

PRIMARY INSPECTION

Name of Agency: Leonard Cheshire Disability – Taylor House

Agency ID No: 11098

Date of Inspection: 1 May 2014

Inspector's Name: Jim McBride

Inspection No: 17499

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Leonard Cheshire Disability – Taylor House
Address:	Leonard Cheshire Disability Taylor House 10/12 Derryvolgie Avenue Belfast BT9 6FL
Telephone Number:	02890200065
E mail Address:	sharon.foster@LCDisability.org
Registered Organisation / Registered Provider:	Ms Tonya Mc Cormac
Registered Manager:	Mrs Sharon Foster
Person in Charge of the agency at the time of inspection:	Mrs Sharon Foster
Number of service users:	22
Date and type of previous inspection:	Investigation Inspection 6 February 2014 Primary Announced Inspection 27 August 2013
Date and time of inspection:	Primary Announced Inspection 1 May 2014 09:00-15:00
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	1
Staff	10
Relatives	0
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	5

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 two requirements and two recommendations issued during the previous inspections of the 27 August 2013 and the 6 February 2014 was assessed.

The agency has fully met the requirements and recommendations 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

Taylor House is a domiciliary care agency (supported living facility) operating under the auspices of Leonard Cheshire Disability (a voluntary organisation).

The service provides domiciliary supported living to 22 service users with physical disabilities, brain injury, and or sensory impairments, such as acquired brain injuries, registered or partially blind, cerebral palsy and hydrocephalus.

All service users live within individual en suite bedrooms (located in one half of the building referred to as Taylor House) or alternatively within individual flats which include a bedroom, bathroom and living accommodation (in the newer half of the building, referred to as Cheshire House) on the site at Taylor House.

Service users are provided with support in a range of activities of daily living such as managing financial affairs, shopping, maintaining social activities and relationships, cooking, and a range of personal care support, to name a few.

The service currently employs 24 staff and the building is owned and maintained by Oaklee Housing Association.

Summary of Inspection

The inspection was undertaken on the 1 May 2014, the inspector met with the registered manager during the inspection.

The inspector had the opportunity to meet one service user in their own home and observe other service users going about their daily routines. The inspector also spoke to ten staff.

Prior to the inspection, four staff 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 four questionnaires was provided to the manager during the inspection.

Records examined show clear evidence that the service is person centred and individual. This was acknowledged in individual care plans examined by the inspector as well as during discussion with the manager and staff.

Tenant comments:

“My care needs are being met”

“Staff are approachable”

“Staff listen to me and what my needs are”

“I have no difficulties at the moment”.

One tenant discussed with the inspector the current RQIA Website and its lack of access if you have a disability. The inspector will bring this information to the attention of the RQIA and ensure it's reported to ICT for consideration and action.

Staff Comments:

“Recent human rights training was excellent and did make you more aware of individual rights”
 “Staff and tenants communicate well with each other”
 “Induction and ongoing training is good”
 “Supervision is regular and we are open and honest with each other”
 “The manager and senior staff have an open door policy”
 “We promote choice with tenants daily”.

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

The five questionnaires returned indicated the following:

- Protection from abuse training was received by all five staff
- Training was rated as excellent
- Staff competency was assessed via written test and assessment of learning
- 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 five staff stated they have received training in handling service users finances
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts.

Records in place, examined by the inspector verify the above statements received from staff.

It was evident from reading individual person centred personal support plans and discussion with staff and a tenant, that the tenants and their representatives have control/input over individual care and support. The agency’s personal plans state “Staff should make sure that the person is at the heart of the plan”.

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

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

The areas indicated above were verified by:

- Discussion with staff
- Monthly monitoring visit records
- Staff training records
- Person centred care plans

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

“Making the individual become more independent within society with support from staff”
 “Making the individual feel involved in every discussion made about them and having a person centred approach”
 “Promoting independence and supporting people by promoting a goal orientated approach”
 “Promoting human rights and delivering excellent support and a person centred service”.

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 “Compliant” for this theme.

