Primary Announced Care Inspection

Name of Agency:	**Action on Hearing Loss**
RQIA Number:	**11174**
Date of Inspection:	**11 December 2014**
Inspector's Name:	**Lorraine O'Donnell**
Inspection ID:	**20501**

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Agency:	Action on Hearing Loss
Address:	Embassy Building 3 Strand Road Londonderry BT48 7BH
Telephone Number:	02871357509
Email Address:	emmett.mcconomy@hearingloss.org.uk
Registered Organisation / Registered Provider:	Sharon Ford The Royal National Institute for Deaf People t/a Action on Hearing Loss
Registered Manager:	Emmett Mc Conomy
Person in Charge of the Agency at the Time of Inspection:	Emmett Mc Conomy
Number of Service Users:	Two
Date and Type of Previous Inspection:	16 December 2013 Primary Announced Care Inspection
Date and Time of Inspection:	11 December 2014 9:45 am – 4:30 pm
Name of Inspector:	Lorraine O'Donnell

2.0 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.

3.0 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.

4.0 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.

5.0 Consultation Process

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

Service Users	2
Staff	3
Relatives	0
Other Professionals	0

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

Issued To	**Number issued**	**Number returned**
Staff	8	2

6.0 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 three quality themes were assessed at this inspection:

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

Review of Action Plans/Progress to Address Outcomes from the Previous Inspection

The agency's progress towards compliance with the four requirements and three recommendations made following the inspection of 16 December 2013 was assessed. The agency has fully met three requirements and partially met one requirement; therefore one requirement will be restated. The agency have fully met one recommendation, partially met one recommendation and not met one recommendation. Therefore two recommendations will be restated.

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.

7.0 Profile of Service

Action on Hearing Loss (supported living service) provides 24 hour support to two service users (capacity three) who are profoundly deaf and have a mild learning disability. The agency also has an outreach service for eight service users; however, only one of these service users currently requires assistance with personal care (i.e. supervision with medication).

Support is provided by eight staff members and includes assistance with activities of daily living, shopping, cooking, budgeting, involvement in the local community, and accessing local health and social care services.

The overall goal of the service is to maximise the service users' levels of independence and improve their quality of life.

8.0 Summary of Inspection

The announced inspection was undertaken on 11 December 2014; the inspector met with the registered manager.

The inspector had the opportunity to meet with two service users and three staff during the inspection.

Prior to the inspection two staff members forwarded to RQIA a completed questionnaire in relation to the quality of training, service provision, the completion of monthly monitoring visits and records held by the agency relating to restraint.

Feedback in relation to the inspection findings was provided to the registered manager during the inspection.

The service provision is individualised to meet to the needs of service users; this was evident from reading care and support plans and talking to staff and the service user.

The inspector would like to thank the registered manager, service users and staff for their cooperation during the inspection process.

8.1 Detail of Inspection Process:

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

Service users' finances and property are not managed by agency staff.

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

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

The agency does not operate a transport scheme and service users take full responsibility for expenditure. Agency staff provides some service users with advice and guidance on budgeting.

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

8.1.2 Theme 2 – Responding to the needs of service users

The agency has developed a range of documentation in relation to referrals, needs and risk assessment and care/support planning. The human rights of service users were listed within these documents but had not been aligned specifically to each individual service user.

The service users each have care/support plans which were person centred. These plans contained evidence of HSC trust involvement and were reviewed annually or more frequently if required.

The two service users who participated in the inspection informed the inspector they were very happy with the support they had received from the agency staff, which promoted independence.

The staff received training in areas such as human rights and restrictive practices to ensure they have the appropriate level of knowledge and skills required to respond to the needs of the service users.

The agency maintains a Whistleblowing Policy and staff are aware of their responsibility to report concerns relating to care practices.

The agency has been assessed as "Substantially compliant" for this theme.

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

The service users have been issued with a service users' agreement; however, it was noted that one does not set out the allocation of care and support hours for the service user. Therefore a requirement has been made.

Service users do not make a contribution from their personal income for care or support costs.

Service users' reviews have been completed in accordance with policy to include involvement of the HSC trust. However, these records were not consistently signed by the service users and Trust representatives.

The agency has been assessed as 'substantially compliant' for this theme.

