



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Ardkeen Supported Living Project
Agency ID No: 11181
Date of Inspection: 14 January 2015
Inspector's Name: Rhonda Simms
Inspection No: INO20998

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Ardkeen Supported Living Project
Address:	86 Marlborough Park North Belfast BT9 6HL
Telephone Number:	028 90667102
E mail Address:	m.bolton@cedar-foundation.org
Registered Organisation / Registered Provider:	The Cedar Foundation Ms Eileen Marian Thomson
Registered Manager:	Mrs Michelle Bolton (Acting)
Person in Charge of the agency at the time of inspection:	Mrs Michelle Bolton (Acting)
Number of service users:	22
Date and type of previous inspection:	Primary Announced Inspection 20 November 2013 9:30 am – 6:15 pm
Date and time of inspection:	Primary Announced Inspection 7 February 2015 9.15 am – 5.30 pm
Name of inspector:	Rhonda Simms

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	6
Staff	9
Relatives	2
Other Professionals	2

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	25	13

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with one requirement and two recommendations following the primary inspection of Ardkeen Supported Living Project on 20 November 2013 was assessed. The agency has fully met one requirement and fully met the minimum standards with regard to two recommendations.

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

Ardkeen Supported Living Project is a domiciliary care agency supported living type service which is operated by The Cedar Foundation. The service provides care and support to 22 service users located on two sites - one at Marlborough Park, Belfast and the other at Hillmount on Finaghy Road South, Belfast. Service users supported have a degree of physical disability, learning disability, sensory impairment or acquired brain injury. Ardkeen offers support in the areas of personal care, social support and wellbeing, and activities of daily living, based on individuals' assessed needs. The service currently employs a manager, six practice leaders and 36 support staff.

Summary of inspection

The announced inspection was undertaken at the agency's registered office, 86 Marlborough Park, Belfast on 14 January 2015.

During the inspection a range of policies and procedures and other documentation was examined. The inspector met with Deborah Stevenson, Co-Head of Services, Michelle Bolton acting registered manager, nine staff members and six service users. Two service users showed the inspector their own homes, which are decorated and furnished to reflect their personal taste and interests. The inspector spoke with two relatives, and two HSC Trust professionals.

Prior to the inspection, nine staff returned completed questionnaires to RQIA. Staff confirmed that they had received effective training in safeguarding vulnerable adults, human rights, and the supported living model. Staff noted comments which demonstrated their understanding of the supported living model, including promotion of independence, dignity and choice.

'We are providing a person centred service for our tenants, encouraging their independence, respecting their rights and choices.'

'Supported living enables service users to choose where they live, what and who supports them and have the same rights as other people in the community.'

'To provide care and support which enables service users to live as normal and fulfilled life as they can.'

'Work alongside service users to help them live their lives how they choose.'

Staff who participated in the inspection process reported a clear understanding of safeguarding issues, agency policies regarding handling service users' money, and the supported living ethos. The staff reported being equipped with the appropriate knowledge, support and supervision to carry out their roles. The inspector observed staff assisting and interacting with service users in a manner which respected their privacy and dignity throughout the course of the inspection.

In the course of inspection six service users met with the inspector. Two service users showed the inspector their homes and the inspector met and observed other service users in the course of their daily activities during inspection.

Service users who met with the inspector provided positive comments regarding the provision of care and support at Ardkeen Supported Living Project. Service users spoke of enjoying the privacy and space of their own homes, whilst benefitting from the ability to contact staff for assistance at any time.

The service users who showed the inspector their own homes reported having chosen the décor and furnishings for their home, in accordance with their preferences.

‘I love it here’

‘I want to live as independent a life as possible, I am independent here.’

‘I want to live my life to full; I can do my own thing here.’

‘I can speak my mind to staff.’

Relatives who spoke with the inspector provided positive feedback regarding the standard of care their relative received from staff, and the quality of life they experienced at Ardkeen Supported Living Project. Relatives commented favourably on the level of in-depth knowledge the staff had of their relative and the ability of the service to meet complex and changing needs.

‘There is a great level of care, the care is excellent.’

Relative ‘gets their own space and the care they need.’

‘Any concerns I have are listened to.’

‘Anything I ask, I get an answer.’

In the course of the inspection, two HSC Trust professionals spoke with the inspector. The professionals made positive comments regarding the service’s ability to respond to service users’ changing needs and to communicate appropriately. Professionals commented on the person centred ethos of Ardkeen Supported Living Project and the positive feedback received by service users regarding care provided.