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

- Terms and conditions agreement

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 10 April 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.

Records examined show arrangements are in place to apportion shared costs between the agency and the service user. The manager stated that staff buy and eat their own food whilst on duty. There is also in place individual documentation clarifying the payment costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home.

Theme 2 – Responding to the needs of service users:

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

The agency does have in place comprehensive personal plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery. The agency's statement of purpose states:

- All service users are central to their assessment and ongoing review of their personal support package. This was acknowledged by staff and one tenant during discussions with the inspector

- All service users are fully involved in their individual service planning process and receive a service that meets their needs. This was verified by the tenant interviewed who stated: “Staff listen to me and what my needs are”
- Service users are invited to give their views during internal audits or external inspections. This was verified during the examination of the monthly monitoring records.

Leonard Cheshire Disability states that personal plans are used by the service user to record what is important to them and how best to support them. Individual wishes and what service users want to achieve or change in their life is included as well as the outcomes.

The personal plan document reflects the input of the HSC Trust and the thoughts and views of the service users and their representatives.

The current personal plan focuses on goals and outcomes for service users and is regularly reviewed to ensure that interventions are relevant. Personal plans show clear evidence that the agency appropriately responds to the assessed needs of service users.

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.

The agency has in place comprehensive risk assessments describing capacity and as well as measuring the ability of individuals to achieve greater independence and choice in daily living.

Human rights considerations are implicit in the agency’s documentation, staff stated they had received human rights training; the last recorded session was completed on the 19 February 2014.

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 terms and conditions agreement provided by the agency.

Records examined by the inspector showed clear details of the amount and type of care provided by the agency.

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.

The manager 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 services users individual Personal Plan.

The agency's policies and procedures on assessment and personal planning and their 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 individual terms and conditions agreement information accurately details the amount and type of care provided by the agency.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider:

The inspector read a number of monthly monitoring reports in place. These have been completed regularly and were up to date and include action plans for service improvement. It was good to note that the agency is using the updated template provided by RQIA in April 2014. It was further noted that the agency's monitoring visits follow the themes being used during the RQIA inspections 2014/15 and that all visits are unannounced. Records examined show evidence of discussions with:

- Staff and 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 not act on behalf of service users as appointees but do act as agents and are in receipt of monies for safekeeping ensuring they keep income and expenditure records.

Agency staff supports some service users to budget. Service users pay a weekly charge which covers their heat, lighting, food and laundry. Records in place show that the agency covers the costs of utilities in parts of the service that service users do not use. Service users' costs for utilities are charged at 5% of the usage for heat and electricity.

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 10 April 2014. Records in place show that service users were issued with an up to date copy on that date.

Annual review:

The agency has a comprehensive Policy Statement, Procedure and associated documentation to ensure that Service Users' Personal 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 that records of fourteen reviews were not received by them in the six week agreed period from the HSC Trust although records in place show clear action completed by the manager to contact the HSC Trust requesting this information.

Follow-Up on Previous Issues - Investigation inspection 06/02/2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 19	The registered person shall ensure that any personal information about a service user for whom a domiciliary care worker is supplied by the agency is not disclosed to any member of the agency's staff, or other person, unless it is necessary to do so in order to provide an effective service to the service user.	<p>This requirement was assessed as fully met; the documentation in place was satisfactory.</p> <p>Initial meeting held with all staff and all staff training planned for May 2014. Professional boundaries discussed during staff meeting and supervision.</p> <p>Data protection training completed 18 March 2013.</p>	Once	Fully Met

Follow-Up on Previous Issues - Primary Announced 27/08/2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15(2)(c)	It is required that each tenant should have in place an agreement specifying the number of support hours available to them individually.	This requirement was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met
2	Regulation 16(4)	The registered person shall ensure that each employee receives appropriate supervision.	<p>This requirement was assessed as fully met; the documentation in place was satisfactory.</p> <p>The inspector examined the supervision record date in place. This requirement is now also assessed during the agency's monthly monitoring, records in place verify this.</p>	Once	Fully Met

