



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Novara House
Agency ID No:	11135
Date of Inspection:	17 June 2014
Inspector's Name:	Audrey Murphy
Inspection No:	18176

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Novara House
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Telephone Number:	028 38331441
E mail Address:	brenda.brady@southerntrust.hscni.net
Registered Organisation / Registered Provider:	Southern HSC Trust Mrs Anne Mairead McAlinden
Registered Manager:	Mrs Susan Black (Acting manager)
Person in Charge of the agency at the time of inspection:	Mrs Susan Black (Acting manager)
Number of service users:	10
Date and type of previous inspection:	8 April 2013, Primary announced inspection
Date and time of inspection:	17 June 2014 09:30 – 17:00
Name of inspector:	Audrey Murphy

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	3
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	7	6

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 compliance with the recommendation stated in the previous inspection was assessed. All agency staff have received training in human rights in June 2013 and in April 2014.

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

Novara House is a supported living type domiciliary care agency which provides care and housing support to up to ten individuals who have severe and enduring mental health problems.

There were 10 service users receiving a supported living service at the time of the inspection, all of whom have their personal care commissioned by the Southern Health and Social Care Trust. The agency is also in receipt of the NIHE's supporting people funding and provides housing support to each individual. Service users rent their accommodation from Trinity Housing Association.

The agency's acting manager was in her position for eight weeks prior to the inspection. Agency staffing consists of four band five staff and two band three staff. Staffing is provided on a 24 hour basis and includes waking night cover.

Summary of Inspection

The announced inspection was undertaken on 17 June 2014 at the agency's registered office at 138 Thomas Street, Portadown, 09: 30 – 17:00.

The inspector examined a range of documentation maintained by the agency and spoke with three service users and with three members of staff.

Prior to the inspection, agency staff were invited to complete a questionnaire in relation to their views on the quality of service provision. Six staff returned a questionnaire to RQIA and all indicated that they had received training in safeguarding vulnerable adults and felt this training was 'very good' or 'excellent'.

All of the staff who returned a questionnaire indicated that service users all have a needs assessment and care plan which meets their needs and that these have been developed with HSC Trust representatives.

Four staff indicated that they had received training specifically in the provision of supported living and the following comments were noted:

"The main principles of supported living are a good way of ensuring that people are empowered by having a say in how they wish to live their lives and who they want to support them."

"Provide high quality person centred support which aims to enable and empower people to live on their own".

Detail of inspection process:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**

The agency has procedures in place which direct staff involved in the management of the finances and property of service users.

Service users have financial support agreements which set out the arrangements for service users to receive support with their finances. However, it was not clear if these agreements were in accordance with the HSC Trust assessment of need or whether the agreements had been reviewed by the HSC Trust.

Service users have a support agreement however the agreements did not outline the service users' individual allocation of care hours.

The agency has been assessed as 'Not Compliant' with this theme.

- **Theme 2 – Responding to the needs of service users**

The needs of service users were clearly outlined within the care records and agency staff were providing a range of care and support to individuals.

The agency's training records provided confirmation of uptake in training in a range of mandatory and related areas. However, there were some gaps identified in the training records and a requirement was made with regard to this.

Service users who met with the inspector described their ability to come and go as they please and provided positive feedback in relation to the quality of care and support received from agency staff.

The agency has been assessed as 'Moving towards Compliance' with this theme.

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

Examination of service users' care records and discussions with agency staff and service users provided evidence that care and support needs are being met. Each service user has a support agreement, however, service users have not been issued with individual service agreements that outline their individual entitlement to care. The manager outlined plans to develop the individual agreements and a requirement has been made in this regard.

The agency has been assessed as 'Substantially Compliant' with this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The reports of the agency's monthly quality monitoring visits were examined and had been completed by a senior member of staff from another supported living service. The reports contained action plans and the agency's progress between each visit was noted.

The reports contained the views of agency staff and service users however the views of service users representatives were missing from the reports of January 2014, February 2014, April 2014 and May 2014.