The inspector would like to thank the agency staff, service users, relatives and HSC Trust professionals for their participation, co-operation and hospitality throughout the course of the inspection.

Detail of inspection process:

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

The agency has been assessed as achieving a compliance level of ‘compliant’ in relation to Theme 1.

The agency has policies and procedures relating to handling of service users’ money and the provision of financial support. The service user guide examined by the inspector states the terms and conditions of service provision. Service users have an individual financial agreement which incorporates an individual finance plan completed by the Trust. The finance agreement states the individual’s income and outgoings, service received, cost of services, method of payment and the assistance they require.

During inspection the arrangements for receiving and handling service user’s monies were examined. Service users keep money in a safe in their own home, or the agency office safe. The documentation relating to the handling of monies examined by the inspector was clearly recorded. The agency has a range of audit methods including daily balance checks, weekly checks, random checks, and financial audit undertaken on behalf of the agency.

The arrangements and documentation of service users whose financial capacity has been assessed and service users who have appointees was examined. The agency acts as corporate appointee for six service users. The acting registered manager described the process of handling deficits in service users' finances and showed documentation of appropriate liaison with relevant agencies. Service users who took part in the inspection reported satisfaction with the arrangements for unrestricted access to their money and assistance in managing finances.

Staff who participated in the inspection reported a clear understanding of agency procedures with regard to handling service users' monies.

There are no requirements or recommendations in relation to Theme 1.

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

The agency has been assessed as achieving a compliance level of 'substantially compliant' in relation to Theme 2.

A range of care and support plans viewed by the inspector incorporated service users' needs from assessments completed by the HSC Trust. Care and support plans were completed in a person centred manner, contained an implicit consideration of human rights, reflected a range of interventions, and included the involvement of the service user and/ or their representative.

Documentation and feedback from staff, service users, and HSC Trust professionals showed that the agency responds to the changing needs of service users, evaluates care practices, and adapts care and support plans accordingly.

The inspector viewed up to date training records and discussed the system of training and evaluation with the acting registered manager. Staff reported that they had received training to equip them to carry out their roles.

The inspector noted that an explicit consideration of human rights was included in the care and support plans of service users who were experiencing a restrictive practice. A recommendation has been made in relation to explicit consideration of human rights in all care and support plans.

Restrictive practices included in care and support plans were supported by assessment and re-evaluation by HSC Trust professionals. There was evidence of collaborative working with service users with the aim of maximising their choices and control over their lives.

The agency has systems to record and re-evaluate restrictive practices; however restrictive practices were not included in the reports of monthly monitoring viewed by the inspector. There is a requirement regarding this.

There is one recommendation and one requirement in relation to Theme 2.

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

The agency has been assessed as achieving a compliance level of 'compliant' in relation to Theme 3.

Each service user has written agreements signed by themselves and/or their representative detailing the amount and type of care provided by the agency. Service users were able to describe the care provided to them in terms of staff assisting them with particular tasks or always being available to them.

The agency documentation describes how service user agreements are devised. Trust involvement was evident through documentation including review records and correspondence. Each service user and/or their representative signs an individual financial agreement which shows hours provided to them.

The managers verified information that had been submitted to RQIA on request prior to inspection that Trust reviews were held for 16 out of 21 service users. Remaining reviews had not taken place due to staffing issues within the HSC Trust. The inspector received feedback and could see written evidence of HSC Trust involvement in the evaluation of service users' care and support plans.

There are no requirements or recommendations in relation to Theme 3.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

A range of reports of monthly quality monitoring were viewed by the inspector. The views of service users, relatives, staff and professionals were included. The quality monitoring reports examined by the inspector provided a comprehensive overview of quality improvement systems within the agency. The reports of monitoring visits cover all areas included in the RQIA template plus additional areas.

The inspector noted that whilst the agency has a system for the registered manager to record and review restrictive practice, this was not reflected in the reports of monthly monitoring.

The registered person should ensure that the ongoing assessment of restrictive practice is included in the monthly monitoring reports.

Charging Survey

At the request of RQIA, the acting 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 acting registered manager advised that no service users are assessed as lacking financial capacity and the agency acts as appointee for six service users. As discussed in the inspection themes, documentation was examined in relation to these arrangements.

The agency assists 10 service users to manage monies which are stored in a safe in their own home; these arrangements were documented in a signed agreement. Service users were able to describe these arrangements.