Follow-Up on Previous Issues - Investigation inspection 06/02/2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 8.20	The agency should ensure there are appropriate mechanisms to support staff in reporting concerns about poor practice. The RQIA would suggest a joint approach from RQIA and the agency in staff training, on supporting staff in the effectiveness of reporting concerns of poor practice.	<p>This recommendation was assessed as fully met; the documentation in place was satisfactory.</p> <p>Initial meeting held with all staff and all staff training planned for May 2014.</p> <p>Professional boundaries discussed during staff meeting and supervision.</p> <p>Data protection training completed 18 March 2013. The RQIA Plan to meet with the agency in 2014.</p>	Once	Fully Met

Follow-Up on Previous Issues - Primary Announced 27/08/2013

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The 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. The manager discussed with the inspector how she plans to further review the Human Rights articles and ensure all service users are involved in the process.	Once	Fully Met

2	Standard 8.10	The agency must ensure staff rotas are in line with staff working hours. The agency must ensure that enough staff are on duty to ensure needs are met, whilst monitoring the amount of extra shifts being covered by staff. (Standard 8.10)	This recommendation was assessed as fully met; the documentation in place was satisfactory. The rotas are monitored by the manager weekly and records of staff meetings show discussion with staff about the monitoring of individual working hours.	Once	Fully Met
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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>All tenants living in Taylor/Cheshire House have a tenancy agreement, terms and conditions of service provision and a tenant's guide. These agreements clearly state details of all charges payable to Leonard Cheshire Disability and the method of payment. All tenants in receipt of personal care are funded by either the Belfast Health and Social Care Trust or the Northern Health and Social Care Trust and no tenants pay for additional personal care services. Each tenant has an individualised person centred support plan, risk assessment and any tenant in receipt of personal care has an individualised care plan and risk assessment. As Taylor/ Cheshire House is supported accommodation and tenants live in their own homes there are no shared costs between Leonard Cheshire Disability and the tenant. Staff who work in Taylor/Cheshire house are not provided with meals. Tenants in Taylor/ Cheshire House are responsible for their own finances, support in this area is provided by family, if necessary, and staff under housing related support will support the tenant with budgeting if required. Tenants are notified at least 4 weeks in advance of any increases to charges and this is recorded in the terms and conditions and tenants guide. All tenants have a tenancy agreement and live in their own flats therefore their home is decorated and furnished to their standard and choice. Leonard Cheshire Disability has a Service User Finance Policy and Procedure and Service User Finances Guidelines.</p>	Compliant
Inspection Findings:	
<p>The documents in place included the service users' guide, care/support agreements, personal care plans and individual finance summary's show clear evidence of how service users manage their finances and show evidence of apportionment and individual percentages of shared costs with the agency i.e. 5% charge for utilities whilst LCD cover the other costs for space used by them. One service user has an identified appointee who is not part of the agency 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" The manager stated that "Service users do not pay any additional costs for care other than those assessed by the HSC Trust". The agency stated in their returned review documentation that records of fourteen reviews were not received by them within the six week agreed period from the HSC Trust although records in place show clear action completed by the manager to contact the HSC Trust requesting this information. 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.</p>	Compliant

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:

COMPLIANCE LEVEL

- 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

<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>	
Provider's Self-Assessment	
<p>There is written evidence within each tenant's support / care plan about finances. The service has records of payments received from the tenant. Tenancy agreement, terms and conditions, service user's guide and internal LCD records all clearly show the breakdown of any monies paid to the service. Tenants in the service buy their own purchases and there are no items or services purchased on behalf of the tenant. Staff in Taylor/Cheshire House supports some tenants with their budgeting and a record of this can be seen in the tenant's home on the day of the inspection. No staff in Taylor/ Cheshire House acts as an appointee to any tenant and no money is kept in the service on behalf of any tenant. Tenants keep their money in their room/ flat. Staff have no access to either the benefits or bank accounts of any tenant. Any areas for concern are discussed at care management reviews which occur regularly or if and when required by tenants or a change in their circumstances. All tenants are assessed prior to moving in flat by the Trust and if staff have any concerns regarding the tenant's financial capability the trust would be notified right away. Currently we have tenants formally assessed as being incapable of managing finances and the HSCT is fully aware. Leonard Cheshire Disability has a Service User Finance Policy and Procedure and Service User Finances Guidelines.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a number of finance assessments, capacity assessments and service agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed when handling service users' monies. A number of records examined by the inspector show receipts and signatures as well as regular reconciliations in line with procedures. The staff on duty stated that they have received training on the handling of service users' monies as well as on their returned RQIA questionnaires; the manager stated this training is part of the induction process. One service user has been assessed by the relevant authority as lacking the capacity to take responsibility for their</p>	Compliant

finances. The inspector examined the relevant documents in place. Annual reviews completed by the HSC Trust show evidence of agreements of the finance arrangements in the service user's agreement and a record is kept of the name of the one nominated appointee, 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 manage their finances.

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

Statement 3:

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:

- 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;

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.

COMPLIANCE LEVEL

Provider's Self-Assessment

Taylor/Cheshire House is supported accommodation and we do not store money or valuables for tenants. Tenants keep their valuables and money in their own flat. Tenants in Taylor/ Cheshire House can be supported on safety and security regarding their finance and property if they wish. 'Be Safe Stay Safe' which is part of Leonard Cheshire Disability deliver group training to tenants on security of possessions and property. 'Be Aware Take Care' also deliver one to one training with the tenants if they require it. At the end of each training session there is a feedback questionnaire. Any areas of concern that need to be addressed would then be highlighted and actioned.

Compliant

Inspection Findings: Service users have individual safe storage areas for their monies, no restrictions are in place for access. The manager confirmed that senior staff on duty holds a key as per the agency's policy on safe storage of service users' monies and property. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure.	Compliant
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: <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; 	COMPLIANCE LEVEL

<ul style="list-style-type: none"> 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. 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>Taylor/ Cheshire House does not provide transport for any tenant so therefore transport charges are not applicable. Tenants accessing the community make their own arrangements for transport i.e use their own car, taxis or bus.</p> <p>Leonard Cheshire has a client transport policy for services that have transport. No services within Northern Ireland provide any service transport.</p>	Compliant
Inspection Findings:	
As outlined in the self-assessment, the agency does not have a transport scheme. Tenants avail of their choice of transport individually.	Compliant

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

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

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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>All tenants in LCD have referral information completed by HSCT. Tenants also have a comprehensive needs assessment, care plans, and risk assessments completed by the HSCT prior to moving into Taylor/ Cheshire House. Multi disciplinary reviews are carried out approximately 6 weeks after moving in, then annually, Also if there are any issues or changes or the tenant requires a review earlier this can be requested to the HSCT.</p> <p>All tenants have risks built into their outcome focused support plans, individual risk assessments incorporating all areas of risks and they also have the Right to Take Risks Policy / forms which acknowledge their right to take risks, choice, autonomy and independence. As this is supported accommodation staff only go into a tenant's home to provide either care/ support with the permission of the tenant. Tenants are consulted through tenants meetings, service user surveys, mmvs, feedback forms, key working sessions, audits and inspections, notice boards.</p> <p>All staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. Staff have received Human Rights training by Disability Action and the Be Safe Stay Safe Team. Staff have been trained in Whistle blowing and are aware of the Whistle blowing policy. All complaints, compliments and safe guarding are recorded on the CASS system. All accidents/incidents are recorded and can be seen on the day of inspection. Out of Hours arrangements for staff are displayed on the notice board.</p>	<p>Compliant</p>

