

Primary Announced Care Inspection

Name of Agency:	The Beeches Small Group Home
RQIA Number:	11186
Date of Inspection:	16 December 2014
Inspector's Name:	Joanne Faulkner
Inspection ID:	20499

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:	The Beeches Small Group Home
Address:	44 Lisburn Road Ballynahinch BT24 8TT
Telephone Number:	02897561800
Email Address:	roisin@thebeechesltd.com
Registered Organisation / Registered Provider:	James Brian Wilson The Beeches Professional & Therapeutic Services Ltd
Registered Manager:	Lianne Currie
Person in Charge of the Agency at the Time of Inspection:	Lianne Currie
Number of Service Users:	Three
Date and Type of Previous Inspection:	24 March 2014 Announced Primary Care Inspection
Date and Time of Inspection:	16 December 2014 09:30-16:00
Name of Inspector:	Joanne Faulkner

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

Announced Primary Care Inspection – The Beeches Small Group Home – 16 December 2014

- 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	3
Staff	2
Relatives	2
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	4	3

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 inspector reviewed the quality improvement plan issued following the previous inspection; two requirements and one recommendation have been assessed as being fully met.

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

The Beeches Small Group Home, situated in Ballynahinch, is a supported living type domiciliary care agency providing support to three adults with a learning disability. Tenants live in a small home which is part of The Beeches Professional and Therapeutic Services Ltd.

The agency offers domiciliary care and housing support to three service users with a learning disability.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good independence. Referrals are made by the HSC trust mental health services.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

8.0 Summary of Inspection

The announced inspection was undertaken on 16 December 2014 at the registered office, located within the service. The inspector was supported throughout the inspection by the registered manager, Lianne Currie.

During the inspection the inspector had the opportunity to meet with three service users and two staff; the inspector spoke to the relatives of two service users.

The inspector viewed the care records for the three service users which outlined the care and support provided by the agency. Staff who met with the inspector stated that service users are provided with the necessary support to live as independently as possible.

Prior to the inspection three staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to two members of staff on duty during the inspection and has incorporated their comments within this report.

8.1 Staff Comments

"Training is good"

"I feel supported"

"Very happy working here, beautiful place to work in"

"Service users are supported to live as independent as possible"

"Service users can access all areas of their home at all times"

"I get supervision and appraisal"

"Service users choose what they want to do and where they want to go"

The returned questionnaires indicated the following:

- Three staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Staff have received Human Rights training
- Staff have received training on handling service users' monies
- Service users have in place individual service agreements

Announced Primary Care Inspection – The Beeches Small Group Home – 16 December 2014

- Staff are aware of the whistleblowing policy

Records viewed by the inspector support the above statements. Discussions with staff, service users and their representatives at the time of inspection identified their involvement in the development of individual care and support plans and in the review process with the HSC trust.

8.2 Service Users' Comments

During the inspection, the inspector met with the three service users who live in the house; they described the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans and in review meetings involving the HSC trust.

Service users could describe charges paid to the agency for services received. The service users informed the inspector that their views and wishes were respected.

Comments

- "It is brilliant"
- "I love living here"
- "We go shopping on Fridays and we choose what we want"
- "I spend my money on what I want"
- "I know my keyworker"
- "Staff help us to cook"
- "I keep my bank card in my room with my money"
- "I go to Aghalee to the daycentre"
- "We go to the cinema, bowling and Eden church group"
- "Staff are good, they help us"
- "Staff give me my tablets"
- "Social worker comes to see me"
- "My family visit; I go out with them"

8.3 Service User Representative

The inspector spoke to the relatives of two service users who stated that their relatives are supported to live as independently as possible; they stated that they are invited to review meetings and kept informed of any changes.

Comments

- "Place is excellent"
- "Staff are very approachable and informative"
- "I feel like I am calling at my brother's house; like a family atmosphere"
- "Nice atmosphere, staff are wonderful"
- "My relative is safer living here"
- "No concerns at all"
- "Staff respect his rights and choices"

The inspector would like to thank the service users, their representatives, the registered manager and staff for their support and co-operation during the inspection process.

8.4 Detail of Inspection Process:

8.4.1 Theme 1: Service users' finances and property are appropriately managed and safeguarded

It was the inspector's assessment that the agency is "moving towards compliance" in this theme.

