



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Aldergrove House
Agency ID No:	11136
Date of Inspection:	23 July 2014
Inspector's Name:	Lorraine O'Donnell
Inspection No:	18175

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Aldergrove House
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Registered Organisation / Registered Provider:	Southern HSC Trust Mrs Anne Mairead McAlinden
Registered Manager:	Mrs Jacinta Coffey (Acting manager)
Person in Charge of the agency at the time of inspection:	Mrs Jacinta Coffey
Number of service users:	11
Date and type of previous inspection:	29 April 2013, Primary announced inspection
Date and time of inspection:	23 July 2014 9:30am -5:30pm
Name of inspector:	Lorraine O'Donnell

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	4
Staff	2
Relatives	1
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	4	4

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

There were no requirements or recommendations to follow-up from the previous inspection on 29 April 2013.

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

Aldergrove House is a supported living type domiciliary care agency situated on the outskirts of Newry. The scheme consists of Aldergrove House which comprises seven bungalows and four flats, all of which are single accommodation. The Mews offers tenants who are functionally mentally ill, a domestic environment which encourages the tenants' decision making process in planning their own individual care. This is achieved by on-going support and care to provide opportunities for the development of social skills, daily living skills, emotional and wellbeing support, enabling tenants to become more confident and empowered to cope with independent living. At the time of the inspection there were eleven service users receiving a domiciliary care service.

Summary of Inspection

The announced inspection was undertaken at the agency's registered office, 7 Ashgrove Road, Newry on 23 July 2014, 9:30 am – 5:30 pm.

During the inspection a range of policies and procedures and other documentation was examined and the inspector met with the registered manager, one agency staff member, one relative and four service users.

In advance of the inspection visit four agency staff returned to RQIA completed questionnaires. Staff who returned a questionnaire all confirmed they had received training in safeguarding vulnerable adults and all rated the training as effective and their knowledge of the reporting procedures as "very good". Agency staff also reported that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

Staff who returned a questionnaire also confirmed they had received training in the supported living model of care and commented on their understanding of this; comments included:

"We enable our clients to live life the way they wish".

"Through continuous support and care tenants are encouraged and empowered to reach their optimal level of quality of life."

Service users who participated in the inspection provided very positive feedback in relation to the quality of care and support they receive from agency staff. Service users advised the inspector that they experience encouragement and support to maintain and develop their independence.

Detail of inspection process:**Theme 1 - Service users' finances and property are appropriately managed and safeguarded**

Service users' finances and property are not managed by agency staff and agency staff do not act on behalf of service users.

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

Service users have all been provided with secure storage space within their private accommodation and the agency does not provide storage for service users' money or other property.

The agency does not operate a transport scheme and service users (and where appropriate, their relatives) take full responsibility for expenditure. Agency staff provides some service users with advice and guidance on budgeting.

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

Theme 2 – Responding to the needs of service users

The agency has developed a range of documentation in relation to referrals, needs and risk assessment and care / support planning and explicitly highlighted the human rights of service users within this.

Agency staff have undertaken risk assessments with individuals and identified issues relating to challenging behaviour, however the agency do not maintain a policy on challenging behaviour.

The agency staff have not received training in Managing Service Users' Money in line with RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services.

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

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

The service users have been issued with a 'Service Provision Agreement', however it does not set out their allocation of care and support hours for each individual service user. Therefore a requirement has been made.

Service users do not make a contribution from their personal income for care or support costs. The service users' financial support agreements clearly demonstrate the funding arrangements which are in place for each service user.

The service users' reviews had not been completed by the HSC Trust, it is recommended the service users' reviews are carried out in accordance with policy, to include involvement of the HSC Trust.

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

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The reports of the quality monitoring visits undertaken on behalf of the registered provider were examined and it was noted that the views of service users' representatives had not been obtained for the months of January 2014 and May 2014. The inspector was unable to evidence that service users and their representatives were aware of how to access these reports.

A requirement and a recommendation have been made with regard to the monthly quality monitoring visits.

Reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

The information returned to RQIA was discussed during the inspection and it was evident that the HSC Trust has been contacted by the agency to ensure the outstanding reviews are arranged.

Charging Survey

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The survey was discussed during the inspection and the registered manager advised the inspector that all of the service users are responsible for their own finances and that they manage these independently of agency staff, some with support from family members.

The registered manager confirmed that agency staff do not act on behalf of service users and are available to offer advice and support with budgeting.

No service users' money or valuables is stored by Aldergrove House staff and all service users have been provided with secure storage areas within their homes.

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

Follow-Up on Previous Issues

No previous requirements or recommendations.

