

PRIMARY INSPECTION

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| Name of Agency: | Inch Facility |
| Agency ID No: | 11137 |
| Date of Inspection: | 19 December 2014 |
| Inspector's Name: | Jim McBride |
| Inspection No: | 20103 |

The Regulation And Quality Improvement Authority
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General Information

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| Name of agency: | Inch Facility |
| Address: | 69 - 71 Lisanally Lane Armagh BT61 7HF |
| Telephone Number: | 028 37510154 |
| E mail Address: | kathleen.ryan@southerntrust.hscni.net |
| Registered Organisation / Registered Provider: | Southern HSC Trust Mrs Anne Mairead McAlinden |
| Registered Manager: | Mrs Kathleen Brigid Ryan |
| Person in Charge of the agency at the time of inspection: | Mrs Kathleen Brigid Ryan |
| Number of service users: | 7 |
| Date and type of previous inspection: | 22 April 2013 Primary Announced Inspection |
| Date and time of inspection: | 19 December 2014, 09:30 - 14:30 |
| Name of inspector: | Jim McBride |

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- Evaluation and feedback

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

Consultation process

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

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| Service users | 2 |
| Staff | 3 |
| Relatives | 1 |
| Other Professionals | 1 |

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. 100% return rate.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 8 | 8 |

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with one recommendation made following the inspection of 22 April 2013 was assessed. The agency has fully met the recommendation previously stated.

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

INCH facility is a supported living type domiciliary care scheme, based on individual tenancies under the NIHE supporting people scheme. The scheme is in line with the principle of integration of former mental health inpatients within the local communities and promoting independence. The scheme has accommodation for nine service users. The schemes statement of purpose states INCH offers service users who are functionally mentally ill, a domestic environment which encourages decision making whilst planning their own individual care. This is achieved through on-going support and care to provide opportunities for the development of social skills, daily living skills and emotional wellbeing enabling service users to become more confident and empowered to cope with independent living.

Summary of inspection

The announced inspection was undertaken on 14 December 2014 at the agency's registered office Lisanally lane Armagh 09: 30 – 14:30.

The inspector examined a range of documentation maintained by the agency and spoke with two service users and with three members of staff. The inspector had the opportunity to speak with one relative and with one member of staff from the HSC Trust.

Prior to the inspection, agency staff were invited to complete a questionnaire in relation to their views on the quality of service provision. Eight 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'.

The eight questionnaires returned indicated the following:

- Protection from abuse training was received by all eight staff the last recoded date of training was on the 4 June 2013
- Training was rated as excellent.
- Staff competency was assessed via group discussion and competency questions
- Tenants views and experiences are taken into account daily.
- Monthly monitoring takes place and comments are sometimes received from service users
- Staff are aware of the main principles of supported living and discussed this with the inspector.
- All eight staff stated they have received training in handling service users' money the last recorded date of training was on the 29 May 2014.
- Service users have in place individual service agreements.
- Care-plans are prepared in conjunction with HSC Trusts.

The inspector verified the above statements received from staff during discussion and by the records examined.

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

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

- Reviews
- Keyworkers discussions
- Daily observations

The areas indicated above were verified by:

- Discussion with staff
- Monthly monitoring visit records
- Training records
- Relative
- HSC Trust staff member

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.

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

“Promoting independence”

“Supporting service users with day to day living skills”

Tenants comments:

“Staff are very good to me”

“My keyworker is really good”

“This is my home here”

“I have no complaints”

Staff Comments:

“We have a good staff team”

“We provide support to enhance an individual lifestyle”

“Individual supervision and staff training helps the staff in their role”

“Staff communicate well with each other”

Relatives’ comments:

“The staff are very good”

“My ***** speaks very highly of the scheme”

“Any issues I have raised with staff have been dealt with appropriately”

“Staff are helpful and supportive”

“Staff care for my ***** well”

HSC Trust Comments:

“The service quality is very good”

“Individuals are well supported”

“I have good communication with staff”

“I attend all reviews”

“My clients enjoy the supported living environment”

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

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

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.