Evidence of recording and reconciliation of the income and expenditure of service users for whom the service user acts as agent or appointee was present and examined by the inspector.

There are no charges for personal care assessed by the HSC Trust for any service user. One service user pays charges to the agency for additional needs not assessed by the commissioning Trust; the arrangements for this were documented.

Statement of Purpose

The Statement of Purpose examined provided information as outlined in Regulation 5, Schedule 1 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided regarding the mission statement, values and philosophy of the organization, aims and objectives, nature and range of services provided. The name of the registered person and registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described, including restrictive practices.

Care Reviews

The acting 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 (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).

The information returned to RQIA was discussed during the inspection and it was evident that the HSC Trust are regularly involved in the needs assessment and care planning processes for service users.

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.	14 (b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement refers to the arrangements in place to safeguard service users' finances.</p>	<p>The acting registered manager described measures which the TCF has taken to safeguard service users' finances. All service users now have their own safe situated in their own home. For tenants supported to manage their finances, their safe key is kept in the agency's office safe. There are arrangements regarding designated staff that can access this key. Some service users manage their finances independently or are supported by family.</p> <p>The agency procedure for finance support to tenants was reviewed and updated in May 2014 and seen by the inspector.</p> <p>The inspector viewed a range of financial support plans for service users with various degrees of need for assistance with financial management. These plans were signed by the service user and/or their representative if appropriate, and a representative of the agency. The inspector saw a range of financial risk assessments and evidence of review of financial arrangements with the HSC Trust.</p>	One	Fully met

			<p>Service users who spoke with the inspector expressed satisfaction with the arrangements to safeguard their money.</p> <p>The acting registered manager described and showed evidence of the process appropriately followed by the agency when financial deficit was identified in a service user's records.</p>		
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	8.7	It is recommended that the agency's statement of purpose is reviewed and that it reflects the changes in the agency's management arrangements.	The inspector viewed the statement of purpose which has been updated to reflect changes in the agency's management arrangements.	One	Fully met
2.	1.1	It is recommended that suggestions made regarding improvements, compliments given and issues raised by service users and their carers / representatives regarding the quality of services are listened and responded to.	<p>The acting registered manager described how the agency has improved communication systems to ensure that people contacting the agency receive an appropriate response.</p> <p>The acting registered manager agency described the methods used by the agency to obtain and act on views of service users and their representatives, such as daily access to a manager, tenants' meetings and an annual survey of service users' views. The acting registered manager discussed and showed examples of quality improvement plans which are set up and acted on as a result of feedback.</p>	One	Fully met

			<p>Service users who spoke with the inspector gave feedback that they feel involved in their care and are confident that they can provide feedback to the acting registered manager.</p>		
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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>

<p>Provider's Self-Assessment</p>	
<p>Every service user is given a Service User Guide, and Statement of Purpose on admission, detailing their specific terms and conditions in respect of the service provided by Cedar, i.e. the number of support hours available to them, the amount they are required to pay and the method of payment. Any additional costs paid by the tenant would be included in the service user guide and detailed in the methods of payment section as required. All costs are also recorded in the Trust Care Management Support Plans and Reviews. Service Users are informed in writing of any increases in charges payable to Cedar and notified at least 4 weeks in advance of the increase.</p> <p>All service users have their own individual financial risk assessment (SLS/F030), and a financial agreement plan (SLS/F017) which is stored in their care file. These documents are reviewed and updated annually or sooner to include any changes in tenants circumstances regarding their finances and support required.</p> <p>There any no shared Cost between Cedar and Service User. Tenants do not pay to maintain any communal areas outside of their own apartments. Where arrangements are in place for staff meals this will be stated in financial agreement plan. Records of transactions are maintained and audited regularly. Cedar recently implemented the transition of tenants monies being stored centrally to being stored in tenants own homes to further promote the Supported Living model and promote tenants financial independence. Cedar staff supports some service users with their finances All service users who require assistance have given Cedar staff written consent to undertake these financial transactions. All staff adhere to (LOLSLP004) the procedure for the provision of financial support to tenants and (LOSLSF004) guidelines for Support Workers when handling service Users Money.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The service user guide includes a section on financial arrangements which sets out how the cost of the service is paid and to whom. The arrangements regarding Independent Living Fund and Direct Payments are clearly stated. Additional charges and how these may vary are notified in writing with 28 days notice.</p> <p>On referral each service user has an individual finance plan completed by the HSC Trust which is incorporated into a detailed financial support needs assessment. Financial risk assessments were seen by the inspector. Each service user has an individual agreement which states their income, individual charges paid for services, and the method.</p> <p>The inspector was advised that five service users pay for additional hours outside of the HSC Trust</p>	<p>Compliant</p>

assessment. The inspector saw documentation which recorded that one service user pays for additional hours from TFC and four service users pay for additional hours from other care providers. The acting registered manager discussed how additional hours to the HSC Trust plan are discussed with the Trust and documented in the record of review between the HSC Trust and agency.

