



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Hawthorn Drive
Agency ID No: 11139
Date of Inspection: 2 March 2015
Inspector's Name: Audrey Murphy
Inspection No: IN020105

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Hawthorn Drive
Address:	5 - 9 Hawthorn Drive Armagh BT60 1HA
Telephone Number:	02837511848
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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:	14
Date and type of previous inspection:	11 April 2013, Primary unannounced inspection
Date and time of inspection:	2 March 2015 10:15 – 16:00
Name of inspector:	Audrey Murphy

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

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

Consultation process

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

Service users	7
Staff	5
Relatives	2
Other Professionals	3

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	6	4

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

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

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

Hawthorn Drive is a supported living type domiciliary care agency which provides care and housing support to up to fourteen 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.

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.

At the time of the inspection there were fourteen individuals receiving a supported living service, some of whom had been receiving services since 1998. Service users rent their accommodation and the agency receives funding from the Northern Ireland Housing Executive's Supporting People programme in respect of the housing support provided to individual service users.

The agency is staffed by the registered manager, the deputy manager, senior support staff and support staff. Service users are supported 24 hours per day and there is waking night staff.

Summary of inspection

The announced inspection was undertaken at the agency's registered office, 5 – 9 Hawthorn Drive, Armagh on 2 March 2015, 10:15 – 16:00.

The agency's registered manager, Mrs Kathleen Ryan and deputy manager were present throughout the inspection.

The inspector met with seven service users throughout the day of the inspection and received very positive feedback from each service user in relation to the quality of the service provided. Service users commented on the good working relationships they have with staff and described staff as hard working and friendly. Service users also indicated that staff provide the right amount of support without being intrusive and that staff are always available and contactable.

Following the inspection visit the inspector contacted two relatives of service users and obtained their feedback in relation to the quality of care provided to their relative. Comments made by relatives were very positive and included:

'Good quality support.'

'Very good service, I'm very grateful for it.'

The relatives who participated in the inspection described the staff as approachable, helpful and caring.

The inspector met with two professionals who were visiting the agency's office on the day of the inspection. Feedback received from the visiting professionals was positive and reflected confidence in the staff team to respond appropriately to the needs of service users. The visiting professionals also commented on the stable staffing arrangements and the associated benefits for service users.

The inspector also met with an advocate who visits the service users every three weeks. Feedback from the advocate was also positive and included references to agency staff being approachable and helpful.

In advance of the inspection, four 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:

“Integrating tenants into community promoting independence and positive risk taking”

“Giving tenants support in their own homes to lead a normal life, giving them choices, that they choose for themselves and supporting them to achieve these and respect their wishes, consider their privacy and human rights.”

“To promote a homely environment where tenants feel safe, and get appropriate support to meet their individual needs, and improve their quality of life”

The inspector met with five staff during the course of the inspection and received assurances from staff in relation to their training in the mandatory areas and awareness of the agency’s whistleblowing policy.

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 agency has been assessed as ‘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 and could describe their understanding of human rights, restrictive practice and the agency’s whistleblowing policy. Professional staff who contributed to the inspection highlighted the skills and knowledge of agency staff.

The agency has been assessed as ‘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 a member of the management of another registered service.

The reports contained a summary of the views of service users, their representatives and agency staff. Action plans were in place and were reviewed during each monitoring visit.

Statement of Purpose

The agency's statement of purpose was submitted to RQIA prior to the inspection. The inspector was satisfied that the statement of purpose reflects the range and nature of services provided and has been prepared in accordance with Regulation 5, Schedule 1 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

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.

The charging survey was discussed and validated. None of the agency staff are acting as an appointee or agent for a service user and none of the service users were paying towards the costs of the personal care provided to them.

One service user has been assessed by the HSC Trust as lacking financial capacity and there is a corporate appointee arrangement in place with the HSC Trust.

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 has received an annual review of their needs and that the service user's HSC Trust representative attends the review meetings.