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>Service users have been issued with a Service Provision Agreement and this reflects the charges relating to the service users' tenancy. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency.</p> <p>Service users do not make any personal contribution to the cost of their care or support.</p> <p>Service users receive a tenant's handbook which clearly outlines the bills the service users are responsible to pay. The registered manager informed the inspector that currently the service users do not pay for heating oil, the plans to introduce a system of payment has been discussed at tenants meeting. The inspector discussed this with four service users who had concerns how they would be charged to ensure the cost reflected their individual use. The agency had arranged the service of an advocate to ensure the rights and opinions of the service users are promoted. As outlined in the self- assessment the service users receive written notification of any increase in charges. The registered manager informed the inspector this notice was given at least four weeks in advance of any changes.</p> <p>The registered office was in a building adjacent to the service users' homes, within this building there are a number of communal areas such as a kitchen/dining area and sitting room used by the service users and staff. The service users do not contribute to the bills for these areas.</p>	<p>Compliant</p>

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

Statement 2:

COMPLIANCE LEVEL

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

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;
- 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>As outlined within the self-assessment all eleven service users manage their finances independently of agency staff. Each service user has a financial agreement outlining income and charges; they also have support plans detailing any support they may require such as budgeting advice.</p> <p>The registered manager informed the inspector that all service users manage their money independently and therefore they do not require money or valuables to be stored in the safe. This was confirmed by the four service users who the inspector met with during the inspection.</p> <p>The service users confirmed that they each purchased their groceries and are responsible for their phone and electricity bills.</p>	<p>Compliant</p>

<p>Discussion with staff confirmed they were aware of their responsibility if a service user became incapable of managing their finances. The staff informed the inspector the HSC Trust would arrange for the service user's capacity to be assessed and the care and support plans would be updated to reflect the change.</p>	
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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</p>	Substantially compliant

<p>records 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 registered manager informed the inspector that the agency had not used the safe to store service users' money or valuables.</p> <p>Service users are encouraged by agency staff to secure their personal living areas and to make use of the secure storage within their rooms. The four service users who participated in the inspection confirmed they each managed their own finances and were free to spend their money without any restrictions. Staff confirmed they provided budgetary advice to service users and the care and support plans reflected this.</p>	<p>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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>No transport scheme is operated by the agency, all tenants avail of public transport or private taxis of their choice.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>As outlined in the self-assessment, the agency does not have a transport scheme. Service users who avail of a lift from agency staff are not charged for this.</p> <p>None of the service users were availing of the Motability Scheme.</p>	<p>Compliant</p>

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

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

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. 	<p>COMPLIANCE LEVEL</p>
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 review of tenants housing 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 and they will develop and review care plans with tenants which reflects assessed needs</p>	<p>Compliant</p>

<p>.</p> <p>This care/support plan will specify the support, assistance and opportunities provided by staff to tenants. It 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>	
<p>Inspection Findings:</p>	
<p>A range of care records examined and service users' needs and risks were clearly documented by agency staff and had been reviewed by the HSC Trust. These documents had been updated to include reference to the service users' human rights.</p> <p>The inspector examined the care records of four service users and each contained progress notes recorded by the support staff. The care and support plans contained referral information detailing risk assessments and financial capability for each service user. These plans reflected input from the HSC Trust and contained the views of the service users and their representatives. However these records were not consistently person centred two service users' care and support plans referred to the service user as 'a patient'. These plans should be personalised, by using the service users' name. These plans were reviewed six monthly by the key worker and the service user or more frequently if needs change. The agency staff informed the inspector the HSC Trust had been contacted to arrange dates for the yearly reviews, which were overdue.</p>	<p>Substantially 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 	COMPLIANCE LEVEL
<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>	Compliant

Inspection Findings:	
<p>The agency staff training records were examined and reflected staff had received training on Protection of Vulnerable Adults, Supervision, Fraud Awareness and Human Rights Training. However staff had not received training on Managing Service Users' Money. The registered manager informed the inspector that supervision sessions were used to discuss the issues relating to service users' money and best practice. This was confirmed during discussion the inspector had with the staff who participated in the inspection.</p> <p>All staff confirmed they have access to the agency's policies and procedures and staff who participated in the inspection felt they had received adequate training for their roles.</p> <p>Agency staff described their understanding of restrictive practices and informed the inspector the service users did not experience any restrictive practices.</p> <p>The inspector examined the care records of four service users, one service user's record indicated they may demonstrate challenging behaviour, however the agency did not have a policy on the management of challenging behaviour. The two agency staff who participated in the inspection confirmed they had received training in dealing with challenging behaviour.</p> <p>Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice. The agency maintains a Whistleblowing Policy and staff were aware of the content of this policy.</p>	<p>Substantially compliant</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
<p>Provider’s Self-Assessment</p> <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>	Compliant

