by them for utilities costs and reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users. The agency must inform RQIA of reimbursements made in respect of utilities charges.</p>	Once	<p>Utilities Bills Reimbursement – Strickland's Bay LD Unit Electricity Electricity utility bills for the most recent 12 month period will provide the information on electricity used and the unit cost for energy. The electricity consumption in the staff room is a maximum of 80 watts. Assuming usage for 2 hours a night for 365 days the costs will be calculated for the annual contribution to the staff room electricity costs. The supplier will be asked to provide the unit cost of electricity for each of the last ten years. This information will enable the total amount of the staff room contribution to electricity costs to date to be calculated and reimbursed to the tenants. Going forward the staff room electricity costs will be reimbursed monthly to the tenants on the basis of 160 watt hours per night.</p>	3 Months from inspection date.- 19 August 2014

				<p>Gas Heating Gas utility bills for the most recent 12 month period will provide the information on gas used and the unit cost for energy. The floor area of the staff room multiplied by 100 and divided by the total floor area of the dwelling will show the percentage floor area of the staff room compared with the total floor area. The percentage will be multiplied by the cost of the gas bill for the recent 12 month period to calculate the annual contribution to the staff room heating costs. The supplier will be asked to provide the unit cost of gas for each of the last ten years. This information will enable the total amount of the staff room contribution to heating costs to date to be calculated and reimbursed to the tenants. Going forward the staff room heating costs will be reimbursed monthly to the tenants using the calculated percentage floor area of the staff room.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Paula Brittain
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	John Miskimmon

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	21/7/14
Further information requested from provider			