The inspector was advised that tenants do not contribute to costs for office space; there are no unused areas in service users' homes which they do not have exclusive possession over. The inspector was advised and observed that staff eat in a separate staff area, and provide their own food for consumption. The agency maintains policy relating to any contribution made by service users when on an outing with staff.

The inspector viewed financial plans and documentation relating to service users for whom the agency acts as corporate appointee. The inspector examined and discussed policy and procedures regarding arrangements for agency staff handling service users' money and the provision of financial support to tenants. The service user guide states that a four week written notice period is provided in respect of changes to charges.

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

Statement 2:

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

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • 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; <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>Cedar is provided with a copy of each service user's HSC Trust Care Plan and annual review by each individual service user's care manager. These documents outline the current care and support commissioned, and any financial arrangements including appointee details.</p> <p>Cedar record all income received on behalf of each tenant, and all other transactions on a tenant's money sheet. This requires two signatures to sign this sheet for each transaction. When the service user is unable to sign a second member of staff will sign. Cedar has written consent by tenants or their family to purchase any items service users require. All service users store their own money and other valuables in their own homes. They can access their money at any time they want and can purchase what they choose to purchase with their money. Some service users have a safe in their homes. Their individual keys are accessed only by authorised staff. Designated staff members reconcile tenants' receipts on all transactions on a weekly basis. A tenant's money is checked at every transaction and also spot checked on a weekly basis and at random intervals throughout each month. All receipts are stored in tenant's safe and then archived. Jeanette McGeown (Deputy Head of Service) is currently appointee for 5 tenants in Ardkeen Supported Living Project in agreement with the Trust. Cedar is currently working with Service User's families and Care Managers to return appointee-ship responsibilities back to the Trust and/ or families. Cedar supports some service users to manage their bank accounts. Written consent has been given by these service users or family / Trust representatives for the designated staff to operate their bank account. All of these arrangements are recorded in Service Users Financial Agreement Plans.</p>	<p>Compliant</p>

<p>Cedar work in partnership with the Trust care managers and other professionals such as the Community Brain Injury team to review any tenants who may be increasingly incapable of managing their money and we also support tenants who may have been assessed as incapable of managing their money in line with the professional's recommendations.</p>	
<p>Inspection Findings:</p>	
<p>The inspector examined records of assessment and reviews with the HSC Trust which evaluate the needs of the service user in relation to financial capability and the appropriate level of support which should be provided. The inspector saw the referral form to be completed by the HSC Trust in relation to the financial needs and assistance required for new service users.</p> <p>The inspector was informed that service users keep money in a locked safe in their home, or the agency office safe, and are assisted to handle money by agency staff in accordance with their financial support plan. The inspector viewed a range of records which detailed transactions in respect of service users. The inspector noted that each transaction is signed by two staff members, or by the service user and one staff member. The managers informed the inspector that two service users choose to sign the book. The inspector noted that records and receipts of transactions undertaken by service users with the assistance of agency staff were maintained and up to date.</p> <p>The acting registered manager discussed the financial checks conducted by the agency. The inspector noted evidence of at least weekly balance checks completed by a practice leader or the administrator. Random finance checks are completed by the administrator and also by the person completing monthly monitoring visits on behalf of the registered person. The monthly monitoring reports viewed by the inspector noted random finance checks of service users' records. The inspector was advised that the organisation conducts an annual internal finance audit, most recently evidenced in July 2014.</p> <p>The inspector was advised that agency staff usually assist service users to purchase items. In the event of staff making regular purchases on behalf of a service user, the service user indicates which goods to buy and the arrangements are agreed with the care manager or the service user's family. The inspector viewed the records of transactions and receipts maintained.</p> <p>The inspector was advised that one staff member on duty is a key holder in order to facilitate service users' access to their money. Agency staff confirmed that service users can access their money at any time. Service users advised the inspector that they can obtain access to their money when they wish.</p>	<p>Compliant</p>

The charging survey completed by the agency in advance of inspection stated that a representative of the agency acts as corporate appointee for six service users. The inspector viewed financial support plans which record the name of the appointee and the arrangements to assist service users; these plans are signed by service users. All correspondence relating to the appointee arrangements is maintained in records seen by the inspector.

