



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Agency:** Loughgall DCA  
**Agency ID No:** 11138  
**Date of Inspection:** 15 January 2015  
**Inspector's Name:** Audrey Murphy  
**Inspection No:** 20104

**The Regulation And Quality Improvement Authority**  
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**General Information**

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| <b>Name of agency:</b>   | Loughgall DCA                                    |
| <b>Address:</b>  | 67 Loughgall Road<br>Armagh<br>BT61 7PH          |
| <b>Telephone Number:</b>   | 028 37522381                                     |
| <b>E mail Address:</b>   | kathleen.ryan@southerntrust.hscni.net            |
| <b>Registered Organisation /<br/>Registered Provider:</b>            | Southern HSC Trust<br>Mrs Anne Mairead McAlinden |
| <b>Registered Manager:</b>   | Mrs Kathleen Brigid Ryan                         |
| <b>Person in Charge of the agency at the<br/>time of inspection:</b> | Mrs Kathleen Brigid Ryan                         |
| <b>Number of service users:</b>                                      | 9  |
| <b>Date and type of previous inspection:</b>                         | 15 April 2013, Primary announced inspection      |
| <b>Date and time of inspection:</b>                                  | 15 January 2015<br>09:30 – 15:00                 |
| <b>Name of inspector:</b>  | Audrey Murphy                                    |

## Introduction

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

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

## Purpose of the inspection

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

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

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

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

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

## Methods/process

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

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

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

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

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

### Consultation process

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

|                     |   |
|---------------------|---|
| Service users       | 3 |
| Staff               | 5 |
| 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.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff     | 7             | 7               |

### Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's compliance with the recommendation made during the previous inspection was assessed and the agency has fully met this minimum standard.

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:

| <b>Guidance - Compliance statements</b> |  |  |
|---|--|--|
| <b>Compliance statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>   |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>2 - Not compliant</b>                | 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                           |
| <b>3 - Moving towards compliance</b>    | 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                           |
| <b>4 - Substantially compliant</b>      | 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 |
| <b>5 - Compliant</b>                    | 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

Loughgall Road is a supported living type domiciliary care agency which provides care and housing support to up to eleven individuals who have experienced mental health difficulties. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent.

All of the service users have been in receipt of a service from the agency for at least two years and some have been in receipt of a service for up to 20 years. Referrals have been received from both hospital and community mental health professionals.

Service users live in shared accommodation which they rent from a private landlord and agency staff provide a 24 hour service including waking night cover. Service users have their care commissioned by the Southern Health and Social Care Trust and have input from social work and community nursing, dietetics, and psychiatry once every 3 months or more frequently if necessary.

Staffing is comprised of the registered manager, a deputy manager, senior support workers and support workers.

## Summary of inspection

The announced inspection was undertaken at the agency's registered office, 67 Loughgall Road, Armagh on 15 January 2015, 09:30 – 15:00. The registered manager and deputy manager were present throughout the inspection.

The inspector met with three service users during the inspection, each of whom described a high standard of care and support they receive from agency staff. Service users referred to the quality of the relationships they have with agency staff and to the flexibility and responsiveness of staff in meeting their needs.

The inspector met with the relative of a service user and with a HSC Trust professional who had referred service users to the agency. Feedback received was very positive and included reference to the largely static staff team.

Five agency staff met with the inspector and in advance of the inspection, all staff returned to RQIA a completed questionnaire. Staff who returned a questionnaire indicated that they had received training in safeguarding vulnerable adults, human rights and in the supported living model of care. Written feedback from staff in relation to their understanding of the key principles of the model of supported living included:

'To give support and encouragement to service users to become as independent as possible'.  
'Enabling tenants to live independently with support in their own home with people who they wish to live with and in a place they wish to live'.  
'To give the service user an independent and fulfilling lifestyle'.

The inspector would like to thank the service users, agency staff, relatives of service users and HSC Trust staff for their participation and full cooperation throughout the inspection process.

**Detail of inspection process:**

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

The agency has in place a range of measures to manage and safeguard service users' finances. Agency staff have received training in handling service users' finances and records examined during the inspection provided evidence of the implementation of the agency's policy on managing service users' finances.

The inspector noted that the agency's registered office is on the ground floor of the accommodation occupied by two service users, who pay in full the electricity costs for the accommodation.