8.2 Additional Matters Examined

8.2.1 Monthly Quality Monitoring Visits by the Registered Provider

The reports of the quality monitoring visits undertaken on behalf of the registered provider were viewed and it was noted that the views of service users' representatives had not been obtained for the months of January 2014 and October 2014. The reports did not include the views of the service users' representatives and only one report included the views of other professionals involved with the service users.

A requirement has been made with regard to the monthly quality monitoring visits.

8.2.2 Reviews

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

The information returned to RQIA was discussed during the inspection and the registered manager confirmed the two service users had a review completed by the HSC trust in accordance with DHSSPS guidance. The records of these meeting had been completed and returned to the agency for the two service users. The service user who participated in the inspection confirmed their review had been completed and agency staff had assisted them to prepare for the review meeting with HSC trust staff.

8.2.3 Charging Survey

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

The survey was discussed during the inspection and the registered manager advised the inspector that the two service users are responsible for their own finances. However, the agency store cash in the agency to pay the rent directly to the landlord, therefore acting as an agent for the service users; this was not reflected in the charging survey. The registered manager stated that service users received housing benefit directly into their bank accounts. The rent is paid directly by the agency by direct debit. The inspector viewed records which confirmed the income and expenditure of service users was recorded and reconciled daily. The registered manager provided evidence of the monthly reconciliation records used, which confirmed checks were made by two staff members.

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

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	15 (2)	The registered person must ensure that in the 24 hour service, the service user's agreement specifies the number of support hours available to service user's individually.	The inspector viewed the support plans for the two service users. The support hours for one service user were clearly documented and available to the service user. However, the support plan for the other service user did not specify the number of support hours available to them individually. This requirement has been assessed as being partially met.	Once	Partially met
2	14 (e)	The registered person must ensure that in the 24 hour service, written consent has been provided by service users for staff to have an office in their home and use the kitchen, bathroom and sleep over bedroom.	The support plans for both service users contained consent forms signed by the service users agreeing staff to have an office in their home and the use of the bathroom, kitchen and sleep over bedroom. This requirement has been assessed as being fully met.	Once	Fully met
3	14 (e)	The registered person must ensure that a protocol is devised specifying the circumstances when the key to service users' home held by staff can be used.	The inspector viewed the support plans which outlined the circumstances when the key to service users' home held by staff can be used. Discussions with staff and service users confirmed clear understanding of the protocol. This requirement has been assessed as	Once	Fully met

			being fully met.		
4	14 (a-f)	The registered person must ensure that a working definition of 'restrictive practice' specific to service users with a hearing impairment and mild learning disability (referenced to the DHSSPS guidance) is devised and implemented.	The inspector examined the policy on restrictive practice maintained by the agency which included a definition of restrictive practice specific to the service users. This requirement has been assessed as being fully met.	Once	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	The two support plans viewed by the inspector referred to the service users' human rights; however, the plans did not explicitly outline within the support plans. The agency holds a copy of The Ministry of Justice Guide to Human Rights. This recommendation has been assessed as being partially met.	One	Partially met
2	8.12	It is recommended that an annual evaluation summarising the findings and action taken in relation to the monthly reporting is completed.	The annual evaluation summarising the actions taken in relation to the monthly monitoring visits was not available. However, the registered manager informed the inspector the agency participated in annual evaluation of the service as part of an organisational wide project and evidence of this evaluation was available to the inspector. This recommendation has been assessed as being not met.	One	Not met
3	14.10	It is recommended that the registered person ensures that awareness training in the protection of children and young people is provided on at	The training records viewed by the inspector confirmed that all staff had received training in the protection of children and young people within the last two years. Two new members	One	Fully met

		least a two yearly basis.	of staff had received training during their induction. Six members of staff received training in April 2014. This recommendation has been assessed as being fully met.		