The agency has in place the following documentation for each service user:

- Service user guide/support agreements
- Financial care and support plans

The records viewed outline any charges in respect of service provision including the terms and conditions and methods of payment.

Records viewed indicated that service users do not pay additional charges for care provided by the agency; the relevant HSC trust commissions the care provided by the agency to individual service users.

Service users pay a weekly agreed amount for food service users are supported to devise a menu plan and shop for food; any excess funds are refunded to service users monthly. Service users described to the inspector the process for cancelling any services no longer required from the agency. The inspector noted that the service user agreement did not contain adequate detail in relation to arrangements in place for charges for service users food. A recommendation has been made.

The agency pays the cost of all food consumed by staff whilst on duty in a service user's home; the agency has a policy relating to staff meals it was identified that the policy did not detail arrangements for staff accessing food whilst supporting service users to go on outings. A requirement has been made.

The agency provides each service user with the agreed support required to manage their finances; this is clearly recorded in the service users' individual care and support plans. Service users are supported to manage their money and can access their money at all times; the agency maintains a record of all monies or valuables held on behalf of service users. Individual ledgers are maintained; they clearly record all transactions and are maintained in accordance with the agency's finance policy.

Service users have a locked facility in their individual rooms to store valuables and monies; the agency provides them with a key and the required support.

Records are maintained for monies held on behalf of service users and were available for the inspector to view; it was identified by the inspector that the agency does not have in place a list of staff signatures. A requirement has been made.

The agency provides a transport service; service users can opt in or out of this service. The service user support agreement details related charges for transport; however it was noted that it did not contain adequate detail relating to billing arrangements. A recommendation has been made.

The inspector viewed the agency's finance and transport policies.

Two requirements and two recommendations have been made in relation to this theme.

8.4.2 Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "compliant" in this theme.

Prior to admission the agency receives a range of multi professional assessments from the referring HSC trust; these assist staff in developing individual care and support plans in conjunction with each service user.

Records viewed by the inspector contained a range of assessments provided to the agency by the referring HSC trust and care and support plans. Service users and their representatives stated that they are involved in developing their individual care and support plans; it was noted that care and support plans are signed by service users. Agency staff record daily the care and support provided to each service user.

Records viewed by the inspector reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are recorded within their care and support plans; it was identified that these are reviewed three monthly or as required.

Regular monitoring of care practices occurs to ensure that any practice deemed as restrictive is identified. All service users have a restrictive practice assessment completed by the agency and service user support plans detail agreed restrictions. Service users have full access to all areas of their home at any time and are provided with a key.

Records viewed indicate that two service users presently in receipt of services from the agency have received an annual review involving their commissioning HSC trust representative in the previous year; a copy of the review documentation is retained by the agency. The manager provided documentation detailing the date of the one outstanding service user review.

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, restrictive practice, and medication. Staff informed the inspector that they receive individual supervision three monthly and monthly group supervision; they stated that they receive annual appraisal.

The agency maintains a record of staff training; this was viewed by the inspector.

The inspector viewed the agency's service user guide and statement of purpose; they outline the nature and range of services provided and make appropriate reference to restrictive practice.

Staff could describe practices which could be deemed as restrictive and were aware of the agency's whistleblowing policy.

8.4.3 Theme 3: Each service user has a written individual service agreement provided by the Agency

It was the inspector's assessment that the agency is "moving towards compliance" in this theme.

Service users have in place individual service user agreements and care and support plans; they detail the amount and type of care provided by the agency to each individual service user. Care and support plans are updated three monthly; however it was identified that service user support agreements had not been updated annually. A recommendation has been made.

The agency has in place referral information provided by the relevant referring HSC trust prior to admission.

Service users could describe the amount and types of care provided by the agency and were aware of charges for services provided by the agency. All service users are in receipt of care services funded by the HSC trust.

The registered manager and staff could clearly describe the amount and type of care provided to individual service users.

From documentation viewed and discussion with service users, the inspector noted that care and support plans are reviewed three monthly or as required in conjunction with the service user, their representative and their allocated keyworker within the service.

Service users and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views; service users stated that a review is completed annually involving their HSC trust representative.

A copy of the review documentation is retained by the agency. It was noted that the one service user had not received a review within the previous year; the agency provided documentation confirming that a review was planned.

The service user guide and support agreement outlines the process for service users wishing to opt in/out or cancel services.