The registered person must ensure that the views of service users' representatives are included in the monthly quality monitoring reports.

It was also recommended that the views of professionals who are involved in the service are sought and documented during monthly quality monitoring.

Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users.

There were 10 service users in receipt of a domiciliary care service at the time of the inspection. The inspector was advised by the acting manager that assessments of the service users' capacity to manage their finances has not been undertaken to date and that the SHSCT have plans in place to undertake this.

Four service users were noted to have 'PPP' accounts in which the service users' finances are managed by the SHSCT.

The inspector was advised that four service users would require significant support with their finances and agency staff hold money for service users in the agency's safe. Some service users require assistance and support to access the local bank.

Some service users are entirely independent with regard to their finances.

The inspector was advised that the only charges made to service users by agency staff is a £40 per week contribution towards groceries and cleaning.

Statement of Purpose

At the request of RQIA, the acting manager submitted to RQIA a copy of the agency's statement of purpose prior to the inspection.

The statement outlines the range and nature of services provided and outlines the partnership arrangements between the NIHE Supporting People Programme, Trinity Housing and the SHSCT.

The statement also references the temporary nature of the tenancy offered to service users and states "Staff will assist tenants to move on within the two year period from the accommodation or if they breach the tenancy agreement".

The temporary nature of service provision was discussed with the acting manager who advised the inspector that the service aims to enhance the independence of service users with a view to supporting them to move to more independent accommodation.

Nursing care

The agency's Statement of Purpose includes a section entitled 'nursing or personal care services' within the description of the range of needs and services provided. From discussion with agency staff it was evident that some staff were undertaking a nursing task, i.e. the administration of depot medication on a regular basis to one service user.

The appropriateness of a domiciliary care worker administering an injection was discussed and agency staff advised the inspector that only those agency staff who are qualified nurses undertake this task. The inspector was also advised that only qualified nursing staff could undertake this task and that staff who were not nurse qualified could not be trained to undertake the task.

The inspector raised concerns about the appropriateness of domiciliary care agency staff undertaking what was described as a 'nursing' task and enquired about the service user's access to alternatives such as community nursing. The inspector was advised that the service user has expressed a preference not to avail of community nursing services and that previous efforts by community nursing staff to engage with the service user for this purpose had been unsuccessful.

Subsequent to the inspection, the inspector was advised that agency staff had liaised with community nursing staff and had supported the service user to engage with an alternative member of community nursing staff.

The inspector was advised that while this had not yet been resolved, agency staff will be making further efforts to support the service user to avail of an appropriate service.

The registered person is required to ensure that the description of the range and nature of services provided, as outlined in the statement of purpose, does not include nursing care. The acting manager is required to forward to RQIA by 2 September 2014 confirmation that domiciliary care agency staff are not undertaking nursing tasks.

Staff Training

The agency's staff training records were examined and contained uptake in MAPA, fire awareness, medication administration, manual handling and safeguarding vulnerable adults.

However, the records did not provide evidence of all staff having received training in food hygiene and infection control.

The registered person is required to ensure that all staff have received appropriate training.

Care reviews

The inspector was advised that some service users have regular contact with their statutory key workers, all of whom are community psychiatric nurses.

Reviews are held every six months and these are initiated by agency staff and invites are extended to the service users' advocate, relatives and their community psychiatric nurse. Meetings are prepared for by agency staff and the service user. Care and support needs are discussed during the review meetings and there were notes available from the statutory key worker.

The inspector was advised that service users have access to an independent advocate on a monthly basis.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	Standards 8.2 8.3 12.4 12.9	The registered manager must ensure that staff receive training and or guidance on the Human Rights Act and how this impacts on service users.	All agency staff have received training in human rights in June 2013 and April 2014.	One	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.