The registered manager advised the inspector that the agency does not operate a bank account on behalf of any service user. The managers advised that changes in a service user's financial capacity would be referred to the HSC Trust.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Tenants store their money and valuables in their own homes. Many of the tenants have a safe to store their money and valuables in. Some tenants have requested support in managing their money. In these cases all transactions are recorded and signed by the service user, or two staff. All service users have access to their money and their financial records at any time they request. There are a number of service users who require support with their finances. These tenants have all completed financial agreement plan detailing the required safeguards and support in place.</p> <p>One service user, who has 'Prader -Willi Syndrome' currently has restrictions accessing his money. This is in agreement with his family, care manager and social worker as best interest restrictive practice for him. This is reviewed annually with his family and relevant professionals at his annual Trust review.</p>	Compliant

<p>Financial audits are completed weekly by designated staff and Cedar’s Finance Department internally audit the services financial systems at least annually. The Trust also audited the financial systems in May 14. (This was very successful – currently awaiting Trust report).</p>	
<p>Inspection Findings:</p>	
<p>The inspector viewed policy and procedures which contain controls regarding which staff members have access to safes. The inspector viewed transaction sheets relating to individual service users which recorded receipt and withdrawal of money. These sheets are signed by the service user and a staff member, or two staff members. Each service user has their specific needs in relation to management of money or valuables assessed and recorded in their support plan as examined by the inspector.</p> <p>Staff interviewed in the course of inspection showed an understanding of agency policies and procedures in relation to assisting service users to manage money.</p> <p>All service users have a support plan and financial risk assessments with the aim of increasing financial management skills and awareness. Service users who spoke to the inspector in the course of inspection were able to describe how they manage money, the assistance they have in this area, and their satisfaction with the arrangements. Staff, service users and representatives who took part in the inspection confirmed that service users are not restricted in relation to access to their money.</p> <p>In the case of a service user who has assessed needs in respect of the safety and security of their property, the inspector saw their financial support plan, and evidence of involvement of the service user, their representative and the HSC Trust. The acting registered manager discussed the actions undertaken by the agency when a deficit in service users’ finances was identified, including individual arrangements to safeguard finances and promote service users’ independence. Appropriate documentation relating to financial safeguarding issues was examined by the inspector.</p> <p>The managers described the reconciliation and audit procedures in place which occur daily, weekly, through monthly monitoring, random checks, and yearly internal audit.</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 scheme by a service user, the agency ensures that the above legal documents are in place;	
<ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
Cedar provides a mini bus service to tenants living in Ardkeen. This bus transports each tenant to their daily activities and other appointments etc. Cedar does not charge any tenants for the use of the bus at any time.	Compliant
Inspection Findings:	
The inspector was advised that the agency provides a mini bus for transport of service users, free of charge.	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	
<p>Statement 1:</p> <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. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Each individual tenant’s needs are assessed prior to their admission to Cedar’s Ardkeen Supported Living Service by the registered manager. Individual tenant needs are reviewed by staff with each service user annually or sooner if required using a needs assessment form. Any changes in a tenant’s needs are recorded in the needs assessment. Tenants’ risk assessments are amended and / or updated (LO/F008) and their individual support plan (LO/SLS/F004) is also updated to reflect these changes. Each service user has input into their support plan to ensure it is person centred and reflects their personal support needs, goals and choice in regards to the support that is provided to them. The support plan will also include any best interest practice or interventions used by Cedar staff as agreed with trust and other professionals. This may include a range of support provided including other providers, or services. Each support plan is then signed by the service user and a member of staff. Cedar also works in partnership with care managers to ensure we are providing the correct support as agreed with the Trust and this is reflected in each tenant’s support plan.</p> <p>Every service user has a key worker who is a permanent member of staff. Support staff, in conjunction the service user, review the service user’s goals as outlined on their support plan on a quarterly basis and record their outcomes on an evaluation sheet (LO/F009).</p>	Compliant