One recommendation has been made in relation to this theme.

8.5 Additional Matters Examined

8.5.1 Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the registered manager informed the inspector that the relevant HSC trust commissions the care provided by the agency to the service users; the manager stated that no service users are paying additional charges for care. Service users have in place financial support plans which detail the amount of support required to be provided by the agency to enable them to manage their monies.

8.5.2 Statement of Purpose:

The agency's statement of purpose was read by the inspector; it outlined the nature and range of services provided by the agency at the time of inspection.

8.5.3 Annual Review of Service Users' Needs by HSC Trusts:

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").

Records viewed by the inspector identify that two services users have received an annual review involving the HSC trust; the manager stated that the outstanding review for one service user is planned for January 2015. Service users informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views and wishes. The inspector identified that review documentation had been signed by attendees.

8.5.4 Monthly Quality Monitoring Visits by the Registered Provider

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by the company Director. From the documentation viewed, the views of service users, their families and professionals had been recorded. The documentation contains detail of any incidents or safeguarding concerns and contains an action plan.

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.	Regulation (15) (6) (d)	The registered manager must ensure that all service users have an individual Financial Agreement in place agreed and signed by the service user and/ or their representative. The agreement should include details of any assistance with financial transactions, contributions to and terms of contributions to household bills and how individual monies may be spent.	<p>The inspector viewed two individual financial support plans; they detail the support required by service users to manage their monies.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.
2.	Regulation 14 (b) (d)	<p>The registered person must ensure that service users and their property are safeguarded against abuse or neglect.</p> <p>This requirement refers to the historic practice of staff eating food purchased by service users. Measures to reimburse tenants must be agreed by RQIA.</p>	<p>The registered manager stated that this practice has ceased and that service users have received reimbursement. Details of reimbursements were forwarded to RQIA.</p> <p>The agency presently pay for all food consumed by staff whilst on duty in the service users home.</p> <p>The service user guide details arrangements for staff accessing food whilst on duty.</p> <p>This requirement has been assessed as being fully met.</p>	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.	1.3 1.4	<p>It is recommended that the registered manager communicates with service users to explain that moving to The Beeches Residential Home for short periods of the day will only occur in an emergency situation to ensure their safety; unless it is their choice to visit the service.</p> <p>This recommendation refers to comments made by a service user recorded in tenants meeting minutes.</p>	<p>The service user guide details that this practice will only occur in an emergency situation; it was viewed by the inspector.</p> <p>Service users were aware of the arrangement.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	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	
<p>The service provides a Service User Guide, Support Agreement detailing the specific terms and conditions of the support provided; a Tenancy Agreement detailing the specific terms and conditions of their accommodation. The service also has policies in place for the management of service user finances and staff meals/apportionment of costs and these have been shared with the commissioning HSC Trust.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are charged for personal care provided by the agency; the HSC trust commissions the care provided to each service user on an individual basis.</p> <p>The inspector viewed the service user support agreements for two service users and noted that service users are not paying additional charges for personal care; the agreement details that care provided is funded by the HSC trust.</p> <p>From the records viewed, service users have in place a service user support agreement which detail services provided and any related charges; they are signed by the service users. Service users' representatives could describe the process for cancelling any services provided by the agency.</p> <p>The service users informed the inspector that they pay an agreed amount per week for food and utility bills are shared equally; service users are encouraged to participate in the preparation of food with the support of staff, dependant on their ability; this was reflected in the individual care and support plans viewed by the inspector. Service users who met with the inspector stated that they choose the food that they want and can access the kitchen at any time and are provided with the necessary support to prepare food. The manager stated that excess food monies are refunded to service users monthly. It was noted that the service user support agreement did not contain adequate detail relating to service user costs relating to food. A recommendation has been made.</p> <p>The manager stated that cost of food consumed by staff whilst on duty in the service users' homes is paid by the agency; this was confirmed by staff who spoke to the inspector. The service user guide details</p>	Moving towards compliance

arrangements in place relating to staff meals; it was viewed by the inspector. The inspector viewed the agency's policy in relation to staff meals; it was noted that it did not detail the arrangements for staff accessing food whilst accompanying a service user on an outing. A requirement has been made.

The agency's finance policy; outlines the procedures for staff involved in supporting service users to manage their money.

The service user guide and agreement records the process for service users in relation to cancellation of services for which they are charged.