Provider's Self-Assessment	
<p>The agency provides a tenant handbook to each tenant which details terms and conditions in respect of services to be delivered, charges, method of payment. clarifies what they are liable and not liable for and arrangements for staff meals. Tenants also receive an individual support agreement.</p> <p>The agency has a policy in place for supporting tenants manage their finances and property.</p> <p>Each tenant within the Agency will have an assessment of their financial needs/support tenants will have a written financial support agreement (FSA) and will form part of the tenants support plan. The (FSA) will detail the tenant's income, the cost of accommodation and all other expenditure which has been agreed.</p> <p>Tenants receive notification in writing of any changes in charges.</p> <p>No tenant pays for additional care/support which do not form part of the Trusts care assessment ..</p>	<p>Substantially compliant</p>
Inspection Findings:	
<p>The individual agreements were examined and each service users has a support agreement outlining the housing support they are entitled to. However, the agreements in place did not provide information to service users in relation to the care they were entitled to; The registered person is required to ensure that the service users' care plan is in accordance with the Trust's assessment of need and that it specifies the how the service users' needs are to be met.</p> <p>Service users also have a financial support agreement and service users pay only for their food costs by standing order.</p> <p>The agreements also specify the individual's income and the arrangements for access to their bank account details including cards and PIN numbers.</p> <p>Service users do not pay for any of their care or support costs and some service users choose to avail of cleaning services, the arrangements for which were outlined within the service agreements.</p> <p>The agency's registered office is located on the ground floor and the acting manager advised the inspector that service users are not charged for any of the heating or lighting costs in their home. Service users have a bedroom and access to communal areas including a kitchen and dining room and a sitting room.</p>	<p>Not compliant</p>

The acting manager advised the inspector that agency staff provide supervision to service users during mealtimes and support service users to prepare their meals however agency staff do not eat any of the food purchased by service users.

There were procedures in place that describe the necessity for service users to have their financial capacity assessed by an appropriately qualified individual. The procedures also refer to appointee arrangements, financial assessment and support plans and financial agreements. The procedures also refer to the operation of tenants' bank accounts and the record keeping requirements.

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

Statement 2:

COMPLIANCE LEVEL

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

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;
- 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>	
<p>Provider's Self-Assessment</p>	
<p>As per Finance Policy all tenants have own FSA and support plan highlighting income and expenditure. The agency will retain the appropriate and update records to show details of each tenants finances where they require support.</p> <p>The agency maintains records of safe contents, tenants individual accounts/receipts for all monies given to tenants who require support. All transactions are signed dated by both tenant and staff. The agency Reconciliations are carried out on personal tenants accounts and on budget accounts held by the agency . No staff within the agency acts as an agent or appointee for the tenant</p> <p>A budget bank account may be set up into which each tenant if they choose, contributes equal amounts for the purchase of groceries, window cleaning etc which is kept separet from personnal monies.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have a financial support plan which outlines their support needs and risks and details the support required to meet needs and manage risks.</p> <p>The financial support agreements, assessments and support plans had been signed by agency staff and the service users however it was unclear if these were in accordance with the HSC Trust assessment of need or if the support arrangements had been reviewed by the HSC Trust.</p> <p>The registered person is required to ensure that the service users' financial support plan is in accordance with the Trust's assessment of need and that it specifies the how the service users' needs are to be met.</p>	<p>Substantially compliant</p>

Charges to service users for their food costs are made by standing order. The acting manager advised that service users can opt out of the shared food budgeting arrangement.

The agency maintains records of the service users' income and expenditure and reconciliations are undertaken monthly and the records of the bank statements and individual ledgers were available for inspection. As outlined in the self-assessment, transactions were signed by both the service user and by agency staff.

At the time of the inspection, no service users had agency staff acting as their appointee.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Each agency has a locked safe for the safe storage of money and access to the safe is held by designated member of staff.</p> <p>Records of valuables are maintained by the agency</p> <p>A content of safe book is used to record all movement of cash/items both in and out of the safe, all entries in the contents of safe book will be signed by two persons, contents of the safe is held independently.</p> <p>Tenants are aware of the arrangement of safe storage of their items and can access their individual financial records</p>	Substantially compliant