Inspection Findings:	
<p>The inspector viewed a range of person centred support plans which identified the service users' current needs and interventions required to meet need. Care and support plans and risk assessments reflected input of the HSC Trust, and contained the views of service users and/or their representatives. The inspector viewed correspondence and assessments from HSC Trust professionals which were incorporated into care plans. Care and support plans were signed by service users and/or their representatives. During the course of inspection service users confirmed to the inspector that they were involved in support plans. Staff interviewed during inspection described working collaboratively with service users' representatives.</p> <p>The inspector discussed and viewed evaluations completed as quarterly and annual reviews of the service users' needs and interventions. Up to date daily records and a range of other records kept in respect of service users were viewed. Staff who took part in the inspection described a process of updating care and support plans as the service user's needs change.</p> <p>Human rights are implicit throughout support records. Where service users experience a restriction, a full consideration of the human rights implications was evident in the support plan. A recommendation has been made in relation to explicit consideration of human rights in service users' support plans.</p>	<p>Substantially compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Cedar develops a training and development plan for all staff each year. This outlines all mandatory training and service specific training as required to increase a staff member’s knowledge and competency in their role. All records are available for inspection purposes. Cedar also supports and evaluates staff performance through quarterly supervision with their supervisor / manager. This also allows opportunity for care practice to be reviewed and staff to be given further guidance when needed. Staff members are required to complete evaluation forms on the training they attend and this feedback is used to amend training as required to meet the needs of staff. Cedar has introduced competency assessments for Practice Leaders and medication competency assessments of staff. All staff has attended Human Rights training and specifically Restrictive Practice training on 25th March 2014. All have a good understanding on the restrictive practices in place for ‘our service users, and the implications of these practices on our service users’ human rights. Support staff also understand the importance for these practices to be monitored and reviewed regularly. Cedar reviewed and updated its Guidance document on “Reducing Restrictive Practice and promoting Positive interventions (LO/G010) in 2013 and all staff have read this updated policy. The manager has also printed off the RQIA restrictive practice in supported Living type domiciliary care agencies.</p>	Complaint

<p>Cedar has a procedure for listening and responding to the views of service users (LO/P009) and review of support plan (LO/P008). Cedar reviews the needs and goals on a quarterly basis with our service users, however staff have a good knowledge of each service user and report any changes in their needs or concerns they have in relation to their care practices with a service user. Cedar staff is involved in Trust reviews and other multidisciplinary team meetings to ensure that a high standard of care is delivered. All staff members are aware of Cedar’s Whistleblowing Policy TCF/G020 and are positively encouraged to use this policy to raise concern about poor practice. Staff has received training in Safeguarding Vulnerable Adults, and are aware of Cedar’s Practical Guide TCF/G042. Staff and service users, families etc. are aware of Cedar’s ‘How to Complain Factsheet’ (see fact sheet TCF/G043.)</p>	
<p>Inspection Findings:</p>	
<p>The inspector viewed the agency’s training records and discussed the training system with the acting registered manager. The acting registered manager discussed a tracking system to ensure staff receive and attend training when required. Where staff have missed training for any reason, the registered manager showed evidence of how she identifies this and makes interim arrangements such as reading or eLearning, until a further training session can be planned. The inspector noted that staff have received both mandatory training and a range of training identified by the agency to enable them to meet service users’ needs. During the inspection, staff confirmed that they feel equipped with the appropriate training and skills to meet service users’ needs. Staff provided feedback that the agency has responded to additional training needs identified by them.</p> <p>The acting registered manager discussed a range of methods to evaluate the effectiveness of training through observation by practice leaders and the acting registered manager on a daily basis, quarterly supervision, competency assessments, work plans and annual appraisals.</p> <p>The acting registered manager discussed the use of staff from an employment agency and showed the inspector policy and documentation relating to agency staff. The acting registered manager advised the inspector that TCF uses Trackars employment agency, which is registered to supply domiciliary care staff. Agency staff spend one day receiving an onsite induction which includes familiarisation with policy and procedures, health and safety, and receiving information relating to service users. The inspector was advised that agency staff are paired with a permanent member of staff on shift for a further unspecified period of time thereafter. The acting registered manager advised that employment agency staff may carry out specified non personal care tasks as lone workers after a period when their skills are assessed as satisfactory.</p>	<p>Compliant</p>

On discussion with support staff, practice leaders and management staff it was evident that staff can identify practices that could be considered restrictive and identify human rights issues. The inspection noted that staff have participated in human rights training since the last inspection.