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

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.	The inspector was advised that all staff have received training in the Human Rights Act and agency staff who participated in the inspection also confirmed they had received human rights training.	One	Fully Met

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement. 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment	
<p>The agency provides a tenant handbook to each tenant which details terms and conditions in respect of services to be delivered, charges, method of payment. clarifies what they are liable and not liable for and arrangements for staff meals. Tenants also receive an individual support agreement.</p> <p>The agency has a policy in place for supporting tenants manage their finances and property.</p> <p>Each tenant within the Agency will have an assessment of their financial needs/support tenants will have a written financial support agreement (FSA) and will form part of the tenants support plan. The (FSA) will detail the tenant's income, the cost of accommodation and all other expenditure which has been agreed.</p> <p>Tenants receive notification in writing of any changes in charges.</p> <p>No tenant pays for additional care/support which do not form part of the Trusts care assessment ..</p>	<p>Substantially compliant</p>
Inspection Findings:	
<p>The inspector examined support agreements which outline the charges applicable to service users. The support agreements had been signed by service users.</p> <p>The agency's registered office is adjacent to the homes of several service users and the inspector was advised that service users do not contribute towards the costs of the agency's office. Agency staff have access to a separate kitchen area and service users do not share food or food costs with agency staff.</p> <p>Each service user has had an assessment of their financial needs undertaken and there were financial support plans in place for those service users who were assessed as requiring support from agency staff with budgeting etc. As outlined in the agency's self-assessment, service users have a financial support agreement which outlines the costs associated with their accommodation and other expenditure.</p> <p>Service users who met with the inspector confirmed that they have access to all areas of their home and are not maintaining any unused areas.</p>	<p>Compliant</p>

<p style="text-align: center;">THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • 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; 	<p style="text-align: center;">COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>As per Finance Policy all tenants have own FSA and support plan highlighting income and expenditure. The agency will retain the appropriate and update records to show details of each tenants finances where they require support.</p> <p>The agency maintains records of safe contents, tenants individual accounts/receipts for all monies given to tenants who require support. All transactions are signed dated by both tenant and staff. The agency Reconciliations are carried out on personal tenants accounts and on budget accounts held by the agency . No staff within the agency acts as an agent or appointee for the tenant</p> <p>A budget bank account may be set up into which each tenant if they choose, contributes equal amounts for the purchase of groceries, window cleaning etc which is kept separet from personnal monies.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>Each service user has had an assessment of their needs undertaken and where appropriate a financial support plan has been developed. There were financial support agreements in place and these outlined the arrangements for some service users to have support from agency staff with budgeting and securing their finances. The financial support agreements had been signed by service users and agency staff.</p> <p>One service user has been assessed as lacking the capacity to manage their finances and this assessment had been undertaken by a consultant psychiatrist. The service user's finances were being managed by the HSC Trust and the agency's records contained a financial support assessment which outlined the level of support required. Records of the amounts requested and received from the HSC Trust were maintained within the agency.</p> <p>Agency staff support several service users to operate a 'budget account' and the registered manager described the controls in place regarding this. These include limitations on the amounts that can be withdrawn, nominated members of staff who can make withdrawals and the arrangements for regular reconciliations against bank statements.</p> <p>The agency maintains receipts for items purchased on behalf of service users and clear records outlining all expenditure; transaction records are signed by two members of staff and by the service user. The inspector was advised of a range of controls in place with regard to service users' finances including input from the HSC Trust finance department.</p>	<p>Compliant</p>

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

Statement 3:

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

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

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

COMPLIANCE LEVEL

Provider's Self-Assessment	
<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>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency maintains a policy -‘MHLD 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 with agency staff who demonstrated a good working knowledge of these.</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>The agency maintains receipts for items purchased on behalf of service users and clear records outlining all expenditure; transaction records are signed by two members of staff and by the service user. The inspector was advised of a range of controls in place with regard to service users’ finances including input from the HSC Trust finance department.</p> <p>The agency provides a number of service users with a safe place to store money. The arrangements for access to the safe and reconciliations of safe contents were discussed and staff described the training they had received from management in relation to this. The inspector was advised of the arrangements in place to maximise the service users’ access to their money.</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