A requirement has been made in relation to this and the registered person must outline to RQIA the proposed alternative arrangements for ensuring that service users do not pay the electricity costs associated with the registered office. The registered person must also identify any over payments made by service users in relation to the office electricity costs and forward to RQIA plans for reimbursing service users.

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

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

The needs of service users are clearly outlined within the agency's care records and the referral arrangements were discussed with agency staff and with a HSC Trust professional during the inspection.

Agency staff have undertaken training in the mandatory areas, human rights and in the supported living model of care and service users could describe the amount of control, choice and independence they were enjoying with the support of agency staff. Service users also described their ability to decline or change their support arrangements.

There are arrangements in place to ensure that changes in the service users' circumstances are reported to relevant agencies. Agency staff were maintaining records of their contact with service users; however the outcome of the actions specified in the service users' care plans were not captured in the records and it was recommended that agency staff record the outcome of their interventions with service users in accordance with Minimum Standard 5.2

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**

Service users have been issued with an individual service agreement which outlines their allocation of care / support from the agency. Service users described the service provision as flexible and responsive to their needs.

The service users' needs and care / support arrangements are reviewed at least annually by the HSC Trust and review records maintained by the agency reflect the views of service users.

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

## **Additional matters examined**

### **Monthly Quality Monitoring Visits by the Registered Provider**

The records of the monthly quality monitoring visits undertaken on behalf of the registered person were examined. The monitoring reports had been completed by the manager of another registered domiciliary care agency.

The registered manager described the outcomes of quality monitoring and the recommendations arising from quality monitoring. Staff training in handling service users' money was raised in quality monitoring and has been addressed by the registered manager through supervision and through staff training.

### **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 arrangement for charging service users.

The charging survey was discussed and validated. No service users have been assessed as lacking financial capacity. No staff are acting as an appointee or agent. Some service users have been supported to privately arrange cleaning services and meals; none of the service users were paying towards the costs of the personal care provided to them.

### **Care 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 the DHSSPS Circular HSC (ECCPU)1/2010 "Care management, provision of services and charging guidance").

The inspector was advised that each service user is reviewed every six months and that the individual's Trust representative attends the meetings. The inspector was also advised that every service user has a community key worker and that service users' needs can be reviewed more regularly, where appropriate.

### **Statement of purpose**

The agency's Statement of Purpose was submitted to RQIA in advance of the inspection and was discussed with the manager during the inspection. Areas for quality improvement were identified and a revised Statement of Purpose submitted to RQIA following the inspection. The inspector is satisfied that the agency's Statement of Purpose reflects the range and nature of the services provided by the agency.



**Follow-up on previous issues**

| <b>No.</b> | <b>Minimum Standard Ref.</b>            | <b>Recommendations</b>  | <b>Action Taken - As Confirmed During This Inspection</b>  | <b>Number of Times Stated</b> | <b>Inspector's Validation Of Compliance</b> |
|------------|---|---|--|-------------------------------|---|
| 1.         | Standards<br>8.2<br>8.3<br>12.4<br>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. | <p>The inspector examined the training records which evidenced that all staff had received human rights training in June 2013. Agency staff who participated in the inspection also confirmed they had received human rights training.</p> <p>The content of the training was discussed and examined and included references to the Human Rights Act and the UNCRPD.</p> | One                           | Fully Met                                   |

| <b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>  |                                |
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| <p><b>Statement 1:</b></p> <p><b>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> </ul> | <p><b>COMPLIANCE LEVEL</b></p> |

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| <p><b>Provider's Self-Assessment</b></p>   |                                |
| <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> |
| <p><b>Inspection Findings:</b></p>   |                                |
| <p>The registered manager confirmed that service users do not make payments towards their care and support. Some service users have been supported by agency staff to make private arrangements for the provision of domestic services and meals.</p> <p>The agency's registered office is located on the ground floor of the address and is accessed through the service users' front door. The agency's arrangements for having meetings were discussed and the inspector was advised that these take place off site. The arrangements for staff to avail of a meal when on duty were discussed and the inspector was advised that staff supply their own meals. The inspector was advised that the two service users who occupy the accommodation have consented to agency staff making use of their kettle to boil water for tea / coffee. The inspector noted that these service users pay in full the electricity costs associated with the heating and lighting of the office.</p> <p>The registered manager advised the inspector of the contact she had made with the Trust in relation to the costs associated with the heating of the office and that to date a more appropriate arrangement has not been implemented.</p> <p>The registered person must ensure that utility costs associated with the office premises are not paid by service users and a requirement has been made in relation to this.</p> | <p>Not compliant</p>           |