The inspector examined documentation recording reviews of the impact of care practices. The inspector was advised that internal reviews take place quarterly, annually or when a person's needs change. Reviews with the HSC Trust take place on an annual basis or as required. HSC Trust professionals and relatives provided feedback that staff communicate appropriate information when required.

Policy and procedural guidance is accessible by all staff in a manual folder and on the intranet.

On discussion with staff in varying roles it was evident that staff are aware of their obligations in relation to raising concerns about poor practice and how to carry this out. Staff who took part in the inspection knew how to use the whistleblowing policy and how to report safeguarding concerns.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All Service users live in their own homes. There is a communal area for service users to enjoy if they wish. All service users, family and other professionals are made aware of any care practices that may be considered restrictive or have an impact on a service users control, choice and independence. For example Cedar has a key pad code for entry and exit from the foyer of Ardkeen to the front door. This is an agreed restrictive practice measure for a specific tenant as agreed with the Community Brain Injury Team, however this measure may be considered as restrictive to other service users who cannot physically press the key code pad. This measure has also been formally discussed with all current service users and all service users have a written statement to confirm they do not feel this restricts their choice or control over their life. Ardkeen’s Statement of Purpose and Service User Guide clearly outlines the service Cedar provides and any restrictive interventions that may have an impact on service users.</p> <p>All service users have the right to decline any aspect of their care provision; they are aware of this right and exercise this right when they choose.</p>	Compliant

Inspection Findings:	
<p>The service user guide and statement of purpose make reference to the nature and range of service provision, including information relating to practices which are restrictive or impact on the service users' control, choice or independence in their own home.</p> <p>The inspector was advised that service users have a copy of their care plan and receive information regarding potential sources of external support and advocacy services. The inspector viewed the 'How I Prefer to Live My Life' document which reflects the service user's choices and wishes. Service user feedback in the course of inspection confirmed that they are aware that aspects of care provision are flexible and can be declined.</p> <p>The inspector examined a range of care and support plans and risk assessments which included any practices which could be restrictive or impact on the service users' control, choice and independence within their own home. These plans were written in a person centred manner and were signed by service users and/or their representative.</p> <p>The acting registered manager discussed a care practice in relation to a service user which could be restrictive to other service users. This practice was considered in the care and support plans of all service users and alternative plans put in place to ensure that no other service user was restricted. The inspector noted the involvement of other service users in this process.</p> <p>Service users who took part in the inspection knew that they could decline care practices. The acting registered manager showed documentation of collaborative working with the HSC Trust and a service user who declined a care practice, in an attempt to make a more suitable arrangement for them.</p>	

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>All care practices that are considered restrictive in nature are agreed with the service user and relevant health professionals, such as the Community Brain Injury Team. They are clearly identified and recorded in the each individual care plan, in the services weekly operational reports and Monthly Monitoring Visits. These restrictive practices are justified as proportionate and least restrictive to our service users. They are all compliant in accordance DHSSPS (2010) Circular HSC/MHDP – MHU 1/10.</p>	<p>Compliant</p>

<p>All restrictive practice measures are recorded and include the purpose of this restrictive practice. The practices are monitored and reviewed with the service user and with the relevant professionals by the registered manager as required or minimally annually at trust care reviews. Cedar staff do not use any form of restraint in this supported living service.</p>	
<p>Inspection Findings:</p>	
<p>The acting register manager showed evidence of assessment of needs and documentation of risk with the involvement of the HSC Trust when restrictive practice was noted in care and support plans. HSC Trust professionals were aware of restrictive practices and the reasons why these had been implemented.</p> <p>The inspector discussed restrictive practices with the acting registered manager and support staff which were justified and proportionate. Agency staff were able to provide examples of the implementation of least restrictive options, such as working in collaboration with a service user to provide limited access to their property, and gaining service users' consent for the use of safety equipment such as wheelchair belts, safety rails.</p> <p>The inspector noted a process of re-evaluation and review with the HSC Trust in relation to a service user who has limited access to their property and whose privacy is impinged by restrictions on their movement outside of their property.</p> <p>The acting registered manager described the agency's methods of recording and evaluating restrictive practices: six monthly internal reviews, weekly report to the head of service, the agency is currently undertaking a review of all restrictive practice. The inspector noted that restrictive practices were not included in the monthly reports of quality monitoring; there is a requirement regarding this.</p>	<p>Substantially compliant</p>