A requirement has been made in relation to the above.

Theme 2 – Responding to the needs of service users

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

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.

The 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.

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

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

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 and allocated care and support hours. The manager outlined plans to develop the individual agreements and a requirement has been made in this regard.

A requirement has been made in relation to the above.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The reports of the agency's monthly quality monitoring visits from September to December 2014 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, service users' relatives and HSC Trust staff.

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 seven service users in receipt of a domiciliary care service at the time of the inspection. The inspector was advised by the manager that assessments of the service users' capacity to manage their finances have been undertaken and that one service user lacks financial capacity.

The inspector was advised that some service users would require support with their finances regarding budgeting.

Most 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 weekly contribution towards groceries.

Statement of Purpose

At the request of RQIA, the 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 agency's statement of purpose was updated on the 28 April 2014

Staff Training

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

Care reviews

The inspector was advised that some service users have regular contact with their statutory key workers.

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. | This recommendation was assessed as fully met; the documentation in place was satisfactory. Records in place show that staff completed training on the 6 June 2013. | One | Fully Met |

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

Statement 1:

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.

COMPLIANCE LEVEL

| Provider's Self-Assessment | |
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| <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> | Substantially compliant |
| 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; or the number of hours or care and support received 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. The agreements also specify the individual's income and the arrangements for access to their bank account details including cards and PIN numbers. Service users do not pay for any of their care or support costs. The agency's registered office is located on the ground floor and the 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>The 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.</p> | Not compliant |

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**Statement 2:**

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

- 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 they acted in this capacity and the service user on whose behalf they act as agent;
- If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the

COMPLIANCE LEVEL

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| <p>bank account,</p> <ul style="list-style-type: none"> Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p> | |
| Provider's Self-Assessment | |
| <p>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 separate from personal monies.</p> | Substantially compliant |
| Inspection Findings: | |
| <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. The 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.</p> | Substantially compliant |

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED
Statement 3:
COMPLIANCE LEVEL

Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:

- Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;
- Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;
- Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;
- Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;
- Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;

A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.

| Provider's Self-Assessment | |
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| <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> <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> | Substantially compliant |
| Inspection Findings: | |
| <p>The agency maintains 'Procedures for the management of Tenants' finances in adults supported living schemes'. The 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. 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. The procedures outline the arrangements for safeguarding service users' finances and include safe contents handover arrangements and the signing of a safe contents record.</p> | Compliant |

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.

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| 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; <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 |

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

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| 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

The agency responds appropriately to the assessed needs of service users

- 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

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

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

All tenants have an individual Support Agreement and tenant handbook which sets out the terms and conditions of the service.

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 or more frequently if required.

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 the tenant which reflects assessed needs

This care/support plan will specify the support, assistance and opportunities provided by staff to tenants. It

Moving towards compliance

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| <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>A range of care records were examined and service users' needs and risks were clearly documented by agency staff and had been reviewed by the HSC Trust.</p> <p>The inspector examined four needs assessments and care / support plans for service users; these were noted to contain references to the service users' human rights which had been aligned to the specific outcome for service users. The care records of four service users were examined and contained daily progress notes and key worker summaries of the individual's progress towards aspects of their care and support plan. Agency staff had written an evaluation against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff do make referrals to HSC Trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC Trust staff at these meetings was evident, this was also verified by the HSC Trust member of staff contacted by the inspector. Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the HSC Trust at any time in relation to any changing needs identified. Staff also review the care plans monthly with the individual service users.</p> | Compliant |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
|---|---------------------------|
| <p>Statement 2: Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| <p>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.</p> <p>The agency maintains staff training records supervision records and staff meeting records.</p> <p>Agency staff undertake medication competency assessment yearly. All Senior support staff undertake medication transcribing training yearly.</p> <p>The agency do not have restrictive practices but staff have a working knowledge of same.</p> <p>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</p> <p>Staff evaluate tenants needs and care practices and reports to other relevant agencies e.g. evaluation of notes</p> <p>The agency adheres to policies in relation to raising concerns and can discuss same.</p> | Moving towards compliance |