10.0 Inspection Findings

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 1: **The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care** • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement user's home looks like his/her home and does not look like a workplace for care/support staff.	**COMPLIANCE LEVEL**

Provider's Self-Assessment	
The people we support are provided with our statement of purpose, this details the support and what isn't included is their support package. Action On Hearing Loss doesn't currently apply additional charges to any of the people we support, should this change then we would consult with RQIA, the people we support and Action on Hearing Loss to ensure best practice. No Charges are made to Action on Hearing Loss, except monthly rent for Culmore road support housing. DD is paid directly to the Landlord by Action On Hearing Loss and the people we support then make a monthly payment to Action on Hearing Loss. This is then banked by the manager into Action On Hearing Loss account. No additional personal care costs. Action On Hearing loss has the use of some of the rooms with Culmore Road, Office Located down stairs, use of the kitchen, toilet and staff sleep over room. This agreement is detailed in the people that live here supports plans. With this Action On Hearing Loss shares the costs of the heating and electric bills and contribute 1/3 of the costs towards the bills. (Currently 2 people living in Culmore road so 1/3 each). Staff provide their own meals when in the supported housing service, Action On Hearing loss has a small budget to provide tea/coffee/and breakfast for sleepover staff. The people we support manage their own finances, support staff help them with day to day tasks and records are held in their files. Policy in place and signed by all staff. Any increase will be notified 4 weeks to the people we support. Culmore Road is the people we support own home.	Compliant
Inspection Findings:	
Service users have been issued with a Financial Passport; this reflects the charges relating to the service users' tenancy. In addition the agreement outlines the contributions received from the relevant HSC trust for personal care and housing support provided by the agency. Service users do not make any personal contribution to the cost of their care or support. The agency acts as an agent for the service users; they pay the agency cash for their rent which the agency pays by direct debit on their behalf to the landlord. The agency maintains records of these payments and receipts maintained by the agency for the money received from the service users were signed by a staff member and the service users.	Compliant

The inspector viewed the service users' guide, it was noted that it does not clarify the arrangements for staff meals while on duty in the service users' home; however the staff and service user who participated in the inspection confirmed the agency provide staff tea/coffee and breakfast. Staff stated they provide their own meals while on duty. The registered manager informed the inspector that notice is given to service users at least four weeks in advance of any changes increase. The agency has an office and a sleepover bedroom in the service users' home; service user support plans contain agreements signed by the service users outlining these arrangements. These records denoted that the agency pay one third of the bills for the use of the service users' home. The agency has financial policies and procedures available where staff provide support to service users. These policies detail the arrangements to enable service users to manage their finances and property. Staff who participated in the inspection demonstrated a clear understanding of the agency's financial accounting policy and money management for service user's policy.	

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	**COMPLIANCE LEVEL**

as nominated appointee; • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the 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; 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.	
Provider's Self-Assessment	
The people we support manage their own monies, No transactions are carried out on their behalf. No purchases are carried out by staff. Support staff assist the people we support to maintain records of their spending so that they can budget their monies.	Not applicable
Inspection Findings:	
As outlined within the self-assessment the service users manage their finances independently of agency staff. Each service user has a financial agreement outlining income and charges; additionally they have individual support plans detailing any support they may require such as budgeting advice. The registered manager confirmed that each service user has capacity to manage their money. The inspector spoke with staff during the inspection who confirmed contingency arrangements were in place if a service user requires them to purchase items or services on their behalf. These include written authority from the tenant and two staff members must be present when carrying out the transaction. The agency act as an agent for the service users; service users pay the agency cash for their rent which the agency pay by direct debit on their behalf to the landlord. The agency maintains records of these payments and receipts maintained by the agency for the money received from the service users were signed by a staff	Compliant

member and the service users.	

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	
The people we support manage their own monies, they store their monies in their own bedrooms. support staff assist them with day to day budgeting. No restrictions in place reagrding their monies. support staff assist the people we support to maintain records for budgeting.	Compliant
Inspection Findings:	
The agency does not provide storage facilities for service users' money or valuables. Staff informed the inspector that service users' manages their own money and valuables. Staff provide agreed budgetary support to service users. Staff and service users reconcile the money for each service user on a daily basis	Compliant

and records are maintained by agency staff. The records were viewed by the inspector; they contained the initials of staff and not full signatures. Staff informed the inspector that any deficits would be reported to the HSC trust in accordance with the agency safeguarding procedures.	