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	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>All service users and their representatives have a clear understanding of the amount and type of care they are provided with by Cedar staff. This is detailed in the Service User Guide. The service user guide is available in a number of formats, i.e. an audio version, braille, large print and staff can read the service user guide to service users and representatives as needed. Each Service User’s Guide contains the exact breakdown of the amount of care provided to them and the costing breakdown. Cedar’s Statement of Purpose and Service User Guide, and financial agreement plan clearly outlines the type of service and support a service user can expect to receive. Cedar’s Service User Guides and all of its policies and procedures are reviewed annually or sooner if necessary as part of the ISO quality management system to ensure that the information is up to date and reflective of the service provided by Cedar, this also ensures that the Service User Guide is consistent with the care commissioned by the HSC Trust.</p>	Compliant
Inspection Findings:	
<p>Service users who participated in the inspection knew that staff provide the care they need and had an understanding that staff were available to them when required. Staff who participated in the inspection were confident that they understood the amount and type of care provided to service users, as stated in the service user’s care plan.</p>	Compliant

The inspector viewed the agency's policies relating to responding to the needs of service users and noted that the Statement of Purpose and service user guide describe how care and support plans are devised. The inspector saw service user agreements and received feedback from Trust professionals which showed that care plans were consistent with care commissioned by the HSC Trust. Care and support plans seen by the inspector reflected the needs and preferences of service users and how these should be met.

The acting registered manager advised the inspector that care plans are discussed with service users; feedback from agency staff confirmed this.

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
<p>Provider's Self-Assessment</p> <p>Each service user has a Service User Guide and a financial agreement plan which will detail the care hours funded by the HSCT. Service users and or their representatives will sign and date this. Registered manager will liaise with Service Users and or their representatives to review, update and or change their allocation of hours, or any additional hours as required.</p>	Compliant
<p>Inspection Findings:</p> <p>Representatives and service users sign an individual financial agreement plan which shows the hours provided. On interview with the inspector, service users were aware of when staff would see them and how staff help them. The service users who spoke to the inspector had an understanding that staff were always available to them.</p> <p>Trust representatives are present at reviews where hours and services commissioned are discussed and sign the review record.</p>	Compliant

The service user guide states how to terminate any additional hours service users are paying for out of their own income. There is no link between tenancy and care and support needs.	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<p>All service users have an annual care review completed by a Trust Care Manager with the service user, their representatives, Cedar and other professionals in attendance as required, (see evidence of minutes of such reviews). This reviews the service user’s current provision, their care plan and any changes in need, and support that may or may no longer be required. The care plan is amended and updated to reflect any changes in need, preferences etc. and signed and dated by service users and or their representatives. Care plans are evaluated quarterly by service users and support staff.</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 (ECCU) 1/2010 “Care Management, provision of services and charging guidance”). The acting registered manager confirmed that 16 out of 21 reviews took place in the survey period. The acting registered manager stated that the HSC Trust has advised that remaining reviews cannot be arranged due to staff issues in the Trust.</p>	Compliant

<p>The Trust has arrangements in place to conduct any necessary reviews.</p> <p>Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

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

Any other areas examined

Complaints

The inspector reviewed records of 20 complaints received from 1 January 2013 – 31 December 2013. All complaints were resolved satisfactorily and locally.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Michelle Bolton, acting registered manager**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Inspection

Ardkeen

14 January 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with **Michelle Bolton, acting registered manager**, either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	23 (2) (a) (b)	<p>At the request of the Regulation and Quality Improvement Authority; the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none">(a) Arranges the provision of good quality services for service users;(b) Takes the views of service users and their representatives into account in deciding-<ul style="list-style-type: none">(i) What services to offer them, and(ii) The manner in which such services are to be provided <p>The registered person should ensure that the ongoing assessment of restrictive practice is included in the monthly monitoring reports</p>	One	xThe ongoing assessment of Restrictive Practice is now included in monthly monitoring reports. Commenced February 2015	14 April 2015

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	1.1	<p>It is recommended that the registered manager reviews service users' care records to ensure that human rights considerations are explicitly reflected for each individual.</p> <p>The care and support plans of all service users, including those who are not subject to restrictive practices, should contain an explicit consideration of human rights.</p>	One	The Registered Manager has completed a 'consideration for Human Rights' form for every tenant and stored this document in the individual care files. This will be reviewed regularly and updated as required.	14 January 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	Michelle Bolton
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Eileen Thomson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Rhonda Simms	24/02/2015
Further information requested from provider			