Inspection Findings:	
<p>The agency has developed a range of documentation to support the referral, assessment and care/support planning process.</p> <p>The Statement of Purpose and Service Users' Guide contains information relating to the nature and range of services which the agency provides. The inspector was invited by three service users to visit them in their homes and during discussions with the service users they informed the inspector they had the right to choose who provides the care/support they require. The service users stated they were very satisfied with the support they received from the staff. During the inspection the service users described their right to decline care and support provided by staff. The inspector observed staff respect the privacy of the service users as they knocked the door before seeking entry to the service users' homes.</p> <p>Service users do not experience any restrictive practices; this was confirmed during discussion with staff and service users.</p>	<p>Compliant</p>

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

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. 	
<p>Provider’s Self-Assessment</p> <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
<p>Inspection Findings:</p> <p>The inspector examined the care and support records for four service users, each contained a description of the type and amount of care provided by the agency. However this was not individualised to each service users’ needs. The staff who met the inspector during the inspection were aware of the amount and type of care they were required to provide to each service user. The service users and one service user’s relative who contributed to the inspection described the type and amount of care and support that was provided by the agency.</p>	Substantially compliant

<p>It was noted the agency receive 'block funding' from the HSC Trust and that all service users were in receipt of the same level of funding in respect of their care needs. The number of care and support hours were not outlined for each individual service user.</p>	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
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>As outlined in the self- assessment service users do not make contributions from their personal income towards their personal care.</p>	Compliant

Service users who participated in the inspection outlined their understanding that their care is paid for by the HSC Trust.	
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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
<p>Provider’s Self-Assessment</p> <p>The agency participates in review meetings organised by the referring agent/inhouse housing support review meetings/outside agencies at least annually. Discussion with staff and tenants housing support review documentation can evidence contribution to reviews 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>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, two service users have had their annual assessments completed in accordance with policy and procedures. The registered manager informed the inspector that the agency had contacted the HSC Trust to ensure reviews were completed; they had experienced difficulty arranging dates due to annual leave.</p>	<p>Substantially compliant</p>

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

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

Any other areas examined

Complaints

The agency records confirmed they had not received any complaints from January 2013 until December 2013.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jacinta Coffey, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Lorraine O'Donnell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Announced Primary Inspection

Aldergrove House

23 July 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 Jacinta Coffey, 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)	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>	One	The agency will incorporate additional documentation into existing Housing Review meetings, to evaluate the quality of the service in consultation with service users and their representatives.	From the date of inspection
2.	15(2)(c)	<p>The registered person shall, after consultation with the service user and their representative ensure that a written plan is prepared which shall-</p> <p>(c) specify how these needs are to be met by the provision of prescribed services.</p> <p>Each service user must have a record of the hours allocated to them individually for care and support.</p>	One	All service users, along with their HSC Trust representative will develop a written plan of Care which will specify how needs are to be met and record hours allocated.	From the date of the inspection.

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>It is recommended that the views of professionals are obtained and recorded within monthly quality monitoring reports.</p>	One	Monitoring officers who carry out monitoring visits will seek the views on the quality of the service from professionals, carers/representatives, and services users at each visit, and this will be evidenced in each monthly report held by the agency.	From the date of inspection.
2.	9	<p>There are policies and procedures in place that direct the quality of care and services.</p> <p>This recommendation refers to the development of the agency's policy on challenging behaviour.</p>	One	The agency adheres to all SHSCTrust Policies and Procedures which direct the quality of Care and Service. There is an existing Policy called The Management of Violence and Aggression (MOVA) which incorporates challenging behaviour.	Four months from the date of inspection

3.	12.3	<p>The registered manager must ensure mandatory training requirements are met.</p> <p>It is recommended staff receive training in handling service users' money.</p>	One	<p>The agency ensures that all staff are trained for their roles and responsibilities. All staff have received training in Finance Policy both through group and one to one Supervision and all staff will complete Finance Competency Assessment Tool.</p>	Four months from the date of inspection
4.	3.2	<p>The registered manager must ensure that care and support plans are person centred.</p>	One	<p>The agency will ensure that all Care/ Support Plans are person centered to met the individual needs of each service user.</p>	From the date of inspection.
5.	6.1	<p>The agency participates in review meetings with the referring HSC Trust responsible for the service user's care plan.</p>	One	<p>The agency will contribute to the review of the service users Care Plan along with the HSC representative when all service users have a Care Plan developed by their HSC Trust representative.</p>	From the date of inspection.

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	Jacinta Coffey
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lorraine O'Donnell	12/9/14
Further information requested from provider			