Inspection Findings:	
<p>HSC Trust referral information informs the individual personal plans and risk assessments in place. The inspector read two personal plans and these clearly show that the service is person centred whilst discussing outcomes and personal goals. The current personal 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 implicit 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 19 February 2014. Personal plans show clear evidence that the agency appropriately responds to the assessed needs of service users. Records examined show a range of interventions used in the care and support of individuals. This was verified by one tenant interviewed during the inspection who stated" My needs are being met by all staff".</p>	<p>Compliant</p>
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 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment	
<p>Prior to working in the service all staff complete an induction, mandatory training and shadow shifts. All staff have personnel folders, training records and all training is evaluated. LCD has a training co coordinator who monitors training. Staff supervisions are carried out quarterly and appraisals annually. There are regular team meetings. LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. Taylor/ Cheshire House is supported living and we do not employ restrictive practices or restraint. All staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. Staff have received Human Rights training by Disability Action and Be Safe Stay Safe. LCD has a Safeguarding Vulnerable Adults Policy. All tenants are aware of the Safeguarding Vulnerable Adults Policy and Guide for tenants leaflets. Within the staff induction programme, staff are trained in recognising and responding to abuse and neglect through Safeguarding Adults and POCA Training. Staff have been trained in Whistle blowing and are aware of the Whistle blowing policy. All complaints, compliments and safe guarding are recorded on the CASS system. All accidents/incidents are recorded and can be seen on the day of the inspection.</p>	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. Staff interviewed stated "Training is good and does help with your work role".</p> <p>The manager discussed with the inspector the on-going competency assessments of staff and shared the written records in place. Records in place show that 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 staff on duty stated that "Concerns about are discussed with the HSC Trust care manager and other staff and reviewed regularly". 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 in detail how they would take these concerns forward. Staff in their returned questionnaires rated training as good and during discussion described how flexible the agency is in responding 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.</p>	Compliant

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> <p>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.</p> <ul style="list-style-type: none"> • 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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. Taylor/Cheshire House is supported living service and we do not employ restrictive practices or restraint. However, all staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. The Statement of Purpose and Service User Guide and care and support plan files clearly demonstrate all aspects of service provision, the hours of care and support provided to tenants, all service charges and who pays these charges. All care plans and reviews are person centred so the tenant is in agreement with their care plan, these are reviewed regularly to ensure the tenant is happy with care and support provided. All tenants have access to their care / support plans all tenants can avail of external support and independent advocacy services and LCD have trained advocates working in Be Safe Stay Safe who will support tenants if they require. Staff in Taylor/Cheshire House have completed Human Rights Training.</p>	<p>Compliant</p>

<p>Inspection Findings:</p> <p>Each service user has in place a care plan and a “Personal Plan” files; the inspector examined two of the records in place and as stated by the agency above no restrictive practices are in place. 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. Personal 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 and statement of their right to decline aspects of their care provision.</p>	<p>Compliant</p>
<p>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</p>	
<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 	<p>COMPLIANCE LEVEL</p>

and includes their on-going assessment of these practices within the monthly quality monitoring report	
Provider's Self-Assessment	
Taylor/ Cheshire House is a supported living service and we do not employ restrictive practices or restraint. However, all staff have been trained in Restrictive Practices; Managing Challenging Behaviour & Conflict Resolution. LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. All staff have received training through Disability Action on Disability & Human Rights which is specific to the tenants in supported accommodation. The human rights of all tenants are adhered to through their care/support plans and risk assessments. Currently as this is supported accommodation with individualised packages of care/support agreed by the tenant, they clearly do not infringe on their human rights. If this was the case, full multidisciplinary and tenant involvement would be required. The agency can provide evidence through support and care planning that there are no practices undertaken which impact on the tenant's right to freedom from torture, inhuman & degrading treatment. Should there be any breach of a tenant's human rights, the agency would follow internal & external procedures which includes informing RQIA, the HSCT, the PSNI, Supporting People, LCD's Director of Operations NI & LCD's own safeguarding advisor.	Compliant
Inspection Findings:	
As stated by the agency in their self-assessment there are no restrictive in place. This was verified by staff and one tenant interviewed during discussion. Staff were able to describe the training in place both in challenging behaviour and human rights and how they uphold individual rights. Staff discussed with the inspector the use of bed rails and wheelchair belts and how these pieces of equipment used, recorded and assessed within individual personal plans.	Compliant