<p>The agency does not have any restrictive practices however financial support agreements and financial support plans will reflect tenants income and expenditure and this will determine access to their money.</p> <p>Reconciliations are carried out on personal tenants accounts and on budget accounts held by the agency on a monthly basis .</p>	
<p>Inspection Findings:</p>	
<p>The agency maintains 'Procedures for the management of Tenants' finances in adults supported living schemes'. The acting manager advised the inspector of the arrangements in place to ensure that all staff had knowledge of the new procedures. The inspector was advised that agency staff have been issued with a questionnaire assessing their knowledge of the procedures and that all staff have had their competency assessed in relation to the procedures.</p> <p>The financial agreements set out the arrangements for the agency to store service users' money including the maximum amounts that can be stored within the agency's safe. One member of staff retains the safe key at all times.</p> <p>The procedures outline the arrangements for safeguarding service users' finances and includes safe contents handover arrangements and the signing of a safe contents record. The procedures also stipulate that statutory key workers need to sign for exceptional bank withdrawals over £100.</p> <p>Service users all have a safe within their private accommodation.</p>	<p>Substantially compliant</p>

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

Statement 4:

COMPLIANCE LEVEL

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

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures;
- Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness.

<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	
No transport scheme is operated by the agency, all tenants avail of public transport or private taxis of their choice.	Not applicable
Inspection Findings:	
As outlined in the self assessment, they agency does not operate a transport scheme.	Not applicable

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1:	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<p>Each tenant availing of the service has a referral form completed by the referral agent which details an assessment of need providing all necessary information and is accompanied by a Comprehensive Mental Health Risk Assessment</p> <p>All tenants on obtaining a tenancy will have a Named Support Worker of their choice who along with the tenants will be involved in the assessment of their housing support/care needs and any associated risks Tenants and key-worker will sign support/care plans. All support/care plans reflect human rights</p> <p>All tenants have an individual Support Agreement and tenant handbook which sets out the terms and conditions of the service.</p> <p>The agency staff record evaluations of service provided at least weekly or more frequently if any changes in tenants support/care/risks. The agency contributes to the housing review of tenants support plans on a six monthly basis are more frequently if required.</p> <p>The HSC Trust are presently in the process of allocating Community key-workers to each tenant within the agency they will develop and review care plans with tenants which reflect assessed needs.</p> <p>This care/support plan will specify the support, assistance and opportunities provided by staff to tenants. It</p>	Moving towards compliance