| Inspection Findings: | |
|---|-----------|
| <p>The agency's staff training records were examined and reflected uptake in training in the mandatory areas. Agency staff confirmed that they can access all of the agency's policies and procedures. Staff who participated in the inspection advised the inspector that they felt they had received adequate training for their roles. Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice and described the manager and senior staff as approachable.</p> | Compliant |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
|--|---------------------------|
| <p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <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: | |
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| <p>The agency has developed a range of documentation to support the referral, assessment and care / support planning processes.</p> <p>The agency's Statement of Purpose was examined and it includes to the nature and range of services provided, the statement of purpose was updated on the 28 April 2014. The service users have a care plan' and an associated support plan for each outcome. This information was detailed and appeared to be in line with a person centred ethos and had the appropriate human rights considerations included. The documents had been shared with service users and the signatures of service users were evidenced in the documents.</p> | Compliant |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
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| <p>Statement 4 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 |

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| 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 |
| | Compliant |

| THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY | |
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| <p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| <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.</p> <p>Through discussion with staff they can discuss the amount and type of care/support provided</p> <p>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.</p> <p>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>A range of care records were examined and service users' needs and risks were clearly documented by agency staff and have been reviewed by the HSC Trust.</p> <p>The inspector examined a range of needs assessments and care / support plans for service users; these were noted to contain references to the service users' human rights which had been aligned to the specific outcome for service users.</p> <p>The care records of four service users were examined and contained daily progress notes and key worker summaries of the individual's progress towards aspects of their care and support plan. Agency staff had written an evaluation cross referenced against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff do make referrals to HSC Trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC Trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the HSC Trust at any time in relation to any changing needs identified. This was verified by a staff member of the HSC Trust contacted by the inspector.</p> | Compliant |

| THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY | |
|--|-------------------------|
| <p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are 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</p> <p>Tenant Handbook</p> <p>Staff Handbook</p> <p>Support Agreement will explain to tenants the care/support provided by the agency and any liable costs</p> <p>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.</p> <p>No additional hours used by the agency</p> | Compliant |

| Inspection Findings: | |
|--|---------------|
| <p>Each service user has in place a tenancy agreement that states the type and amount of care to be provided and what costs are being paid for support. Records in place examined during inspection shows that no service user makes a contribution from their personal income towards their care. Tenancy agreements show evidence that the costs and service provided have been discussed with service users and their representatives as well as the HSC Trust. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. However each service user must have in place a breakdown of the hours of care and support they will receive. This was discussed with the registered manager during and at the end of the inspection.</p> | Not compliant |

| 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>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, service user's reviews are held annually and more often if necessary with HSC Trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</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 |
|---|------------------|
| | Not compliant |

Any other areas examined**Complaints**

The agency has had five complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site. These complaints were resolved satisfactorily. During discussions with the one tenant and relatives they were clear about the complaints procedure and described who they would make a complaint to if they had a problem.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Kathleen Ryan the registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Inspection

Inch Facility

19 December 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 Kathleen Ryan, the registered manager both during and after the inspection visit.

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

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

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

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

Statutory Requirements

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

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|---|------------------------|--|--|
| 1. | 15 (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. assessments and care plans must be consistent with the HSC Trust needs assessment and care plan | One | <p>The registered person will specify the care hours allocated to each service user. This will be recorded in each service users finance support agreement.</p> <p>All service users have a HSC Recovery Care Plan which sets out individual identified needs/strengths and actions to meet these identified needs</p> | Three months from the date of inspection – 19 March 2015 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|--|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Kathleen Ryan |
| 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 | Yes | Jim Mc Bride | 26/1/14 |
| Further information requested from provider | | | |