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 4: **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;	**COMPLIANCE LEVEL**

• 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 scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified.	
Provider's Self-Assessment	
N/A	Not applicable
Inspection Findings:	
The agency does not provide transport to service users.	Not Applicable

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1: **The agency responds appropriately to the assessed needs of service users** • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC trust representative(s) and reflect appropriate consideration of human rights.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
This is detailed in the people we support plans and RA's. Staff record Outcomes On-line in the outcomes tool this can be printed out and stored in support plans. Interventions are recorded in the people we support plans; these will only be redirecting behaviours to more positive behaviours. Human Rights are reviewed when developing support plans and this is legislation is contained in support plans.	Compliant
Inspection Findings:	
A range of care records were viewed and service users' needs and risks were documented by agency staff and had been reviewed by the HSC trust. The inspector examined updated needs assessments and care/support plans provided by the HSC trust for two service users; these were noted to have been aligned to the specific outcome for service users; human rights were listed but not clearly linked within the service users' support plans. Further development of the support plans was discussed with staff during the inspection; there are plans to include more specific information relating to the service users' human rights within the support plans.	Substantially Compliant

The care records of two service users were viewed and contained daily progress notes and staff summaries of the individual's progress towards aspects of their care and support plan. Agency staff has written an evaluation against each outcome and these reflected discussions with and the views of the service users. Service users were noted to have had annual reviews and the attendance of HSC trust staff at these meetings was evident as seen in updated HSC care plans. However, these review records were not signed by the service user or the HSC trust representative.	

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 2: **Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users** • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Staff have received training in Safeguarding adults 2014, they have also received training in MAPA management of actual or potential aggression 2012, 2011, 2010. Support staff do not employ any restrictive practices in these services. Manager monitors daily notes and staff interactions on a daily basis to ensure that their practices are in keeping with the aims of the service, he also has direct contact with all of the people we support. Staff are aware of restrictive practices and we ensure that they not used in this service, should that change because of an increased risk for the people we support or the community them we would hold a MDT meeting to agree a way forward. As we are a supportive living service this isn't something that would fit into the ethos of the services and we would need to review if the service is suitable for the person we are supporting. Action On Hearing Loss has a whistle blowing policy and all staff have signed this that they have read and understood this. We also have a person centred policy to ensure that the people we support are at the centre of their service.	Compliant

Inspection Findings:	
The inspector examined a number of training records and evaluation records in place. The manager stated that training completed by staff shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. It was identified that three members of staff required updated training in Safeguarding Vulnerable Adults. The two staff who returned their questionnaires rated the effectiveness of their training as good or excellent and stated that they are aware of the whistleblowing policy if they had concerns about poor practice. The registered manager and the staff who participated in the inspection stated that changes to care practices are discussed with the HSC trust care manager and other staff and is reviewed regularly. This was evident in records reviewed by the inspector and the current care plans that were reviewed they HSC trust.	Substantially Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 3: **The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency** • 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	
There are no restrictive practices used that can impact on the people we support, they have full control over their support, and choices to ensure their rights are upheld. SOP is detailed and reflective of the services that we provide. The people we support have a right to decline any and all support from Action On Hearing Loss and can chose a different provider should they wish, this is stated in SOP. The people we support have person centred support plans, these are detailed and in a format that the people we support can understand. No restrictive practices are employed in these services.	Compliant
Inspection Findings:	
As stated in the self- assessment it was identified that the statement of purpose and service users guide includes information explaining the nature and range of service provided by the service. Agency staff who participated in the inspection demonstrated a clear understanding of the principles of supported living. The	Compliant

inspector spoke with one service user who stated that the service users' wishes were respected and they had a right to choose what support they received from the agency. The inspector was informed by the registered manager there were no restrictive practices currently being used within the service. Staff explained the need for a full risk assessment, involving the HSC trust prior to any restrictive practice being implemented. Staff informed the inspector that service users were offered copies of their care and support plans. During discussion with the service user they confirmed they were aware they could have a copy of these plans and also confirmed they could have access to them at any time.	