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

<p>as nominated appointee;</p> <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>	
Provider's Self-Assessment	
<p>The service has established procedures for the management of service users money and supports each service user to manage their finances independently based on their individually assessed need. These procedures are based on the principles of transparency, choice and consent and comply with the required standards. Each service user has a personal bank account and is supported to manage their own finances based on their assessed needs. Procedures for each service user have been discussed with the HSC Trust and the service user's representative</p>	Compliant
Inspection Findings:	
<p>The agency has in place service user support agreements and care and support plans detailing the support required by individual service users to manage their monies. The inspector viewed the documentation for three service users and noted they detailed the support required by service users to manage their finances.</p> <p>The agency retains details in individual service users care records of their appointee and financial capacity assessments; service users are supported to manage their monies as previously agreed.</p> <p>The manager stated that all service users have a bank account and are provided with the agreed support to access their monies. The agency acts as appointee for three service users and retains appropriate documentation.</p>	Compliant

<p>Service users and their representatives who met with the inspector stated that they have been involved in discussions and agreements in place in relation to their monies. Service users informed the inspector that they can access their money at any time and choose how to spend their money; they described to the inspector the process of safely storing their monies in their individual rooms.</p> <p>The agency has in place a finance policy which details the procedure for staff handling service users' monies; this was viewed by the inspector.</p> <p>The manager could describe the procedure for referral of a service user for a capacity assessment.</p>	
--	--

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	
The service provides a safe within its facilities and has strict procedures controlling access. We maintain detailed records of transactions of all service user monies and valuables and these are checked regularly in compliance with the required standard.	Compliant
Inspection Findings:	
The manager stated that service users have a safe facility within their individual rooms and are provided with a key. Staff stated that service users are encouraged to keep their valuables safe and provided with the required support to manage their monies. Individual financial support plans detail the support required by	Substantially compliant

service users to manage their money.
The agency has in place a finance policy; this was viewed by the inspector; it details the procedures for staff handling service users' monies.

The manager stated that service users keep their own money and can access it at any time.

The agency retains shared food monies; staff informed the inspector that a reconciliation of monies held by the agency is completed weekly by two staff members, and could describe the necessary steps if a discrepancy was identified. The inspector viewed the ledger for monies held and noted that it records all transactions and available balance and that staff signed for all transactions. The inspector noted that the agency does not maintain a list of staff signatures. A requirement has been made.

Service users informed the inspector that they can access their monies at any time.

Staff informed the inspector that they had received finance training during induction.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 4:</p> <p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • 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

<ul style="list-style-type: none"> • 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	
<p>The service operates its own vehicles and a transport scheme is available for service users to use if they wish. The scheme complies with the required standard and we have a detailed policy governing its operation.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed this theme with the registered manager, who stated that the agency provide a transport scheme for service users and that service users choose to opt in or out of the service; staff informed the inspector that service users are supported to use public transport if required and given the necessary support to access appropriate benefits.</p> <p>Service users informed the inspector that they have chosen to avail of the transport service and have been informed of charges. The service user support agreement details related charges for transport; however it was noted the it did not contain adequate detail on how billing arrangements. A recommendation has been made.</p> <p>The registered manager stated that staff are occasionally required to use their personal vehicle for business use; the agency requires that staff submit the necessary documentation on an annual basis; staff submit mileage claims and are reimbursed by the agency.</p> <p>The agency maintains a record of any journeys undertaken by service users; this was viewed by the inspector; it records all journeys taken and the purpose of each journey. The manager stated that service users are not charged for journeys made in staff cars. The agency's transport policy was viewed by the inspector.</p>	Substantially 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
	Moving towards compliance

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
Provider's Self-Assessment	
Each service user has a detailed support plan based on a comprehensive assessment of their needs. The service consults with the service user, their representative and the HSC Trust to ensure the plan reflects a broad range of views. Support plans are "living" documents that reflect the current needs of the service user and are regularly updated and revised as the service user makes progress and as new challenges and issues arise. Support plans directly reference ECHR articles and staff have been trained in the application/relevance of human rights legislation to service delivery in health and social care services.	Compliant
Inspection Findings:	
<p>The inspector discussed the theme with the registered manager and viewed the agency's care records for the three service users; it was identified that prior to admission the agency receive a range of multi-disciplinary assessments from the referring HSC Trust; they outline the assessed needs of service users and highlight identified risks. The manager stated that the area manager will assess service user to complete an assessment.</p> <p>Prospective tenants are encouraged to visit the home and meet the current tenants.</p>	Compliant