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| <p>Each service users has a financial support agreement and the inspector was advised that two service users require support to manage their finances. Service users who require support have a financial support plan and a financial agreement. Each service user has also had an assessment of their financial needs undertaken.</p> |  |
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**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;

**COMPLIANCE LEVEL**

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| <ul style="list-style-type: none"> <li>• 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,</li> <li>• 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;</li> </ul> <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><b>Provider's Self-Assessment</b></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><b>Inspection Findings:</b></p>   |                                |
| <p>The registered manager confirmed that all service users have capacity to manage their finances and that two require some support in this area. Those individuals who require support have financial support agreements in place which outline the nature of the support required and specifies the individuals' needs and support to be given. The financial needs assessments and support agreements have been signed by the service user, their representative and agency staff.</p> <p>Agency staff do not act as appointee or agent for any service user nor do they act on behalf of service users. Budget bank statements.</p> <p>As outlined in the self-assessment regular reconciliations are carried out for service user monies handled by agency staff and transactions signed by the service users and staff.</p>                              | <p>Substantially compliant</p> |

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| Agency staff who participated in the inspection confirmed that they have received training in handling service users finances |  |
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| <b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>   |                         |
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| <p><b>Statement 3:</b></p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• 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;</li> </ul> <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> | <b>COMPLIANCE LEVEL</b> |
| <b>Provider's Self-Assessment</b>   |                         |
| <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</p>   | Substantially compliant |



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| <p>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><b>Inspection Findings:</b></p>   |                  |
| <p>The agency maintains a policy -‘MHL D Management of Tenants’ Finances in Supported Living’ which sets out the arrangements for financial assessments and support planning and for authorising transactions. The arrangements for handling service users’ finances on a day to day basis were discussed and the inspector examined the safe contents book and noted that this was updated at least twice daily and on each occasion the contents used.</p> <p>The agency maintains records of all expenditure made by those service users who require support. The agency also maintains the Trust authorisations in respect of withdrawals in excess of £100. Bank statements and personal property statements are also maintained.</p> <p>Money deposited to agency staff is recorded within the individual tenant’s ledger, the safe contents book and a Trust receipt book. Service users and staff sign the transaction records.</p> <p>A number of service users have ‘budget accounts’ for the purposes of paying bills for electric and with differing amounts for each service user, depending on their preferences. The service users are supported to manage the budget accounts and there are controls in place in relation to staff accessing the accounts including monthly reconciliations and limits on staff able to access the account.</p> <p>The registered manager advised the inspector that a Trust audit of the agency’s management of service users’ finances had been undertaken. The inspector was advised that a recommendation of the audit had been the introduction of a nominated key holder for each shift and that this recommendation had been fully implemented.</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 (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

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| <p>scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul> |                |
| <b>Provider's Self-Assessment</b>  |                |
| No transport scheme is operated by the agency, all tenants avail of public transport or private taxis of their choice.   | Not applicable |
| <b>Inspection Findings:</b>  |                |
| As outlined in the agency's self-assessment, the agency does not operate a transport scheme.   | Not applicable |

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

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| <b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b> |
|  | <b>Not compliant</b>    |

| <b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>  |                           |
|--|---------------------------|
| <b>Statement 1:</b>  | <b>COMPLIANCE LEVEL</b>   |
| <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• 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.</li> </ul>  |                           |
| <b>Provider’s Self-Assessment</b>  |                           |
| <p>Each tenant availing of the service has a referral form completed by the referral agent which details an assessment of need providing all necessary information and is accompanied by a Comprehensive Mental Health Risk Assessment</p> <p>All tenants on obtaining a tenancy will have a Named Support Worker of their choice who along with the tenants will be involved in the assessment of their housing support/care needs and any associated risks Tenants and key-worker will sign support/care plans. All support/care plans reflect human rights</p> <p>All tenants have an individual Support Agreement and tenant handbook which sets out the terms and conditions of the service.</p> <p>The agency staff record evaluations of service provided at least weekly or more frequently if any changes in tenants support/care/risks. The agency contributes to the housing review of tenants support plans on a six monthly basis are more frequently if required.</p> <p>The HSC Trust are presently in the process of allocating Community key-workers to each tenant within the agency and they will develop and review care plans with tenants which reflect assessed needs</p> <p>This care/support plan will specify the support, assistance and opportunities provided by staff to tenants. It</p> | Moving towards compliance |