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 4 **The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.** • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user's needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
No restrictive practices are used in these services, the people we support have full control over their service.	Provider to complete

Inspection Findings:	
The agency has developed a policy on restrictive practice; it reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice. All staff had received MAPA Training to ensure they had the skills to manage challenging behaviour using the least restrictive measure. The agency maintains a policy on challenging behaviour. The agency also maintains A Guide to the Human Rights Act in an easy read format. Agency staff demonstrated to the inspector their knowledge relating to the agency's responsibility to notify RQIA of each occasion restraint is used. A restrictive practice audit was completed by the agency in August 2014.	Compliant

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1 **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** • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency's service user agreement is consistent with the care commissioned by the HSC trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Then people we support will need to use an interpreter to be able to describe the type of support they receive (Irish and British sign language Interpreter) this would need to be booked. My team have embraced the principles of supported living and enable the people we support to make their choices known and respected. Each person using our services is fully involved in planning their support. Each person has a person centred support plan. People are involved in their assessments and are support to take positive risks and to develop strategies to identify and address things that they find challenging. We develop plans with the people we support in a format that they can understand.	Compliant
Inspection Findings:	
The service user agreements were examined and it was noted that they had been signed by the service users and agency staff. The service user could describe the amount and type of care provided by the agency. The agreements detail the charges for care and support; however the care and support hours allocated to each individual was only available for one service user. The service agreements reflect how the assessed needs of the service user are met; as agreed with the HSC trust.	Substantially compliant.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2 **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.** • 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	
Then people we support will need to use an interpreter to be able to describe the type of support they receive (Irish and British sign language Interpreter) this would need to be booked. None of the people we support pay for their own support. Additional hours N/A	Compliant
Inspection Findings:	
As outlined in the self-assessment service users do not make contributions from their personal income towards their care or support. Service users who participated in the inspection outlined their understanding that their care is paid for by the HSC trust.	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3 **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.** • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
No fees are paid by the people we support. Annual reviews take place with the funders/HSE/HSC. Support staff assist the people we support to develop their own person centred review doc'. We can convene a MDT meeting as needed and the people we support can also request this. Support plans are reviewed 3 monthly and Annual reviews take place.	Compliant
Inspection Findings:	
At the request of RQIA the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment service users are review meetings are held annually or as required with HSC trust staff. It was evident from the service users' support plans that agency staff are in regular contact with the HSC trust and that changing needs and risks are discussed regularly.	Compliant

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

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

11.0 Any Other Areas Examined

11.1 Complaints

The agency has had no complaints during the last year, this was verified by the returns sent to RQIA and examination of records held on site.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Emmett Mc Conomy as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

Quality Improvement Plan

Announced Primary Care Inspection

Action on Hearing Loss

11 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager, Emmett Mc Conomy 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	15.(2)(c)	The registered person shall, after consultation with the service user and their representative ensure that a written plan is prepared which shall- (c) specify how these needs are to be met by the provision of prescribed services. This requirement relates to the registered person ensuring that the agency maintains a record for each service user of the hours allocated to them individually for care and support.	Two	This is detailed in support plans, one of the forms wasn't seen on the day of the inspection. This is now back in the support plan.It was removed during review of the support plan and staff have been reminded that this must remain in the support plan.	Two months from the date of inspection; 11 February 2015.
2	23. (1)(5)	(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided (5) The system referred to in paragraph (1) shall provide for consultation with service users representatives. This requirement relates to the need to seek the views of service users' representatives within the monthly quality monitoring report.	One	Sharon Ford seeks the view of the people we support during her monthly visits and any other health care professionals that are in the services during her visit, this will now include their representatives as part of the on-going monitoring of these services. telephone contact details are now located in the RQIA file.	From the date of inspection; 11 December 2014.

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	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	Two	This is currently being address by the staff team and should be completed over the next few weeks.	From the date of inspection: 11 December 2014.
2	8.12	It is recommended that an annual evaluation summarising the findings and action taken in relation to the monthly reporting is completed.	Two	This is now completed and stored in the RQIA file for viewing by the inspector.2015-2016 review will also be in place for the next inspection.	From the date of inspection: 11 December 2014.
3	12.3	The registered manager must ensure mandatory training requirements are met. It is recommended the three staff who has been identified from records receive an update in Safeguarding Vulnerable Adults Training.	One	L and D contacted and 3 staff will be booked on this training.	Two months from the date of inspection; 11 February 2015.
4	4.2	The agreement between the service user and the service provider specifies the terms and conditions of the service provision with reference to relevant policies. It is recommended the service users' guide contain information outlining the procedure for the provision of staff meals when accompanying a service user on outings and in their homes.	One	This is now detailed in the service users agreement.	Two months from the date of inspection; 11 February 2015.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Emmett McConomy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sharon Ford

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	X	Joanne faulkner	17/02/14
Further information requested from provider			