<p>should also outline strategies to manage specified behaviours and minimise identified risks and how specific needs and preferences will be met. The care/support plans are specific, measurable, achievable realistic, time specific.</p> <p>The agency ensures tenants are protected from abuse and are aware of how to make a complaint are report an incident..</p>	
Inspection Findings:	
<p>The care records of a number of service users were examined and contained a range of needs and risk assessments. There was evidence within some care records of the HSC Trust key worker’s involvement in their development however the inspector was advised that the majority of assessments and care plans had been prepared by agency staff. The inspector was advised that the HSC Trust had advised agency staff that the HSC Trust will be more involved in the provision of needs assessments and care plans. A requirement has been made with regard to this.</p> <p>Each of the service users have a key worker within the staff team and agency staff record the outcomes of their input on a regular basis. The service users’ human rights were referenced within the care records.</p>	<p>Moving towards compliance</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>
<p>Provider’s Self-Assessment</p> <p>All agency staff who undertake tenants assessment of needs are trained for their roles and responsibilities. The agency ensures mandatory training requirements are met for all staff. The agency maintains staff training records supervision records and staff meeting records. Agency staff undertake medication competency assessment yearly. All Senior support staff undertake medication transcribing training yearly. The agency do not have restrictive practices but staff have a working knowledge of same. There are policies and procedures in place to respond to the needs of tenants e.g. Referral Procedure, Complaints, Whistleblowing, P.O.V.A. Incident Reporting, Staff /Tenant meetings, 1:1 meetings, Questionnaire, Housing Support Reviews Staff evaluate tenants needs and care practices and reports to other relevant agencies e.g. evaluation of notes The agency adheres to policies in relation to raising concerns and can discuss same.</p>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>The agency's training records were examined and reflected uptake in training in mental health, MAPA and human rights. However, training in the mandatory areas of infection control and food hygiene had not been undertaken by all staff and a requirement has been made with regard to this.</p> <p>As outlined in the self assessment, agency staff receive supervision on a six monthly basis and the acting manager advised the inspector that she undertakes all supervision of staff.</p> <p>The inspector was advised that supervision undertaken most recently had focussed on the new finance policies and procedures. Prior to this there had been a group supervision session held in March 2014 which included discussion about shift patterns and finance policies.</p> <p>The agency's supervision policy was not available for inspection and it was unclear whether supervision was being provided in accordance with agency procedures. The agency's supervision policy was forwarded to the inspector following the inspection and states that individual supervision should be provided on a monthly basis. It was recommended that staff receive supervision in accordance with the agency's procedures.</p> <p>Staff have undertaken training in safeguarding vulnerable adults and the inspector was advised of a pilot competency assessment being undertaken by staff. Group and individual supervision is provided and the agency maintains a whistle blowing policy.</p> <p>Agency staff described their understanding of human rights and advised the inspector that there are no restrictive practices implemented in the homes of service users.</p> <p>There was evidence of agency staff identifying the changing needs of service users and liaising closely with the relevant HSC Trust professionals in the on-going assessment of needs and risks.</p>	<p>Moving towards compliance</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>The agency provides information to Tenants , Relatives, Referral agents which clarifies the services provided by the agency</p> <p>Statement of Purpose Referral Procedure Tenant Information Booklet Staff Information Booklet Support Agreement Tenancy Agreement</p> <p>Tenants can be provided with copy of care/support plans if they wish and have access to same on request. Agency provides extensive range of information for tenants re outside agencies e.g. noticeboard in office space.</p>	Moving towards compliance

Inspection Findings:	
<p>The inspector was advised that all service users are assumed to have the capacity to consent to or decline care practices and that service users can decline aspects of their care and support.</p> <p>Service users' care plans are stored within the agency's registered office and some were reported to have been offered copies of these. Service users were reported to have declined to take copies of these but have access to their care records during regular meetings with their key worker.</p>	Substantially compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
The agency do not have restrictive care practices.	Not applicable
Inspection Findings:	
As outlined in the self assessment and during discussion with agency staff, service users are not subject to any restrictive care practices undertaken by staff.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

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

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>Each tenant has a written support agreement/tenant handbook/staff handbook which sets out the terms and conditions of the service provision provided by the agency. Through discussion with staff they can discuss the amount and type of care/support provided The agency has an assessment and care/support policy. All tenants needs are based on an individual basis and this is evidenced in the statement of purpose, tenant handbook and in tenants individual care/support file. Each tenant has a individual care/support plan which identifies their individual needs and the actions required to address these needs.</p>	Compliant
Inspection Findings:	
<p>The service users’ support agreements were examined and outlined the range of support available to them with their housing support needs.</p> <p>The agency’s statement of purpose and service user guide (Tenant’s Handbook) outline in broad terms the range and nature of care and support available to service users from agency staff. However, service users did not have an individual agreement from the agency outlining when they could expect in terms of the allocation of care to meet their assessed needs.</p>	Moving towards compliance

In the absence of individual agreements, it was therefore not clear from the agency's records if the care and support provided was in accordance with the HSC Trust care and support plan.

This area for quality improvement was discussed with the acting manager who provided assurances that service users' needs are met in accordance with their care and support plan. The acting manager also gave an undertaking to provide each service user with an agreement outlining their entitlement to care and support from agency staff.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The agencies following documents :</p> <p>Statement of Purpose Tenant Handbook Staff Handbook Support Agreement will explain to tenants the care/support provided by the agency and any liable costs No tenants pay for care/support from their personal income, but if a tenant becomes ineligible for Housing Benefit they will be liable for support charges but not for care. No additional hours used by the agency</p>	Compliant
Inspection Findings:	
<p>The inspector met with two service users however it was not possible to determine their understanding of the care they receive from the HSC Trust. Service users spoke positively about the care and support they receive from agency staff.</p>	Compliant

The inspector was advised that service users do not pay from their income for any of the care or support they receive.