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

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

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

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

<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>	
<p>Inspection Findings:</p>	
<p>The Trust professionals who contributed to the inspection described their role in providing information to the agency in respect of new referrals. HSC Trust professional staff also commented on the knowledge of agency staff with regard to the individuals in receipt of a service and the appropriateness of their responses to changes in needs and risks.</p> <p>The agency maintains needs and risk assessments for each individual and these reflect the views and preferences of service users.</p> <p>Agency staff record on a daily basis the outcome of their interventions and the human rights of service users are referenced within their care records. Each service user has a named worker in the HSC Trust support and recovery team and agency staff reported good working relationships with the multi-disciplinary team.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All agency staff who undertake tenants assessment of needs are trained for their roles and responsibilities. The agency ensures mandatory training requirements are met for all staff. The agency maintains staff training records supervision records and staff meeting records. Agency staff undertake medication competency assessment yearly. All Senior support staff undertake medication transcribing training yearly. The agency do not have restrictive practices but staff have a working knowledge of same. There are policies and procedures in place to respond to the needs of tenants e.g. Referral Procedure, Complaints, Whistleblowing, P.O.V.A. Incident Reporting, Staff /Tenant meetings, 1:1 meetings, Questionnaire, Housing Support Reviews Staff evaluate tenants needs and care practices and reports to other relevant agencies e.g. evaluation of notes The agency adheres to policies in relation to raising concerns and can discuss same.</p>	Moving towards compliance

Inspection Findings:	
<p>Agency staff training records were examined and discussed with the registered manager and with agency staff. Staff have received training in the mandatory areas and in freedom of information, data protection, the support and recovery model.</p> <p>Staff who met with the inspector confirmed their awareness of the agency’s whistleblowing policy. Staff also outlined their understanding of restrictive practice and confirmed that they do not implement restrictive practices in the homes of service users.</p> <p>Professionals who contributed to the inspection spoke of their confidence in the ability of agency staff to respond appropriately and professionally to any changes in the service users’ needs or risks. Professional staff also described the outcomes of positive risk taking with a number of service uses and highlighted the knowledge and skills of agency staff in relation to good outcomes for service users.</p>	<p>Compliant</p>

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

Inspection Findings:	
<p>The agency's statement of purpose was examined and reflects the range and nature of services provided. Service users' support agreements outline the support available and the range of rights promoted. Service users advised the inspector of their right to decline services and agency staff reported that they respect the views of service users in the event of declining services.</p> <p>Service users and agency staff confirmed that there are no restrictions placed on service users in their own homes. Service users are supported by a range of HSC Trust staff.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The agency do not have restrictive care practices.</p>	Not applicable
<p>Inspection Findings:</p> <p>As outlined within the self-assessment and from discussion with agency staff and service users, there are no restrictive practices implemented by agency staff.</p>	Not applicable

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	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>Each tenant has a written support agreement/tenant handbook/staff handbook which sets out the terms and conditions of the service provision provided by the agency. Through discussion with staff they can discuss the amount and type of care/support provided The agency has an assessment and care/support policy. All tenants needs are based on an individual basis and this is evidenced in the statement of purpose, tenant handbook and in tenants individual care/support file. Each tenant has a individual care/support plan which identifies their individual needs and the actions required to address these needs.</p>	Compliant
Inspection Findings:	
<p>Service users who met with the inspector described the amount and type of care provided by agency staff. Staff and professionals who participated in the inspection outlined the range of supports provided to service users and the agency’s records reflected the individual care and support arrangements.</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 Tenant Handbook Staff Handbook Support Agreement will explain to tenants the care/support provided by the agency and any liable costs No tenants pay for care/support from their personal income, but if a tenant becomes ineligible for Housing Benefit they will be liable for support charges but not for care. No additional hours used by the agency</p>	Compliant
Inspection Findings:	
<p>As outlined in the self-assessment, service users have their care commissioned by the HSC Trust. Service users do not contribute to or pay for their care or support.</p>	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
<p>Provider’s Self-Assessment</p> <p>The agency participates in review meetings organised by the referring agent/inhouse housing support review meetings/outside agencies at least annually. Discussion with staff and tenants housing support review documentation can evidence contribution to reviews Staff can discuss that reviews are convened at a time and place and when required to meet tenants needs, wishes. Support/care plans are reviewed 3 monthly and more frequently when are if required with the consent of the tenant.</p>	Compliant

Inspection Findings:	
<p>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>Agency staff and professionals who contributed to the inspection confirmed that service users are reviewed at least once annually and more often if necessary. Service users’ care records are updated following reviews.</p>	<p>Compliant</p>

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

INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</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 findings of this inspection were discussed with Mrs Kathleen Brigid Ryan as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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



No requirements or recommendations resulted from the **primary announced** inspection of **Hawthorn Drive** which was undertaken on **2 March 2015** and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Kathleen Ryan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly on behalf of Mairead McAlinden

Approved by:	Date
Audrey Murphy	30 March 2015