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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>   |                                |
| <b>Inspection Findings:</b>   |                                |
| <p>The inspector discussed the referral and allocation process with a Trust professional who has been involved in making referrals to the service. The Trust professional and agency staff described the process for newly referred individuals to visit the scheme and to receive a phased introduction to their prospective household.</p> <p>The care records of three service users were examined and reflected detailed information including: a service application form (for more recently referred individuals), support agreements, Licence to Occupy, risk assessments, support assessment, managing money and administration assessment, managing tenancy and accommodation assessment, needs assessments in relation to social needs and networks, relationships, emotional and mental health. The records had been signed by service users and human rights had been specified within each element.</p> <p>Agency staff who returned a questionnaire to RQIA indicated that each service user has a care plan in place that meets their assessed needs. Staff also indicated that service users and where appropriate, their relatives are involved in care planning.</p> <p>The records pertaining to the activities relating to the service users' care plans were examined and reflected in some instances weekly entries. Discussion with the registered manager provided confirmation that every service user has at least daily contact with agency staff in relation to their care plan and it was recommended that the records reflect this level of contact and are maintained in accordance with Minimum Standard 5.2 The registered manager provided the inspector with an assurance that the records would be completed on a daily basis from the day of the inspection onwards.</p> | <p>Substantially compliant</p> |

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

| Inspection Findings:  |                                |
|---|--------------------------------|
| <p>The agency's staff training records reflected uptake in the mandatory training areas and staff have received training in human rights and in the supported living model of care.</p> <p>Staff who participated in the inspection advised the inspector of the close working relationships between agency staff and primary care and the community mental health teams. Agency staff provided examples of when they had reported changes in service users' circumstances to the HSC Trust and of their experience of a responsive service being provided to the service user.</p> <p>Agency staff who contributed to the inspection confirmed their awareness of the agency's whistleblowing policy and advised the inspector that they would not hesitate to raise any concerns they had about poor practice.</p> <p>Service users are encouraged to advise staff of when they are leaving their home – this has been discussed with service users along with emergency arrangements for accessing their property.</p> | <p>Substantially compliant</p> |

| <b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>  |                           |
|--|---------------------------|
| <p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul> | <b>COMPLIANCE LEVEL</b>   |
| <b>Provider’s Self-Assessment</b>  |                           |
| <p>The agency provides information to Tenants , Relatives, Referral agents which clarifies the services provided by the agency</p> <p>Statement of Purpose<br/>                     Referral Procedure<br/>                     Tenant Information Booklet<br/>                     Staff Information Booklet<br/>                     Support Agreement<br/>                     Tenancy Agreement</p> <p>Tenants can be provided with copy of care/support plans if they wish and have access to same on request. Agency provides extensive range of information for tenants re outside agencies e.g. noticeboard in office space.</p>   | Moving towards compliance |



| Inspection Findings:  |                                |
|---|--------------------------------|
| <p>As outlined in the agency’s self-assessment, service users do not experience restrictive care practices and the agency’s Statement of Purpose outlines the range and nature of services available to service users.</p> <p>Service users who participated in the inspection described their ability to come and go freely and described the control, choice and independence they were experiencing in their own homes with the support of agency staff.</p> <p>Service users advised the inspector that they can decline aspects of their care and support and the inspector was advised by staff and a service user of the arrangements for ensuring compatibility between service users and staff. Agency staff were clear in their understanding of the supported living model and the service users’ right to have control over who enters their home.</p> <p>The inspector was advised that all service users have been advised of their right to access the care records held by the agency at the agency office.</p> | <p>Substantially compliant</p> |

| <b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>   |                         |
|---|-------------------------|
| <p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• 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.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• 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.</li> <li>• 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.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• 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</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider’s Self-Assessment</b></p> <p>The agency do not have restrictive care practices.</p>  | Not applicable          |
| <p><b>Inspection Findings:</b></p> <p>As outlined in the self-assessment and discussed with agency staff, service users do not experience restrictive practice or restraint.</p>  | Not applicable          |

|   |                                  |
|---|----------------------------------|
| <b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b>          |
|   | <b>Moving towards compliance</b> |