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

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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>Each tenant/ representative is fully aware of the type of care provided by Taylor/ Cheshire House. Each tenants needs are assessed by the referring Trust and these hours are clearly stated on each tenants care plan. Likewise support hours are recorded on each individual's Support Plan. Staff is fully aware of each tenant's care and support needs. Each tenant has an individual tenant agreement. This details the care package they receive, the supporting people funding they receive and for any charges they have agreed to pay to Leonard Cheshire Disability as part of their weekly living costs. The statement of purpose clearly states that it is Leonard Cheshire Disability policy to provide the opportunity for tenants to be actively involved in the running of the service. Tenants are routinely involved in the planning and delivery of their personal care and support. For tenants wishing to be more involved there is the opportunity to join various committees such as CAN (Customer Action Network) Tenants are always represented on recruitment and selection panels and are involved in preparing questions for all staff interviews. The statement of purpose clearly states that Taylor/ Cheshire House works within the framework of the organisation charter, values, standards and policies and procedures with service user involvement. The service users guide details all financial information relating to the individuals tenancy and care and support hours is recorded for each service user.</p>	<p>Compliant</p>

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. Personal plans state the type of care and support provided. The manager and staff 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. This was verified by one tenant interviewed who stated "Staff listen to me and what my needs are" The agency's policy on assessment and care planning and their 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 and the personal; plans information accurately detail the amount and type of care provided by the agency in an accessible format.</p>	Compliant
THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are 	COMPLIANCE LEVEL

<p>paying for from their income will not impact upon their rights as a tenant.</p>	
<p>Provider's Self-Assessment</p>	
<p>Each tenant is aware of how may care hours they are funded by the HSCT, some tenants do not receive any funding by a HSCT. If funding is received there is a clear breakdown of the funding received, HSCT, Housing Benefit, Supporting People and of any other charges applied that they have agreed to pay. This details the hourly rate and how many hours they receive; this applies for both care and support. Tenants are only funded by assessment of need. Some tenants do not receive any HSCT funding and this does not impact their tenancy. Any changes to the funding received the tenant is fully involved in the decision making process. The organisations charges are transparent and assessable for tenants. Each individual has their own copy and breakdown of their funding and agreed charges.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Each service user has in place a support 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. This payment structure is also stated in the agency's self-assessment. 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' 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.</p>	<p>Compliant</p>
<p>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</p>	
<p>Statement 3 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. 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> 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	
<p>The service agreement is updated annually or sooner if any changes occur. The HSCT is contacted if there is any identified changes to care needs of tenants. However, if there are no changes the HSCT may not hold an annual review. Correspondence is maintained that a formal review has been requested by Leonard Cheshire Disability. The HSCT will convene meetings if there has been any changes. The care plan and funding is reviewed. The tenant/ representative is fully involved in this. Leonard Cheshire Disability ethos is to always work in a person centred way and the tenant is fully involved. Any change occurring is recorded.</p>	Compliant
Inspection Findings:	
<p>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. The following document was also reviewed and signed off by one appointee and agreed by the HSC Trust.</p> <ul style="list-style-type: none"> Terms and conditions agreement <p>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 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.</p>	Compliant

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

Any other areas examined

Complaints

The agency has had three 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 Sharon Foster the Registered Manager and Mrs Paula Smyth Operations manager 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



The Regulation and
Quality Improvement
Authority

No requirements or recommendations resulted from the primary announced inspection of LCD – Taylor House which was undertaken on 1 May 2014 and I agree with the content of the report. Return this QIP to supportedliving.services@rqia.org.uk.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Sharon Foster.
NAME OF RESPONSIBLE PERSON/ IDENTIFIED RESPONSIBLE PERSON APPROVING	<i>[Signature]</i>

Approved by:	Date

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Jim Mc Bride	20/5/14
B.	Further information requested from provider				