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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>The agency participates in review meetings organised by the referring agent/inhouse housing support review meetings/outside agencies at least annually.</p> <p>Discussion with staff and tenants housing support review documentation can evidence contribution to reviews</p> <p>Staff can discuss that reviews are convened at a time and place and when required to meet tenants needs, wishes. Support/care plans are reviewed 3 monthly and more frequently when are if required with the consent of the tenant.</p>	Compliant
Inspection Findings:	
<p>The agency’s care records reflected the involvement of HSC Trust professionals in the review of service users. Agency staff meet with service users prior to their planned review and prepare a report for the meeting.</p>	Compliant

There was evidence of the needs of service users being reviewed when their circumstances change and of agency staff liaising with relevant HSC Trust professionals.

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
	Substantially compliant

Any other areas examined

Complaints

At the request of RQIA, the agency forwarded a summary of complaints received between 1 January 2013 and 31 December 2013; the agency had not received any complaints during this period or up to the date of the inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Susan Black, 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:

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



Quality Improvement Plan

Announced Primary Inspection

Novara House

17 June 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 Susan Black (Acting Manager) during the inspection visit.

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

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

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

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

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	23 (1) (5)	(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.	One	The agency will develop documentation to be added to the Service Users review meetings, so the representatives can evaluate the quality of the service being provided to the Service User, being consistent with the H S C Trust needs Assessment/Care Plans	From the date of inspection
2.	16 (2)	(2) The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform; This requirement refers to the provision of mandatory training including infection control and food hygiene.	One	All staff have completed Food Hygiene training E-Learning. Three staff are attending Infection Control 4 August 2014. Awaiting dates for the remainder of staff.	Three months from the date of inspection – 2 September 2014
3.	5 (1)	The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1. The acting manager is required to forward to RQIA by 2 September 2014 confirmation that domiciliary care agency staff are not	One	The Philosophy of Care within the Statement of Purpose will be updated to reflect that the views of the Service Users and their Carers/Representatives shape the quality of Services provided. Written confirmation will be forward by the 2 September 2014 that domiciliary care staff are not	Three months from the date of inspection – 2 September 2014

		undertaking nursing tasks.		undertaking nursing tasks.	
4.	15 (2)	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to:</p> <ul style="list-style-type: none"> • the service users' individual agreements which must set out the allocation of care hours. • The service users' financial support assessments and financial support plans must be in accordance with the HSC Trust assessment of need. • The service users' needs assessments and care plans must be consistent with the HSC Trust needs assessment and care plan 	One	<p>Develop documentation in the form of a care agreement which clearly identifies the involvement of those who have commissioned the Service of the Agency to include:-</p> <ol style="list-style-type: none"> 1. What Services are to be provided. 2. How they will be provided. 3. The Allocated time to provide the Care Hours <p>The Service Users needs assessment and care plans will be consistent with the H S C Trust needs Assessment and Care Plans.</p> <p>The Service User, The Service Users representative and the agency will sign same document and the H S C representative will evaluate same at regular intervals.</p>	Three months from the date of inspection – 2 September 2014

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This recommendation refers to the inclusion within the monthly quality monitoring reports of the views of professionals involved in the service.</p>	One	<p>All those who carry out monitoring visits, have been informed, that they must seek the views of Professionals, Carers, Service Users at each visit, as these views will shape the quality of Services provided by the agency.</p> <p>Monthly monitoring reports will evidence inclusion of the views sought from professionals.</p>	From the date of inspection
2.	13.3	It was recommended that staff have recorded formal supervision meetings in accordance with the procedures.	One	Each Staff will have formal supervision, either individual or group supervision as with the procedures. Records of supervision completed for each member of staff will be kept by the Manager and made available.	Three months from the date of inspection – 2 September 2014

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	Susan Black
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly on behalf of Mairead McAlinden

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	14 August 2014
Further information requested from provider			