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

| <b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>  |                         |
|---|-------------------------|
| <b>Statement 1</b>  | <b>COMPLIANCE LEVEL</b> |
| <p><b>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</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• 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.</li> <li>• 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.</li> </ul> |                         |
| <b>Provider’s Self-Assessment</b>   |                         |
| <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.<br/>           Through discussion with staff they can discuss the amount and type of care/support provided<br/>           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.<br/>           Each tenant has a individual care/support plan which identifies their individual needs and the actions required to address these needs.</p>  | <p>Compliant</p>        |

| Inspection Findings:  |                  |
|---|------------------|
| <p>The inspector examined three service users' agreements which outlined the care and support allocated to the individual. The agreements also outline the service users' right to complain, to be consulted in relation to their support and the terms and conditions of their care / support.</p> <p>Service users who contributed to the inspection could describe the care and support available to them and commented on the flexibility of these arrangements.</p> <p>Agency staff described the care and support arrangements of the service users and it was evident that staff were fully aware of the needs and preferences of individual service users, as outlined within their care records.</p> | <p>Compliant</p> |

| <b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>   |                         |
|--|-------------------------|
| <p><b>Statement 2</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• 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.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• 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.</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <b>Provider's Self-Assessment</b>  |                         |
| <p>The agencies following documents :</p> <p>Statement of Purpose<br/>                     Tenant Handbook<br/>                     Staff Handbook<br/>                     Support Agreement will explain to tenants the care/support provided by the agency and any liable costs<br/>                     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.<br/>                     No additional hours used by the agency</p>   | Compliant               |
| <b>Inspection Findings:</b>  |                         |
| <p>As outlined within Theme 1, service users do not contribute to or pay for their personal care.</p>  | Compliant               |

| <b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>   |                         |
|--|-------------------------|
| <p><b>Statement 3</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences.</li> <li>• 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.</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider’s Self-Assessment</b></p> <p>The agency participates in review meetings organised by the referring agent/inhouse housing support review meetings/outside agencies at least annually.<br/>           Discussion with staff and tenants housing support review documentation can evidence contribution to reviews<br/>           Staff can discuss that reviews are convened at a time and place and when required to meet tenants needs, wishes. Support/care plans are reviewed 3 monthly and more frequently when are if required with the consent of the tenant.</p>  | Compliant               |

| Inspection Findings:   |                  |
|--|------------------|
| <p>The 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 the DHSSPS Circular HSC (ECCPU)1/2010 “Care management, provision of services and charging guidance”).</p> <p>The inspector was advised that each service user is reviewed every six months and that the individual’s Trust representative attends the meetings. The inspector was also advised that every service user has a community key worker and that service users’ needs can be reviewed more regularly, where appropriate. The inspector examined the records of three service users’ review meetings and these reflected input from HSC Trust staff and the views of the service user.</p> | <p>Compliant</p> |

|  |                                |
|--|--------------------------------|
| <p><b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|  | <p><b>Compliant</b></p>        |

|   |                                |
|---|--------------------------------|
| <p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|   | <p><b>Compliant</b></p>        |



## **Any other areas examined**

### **Complaints**

Prior to the inspection the agency returned a completed complaints questionnaire to RQIA for the period 1 January 2013 to 31 December 2013. No complaints had been received during this period or during 2014.

## **Quality improvement plan**

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

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



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)



## Quality Improvement Plan

### Announced Primary Inspection

Loughgall DCA

15 January 2015

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 Brigid Ryan, registered manager during the inspection visit.

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

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

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

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

**Statutory Requirements**

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

| No. | Regulation Reference | Requirements   | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale   |
|-----|----------------------|--|------------------------|---|---|
| 1.  | 14                   | <p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person is required to outline to RQIA the proposed alternative arrangements for ensuring that service users do not pay the electricity costs associated with the registered office. The registered person must also identify any over payments made by service users in relation to the office electricity costs and forward to RQIA plans for reimbursing service users.</p> | One                    |   | Within two months of the date of inspection – 12 March 2015 |

**Recommendations**

**These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), 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.  | 5.2                        | It is recommended that the agency maintains records as specified in Minimum Standard 5.2. | One                    |   | From the date of the 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:

|   |  |
|---|--|
| <b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>                                |  |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> |  |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b> |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable                  |            |                  |             |
| Further information requested from provider                   |            |                  |             |