<p>Care plans viewed described a range of interventions and reference was made to the consideration of the individual service user's human rights; it was noted that the agency's provides care and support plans in an easy read form to assist service users in understanding the content.</p> <p>Service users who met with the inspector stated that they are involved in developing their care and support plans and that their views respected. The manager stated that care and support plans are live documents and reviewed three monthly or as required; it was observed that care plans were signed by the service users. Staff stated that they complete a daily record for each service user, detailing the care and support provided; this was viewed by the inspector.</p> <p>Service users could identify their individual keyworker in the service; they informed the inspector that they meet regularly with their keyworker to discuss their care and support needs.</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	
All staff receive induction and orientation prior to commencing employment and must complete a 6 month induction period during which they will receive their mandatory training and must demonstrate/evidence their understanding and competence in the performance of their duties. The service has policies and procedures for staff development and training, supervision and appraisal, the management of challenging behaviour (service users), annual reviews and whistleblowing.	Compliant
Inspection Findings:	
The agency maintains staff training records; these were viewed by the inspector. From those viewed it was identified that staff have received training in human rights, child protection, safeguarding of vulnerable adults,	Compliant

manual handling, managing monies and medication management.

Staff stated that they had received induction at the commencement of their employment and further training during the first six months of employment. The manager stated that staff complete an induction within the service users' home in the first three days of employment. Staff stated that they receive individual supervision three monthly and monthly group supervision; they stated that they are encouraged to identify any training needs they may have. The inspector viewed the agency's induction policy.

Staff informed the inspector that they have an annual appraisal; they informed the inspector that they felt competent carry out the requirements of their role, and feel supported by the manager.

Staff could describe the process for highlighting any changes to service users' needs and could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Each service user has an individual restrictive practices assessment that seeks to identify any issues that may potentially impact on a service user's choice, control and independence. Identified risks are detailed in the support plan and discussed with the service user, their representative and with the HSC Trust. The Statement of Purpose and Service User Guide highlights the potential for restrictive interventions or practices occurring in the service.</p>	Compliant
Inspection Findings:	
<p>The inspector viewed the agency's service user guide and statement of purpose; they outline the nature and range of services provided and the rights for service users to choose what services they require from the</p>	Compliant

agency; they make reference to restrictive practices.

Service users stated that they are involved in the development of their individual care and support plans and are provided with a copy and are encouraged by staff to make their own decisions.

Service users informed the inspector that they can opt out of any service they do not wish to avail of; they stated that there were no restrictive practices in place within the home; they stated that they had keys to the house and their individual rooms; can access all areas of their home at any time and could leave the house when they choose.

The registered manager discussed with the inspector practices which could be deemed restrictive; the agency has in place a restrictive practice assessment for each service user that has been completed in conjunction with the relevant HSC trust representative.

The manager discussed the practice of medication being secured in a locked cupboard; it was noted the care and support plans contained details of agreed restrictions which had been compiled in conjunction with individual service users and their representatives.

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

Restraint and seclusion are not used within the service.	
Inspection Findings:	
<p>The inspector discussed this theme with the manager and staff who stated that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified.</p> <p>Staff could describe practices which could be deemed as restrictive; they stated that each service user has an individual assessment relating to restrictive practice and that any agreed restrictions are recorded within individual care and support plans. The manager described the process for engaging with service users' representatives in relation to any practices that many be deemed as restrictive.</p> <p>Service users who met with the inspector stated that they have a key for their home and can come and go as they choose.</p> <p>From the training records viewed and discussion with staff it was noted that staff have received training in human rights and protection of vulnerable adults.</p>	Compliant

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

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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 are provided with a Support Agreement detailing the amount and type of care/support provide by the service. This agreement is explained to the service user and/or their representative.</p> <p>The service has policies on assessment, support planning and review; and the support plans are produced in a format accessible to the service user.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed the theme with the manager who stated that the relevant HSC trust commission the care provided to by the agency to individual service users.</p> <p>The inspector viewed three individual service user agreements and care plans; they detail the amount and type of care provided to the service user by the agency. Service users who met with the inspector described the care provided by the agency and were aware that care was funded by the HSC trust. Service users stated that they are involved in the development of their individual care and support plans.</p>	Compliant

Staff could describe the amount and type of care provided to individual service users; they described a range of practices which were individualised to the needs of the service users. Staff demonstrated their awareness of the need to ensure that service users and their representatives were consulted in relation to aspects of their care and support and the importance of service users' choice and human rights.

From documentation viewed and discussion with service users the inspector noted that care plans are developed in conjunction with the commissioning trust and are reviewed at three monthly or as required.

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. <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users are supported to manage their finances based on their assessed needs. Service users are informed how much the services they receive cost, how they are paid and who is responsible for paying for them.</p> <p>Service users do not pay for accommodation or support services from their own income all services are funded via statutory agencies i.e. HSC Trust or NIHE Housing Benefit and the Supporting People fund.</p>	Compliant

Inspection Findings:	
<p>The agency has in place individual service user support agreements; the inspector viewed two agreements; it was noted that they detail charges made to the service user by the agency; however the inspector suggested that greater detail was required. The documentation details the amount of care funded by the commissioning trust. The inspector noted that agreements had been signed by the service user however had not been updated since the previous year. A recommendation has been made.</p> <p>The manager informed the inspector that the relevant HSC trust commissions the care for each service user. The manager stated that service users are not paying the agency additional charges for personal care.</p> <p>Service users could describe to the inspector charges for services received from the agency; they were aware that personal care provided to them by the agency was funded by the relevant HSC trust.</p> <p>Service users described to the inspector the process for cancelling any services provided by the agency. The service user agreement and the service user guide details the process for the cancellation of services; of the records viewed ,service users have in place a signed service user support agreement.</p>	<p>Moving towards compliance</p>

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. <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
The service has a detailed policy governing the support plan review process. The service complies with the standard, contributions are sought from all parties and support plan reviews are carried out annually.	Compliant
Inspection Findings:	
Prior to the inspection 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	Substantially compliant

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

The inspector viewed the agency’s return it stated that two service users had received an annual review; the registered manager informed the inspector that the service users are reviewed annually by the commissioning HSC trust or as required. The manager stated that the review for one service user was outstanding and was planned for January 2015; documentation viewed verified this information.

Service users and their relatives stated that they attended an annual review involving their trust representative and are given the opportunity to contribute their views and preferences.

The inspector viewed the care records for two service users and noted that annual reviews involving the HSC trust had taken place; the agency retains a copy of review documentation; it was noted that documentation retained had been signed by attendees.

Staff who met with the inspector stated that the care and support plans are updated three monthly or as required and that following a review any agreed changes are actioned. Staff stated that they participate in the review meetings.

From documentation viewed it was identified that the agency has in place service agreements which record charges for services to the service user; these are signed by the service user and updated annually.

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
	Moving towards compliance

11.0 Any Other Areas Examined

11.1 Complaints

The agency had no complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and from records available for inspection at the agency.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr James Wilson, responsible person and Lianne Currie, 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:

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



Quality Improvement Plan
Announced Primary Care Inspection
The Beeches Small Group Home
16 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 Mr James Wilson, responsible person and Lianne Currie, registered manager during the inspection visit.

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

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

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

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

Statutory Requirements:

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's policy relating to staff meals is updated to include arrangements for staff accessing food whilst accompanying service users on outings.</p>	Once	Policy has been updated to include the required information.	Three months from the date of inspection: 16 March 2015.
2.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p>	Once	A list of staff signatures is now maintained by the service.	Two months from the date of inspection: 16 February 2015.

		<p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency maintains a list of staff signatures.</p>			
--	--	---	--	--	--

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	4.2	It is recommended that the service user agreement is updated to detail charging arrangements relating to service users food.	Once	The document has been updated to include the recommended detail.	Three months from the date of inspection: 16 March 2015.
2.	4.2	It is recommended that the service user agreement is updated to detail charging arrangements relating to charges made by the agency to service users for use of transport service.	Once	The document has been updated to include the recommended detail.	Three months from the date of inspection: 16 March 2015.
3.	4.3	It is recommended that the service user agreement is monitored, reviewed and updated annually or as required.	Once	The review policy for this document will comply with the recommendation.	Three months from the date of inspection: 16 March 2015.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Roisin McClenaghan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	James Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Joanne Faulkner	10/02/15
Further information requested from provider			