PRIMARY INSPECTION

Name of Agency:	**24 Inch View (Supported Living)**
Agency ID No:	**11187**
Date of Inspection:	**5 September 2014**
Inspector's Name:	**Rhonda Simms**
Inspection No:	**INO20171**

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	24 Inch View (Supported Living)
Address:	24 Inch View Hazelbank Londonderry BT48 0QS
Telephone Number:	028 71 262921
E mail Address:	laura.conaghan@westerntrust.hscni.net
Registered Organisation / Registered Provider:	Elaine Way (Western HSC Trust)
Registered Manager:	Elizabeth Isobel Simpson
Person in Charge of the agency at the time of inspection:	Elizabeth Isobel Simpson
Number of service users:	17
Date and type of previous inspection:	Primary Announced Inspection 23 April 2013 9.30am – 3.30pm
Date and time of inspection:	Primary Announced Inspection 5 September 2014 9.40am -4.40pm
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	1
Staff	5
Relatives	5
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	21	**12**

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 four requirements and five recommendations following the primary inspection of 24 Inch View on 23 April 2013 was assessed. The agency has fully met the four requirements and fully met the minimum standards with regard to the five 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

24 Inch View provides a supported living type domiciliary care service for up to 17 service users with a primary learning disability and a secondary mental health need. The service is provided in shared accommodation at seven different addresses all within a five mile radius of the agency office. Services are provided by 22 staff employed by the Western HSC Trust. The landlords include the NIHE, Habinteg Housing and the private sector. Services provided include assistance with maintaining a tenancy, home security, maintenance of the property, supervision and assistance with personal care, involvement in the local community including education, training and employment, with the overall goal of improving independence and enhancing quality of life. The service commenced in 1988.

Summary of inspection

The announced inspection was undertaken at the agency's registered office, 24 Inch View, on 5 September 2014.

During the inspection a range of policies and procedures and other documentation was examined. The inspector met with Isobel Simpson registered manager, four staff members, five relatives, and two other professionals. The inspector spoke with one service user who wished to participate in the inspection and saw three other service users engaging in the course of their daily activities.

Prior to the inspection, 12 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 optimum level of independence, empowerment, equality, dignity and choice. Staff reported that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

Staff who participated in the inspection process reported a clear understanding of safeguarding issues, human rights issues, 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 interacting with service users in the course of the inspection.

In the course of inspection one service user met with the inspector. The inspector met three other service users in the course of their daily activities during inspection.

The service user who met with the inspector provided positive feedback about their experience of supported living and the quality of care and support they received from staff. The service user commented on staff: 'the staff look after me and support me', 'the staff treat me well', and 'the staff respect me'.

The inspector spoke with five relatives of service users in the course of the inspection. The relatives provided consistently positive feedback regarding the standard of care and support provided by staff, including good communication, taking relatives and service users' views into account, and appropriate response to changing needs. Relatives described feeling 'content' and 'at ease' with the care their relative was receiving.

During the course of inspection the inspector noted that the registered office did not have bathroom or kitchen facilities for the two members of staff using the office, or any staff or other persons visiting the office. The inspector was advised that staff and visitors currently use the bathroom and kitchen facilities in the home of the service users situated beside the office. The inspector viewed a 'staff contribution in my home' agreement signed by the service users which states the amount and frequency of staff contribution for use of facilities and any food shared whilst within their home.

In accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a notice of failure to comply with Regulation 14 (c) (d) (e) and Regulation 25 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. At a meeting at RQIA offices on 21 October 2014, representatives of the registered person provided assurances regarding immediate cessation of non-office staff using facilities in the home of service users. On 11 November 2014 correspondence containing satisfactory assurances in relation to these matters was received by RQIA from the service provider.

The inspector would like to thank the agency staff and service users 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 achieved a compliance level of **'substantially compliant'** in relation to Theme 1.

The inspector viewed a range of documents including the service user guide, financial support agreements, finance files, 'Me and My Money' plans and money management action plans, which state the terms and conditions of services provided and the amounts paid. The agency has a policy on handling service users' monies.

The inspector viewed 'staff contribution in my home' documents which state the amount and frequency of staff contribution for use of facilities whilst within the service user's home. The agency has a policy which includes the arrangements for staff meals eaten whilst on duty in the service users' home and on outings. Staff are responsible for purchasing food eaten whilst on duty in a service user's home.

The registered manager advised the inspector that service users who have an assessed need for a staff presence in their home at night currently pay the utility costs for a sleepover room. The registered manager further clarified that staff make the room usable for service users during the day. The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and what measures are taken to ensure the service users obtain maximum benefit from their home.

The registered manager discussed a process of financial capacity reassessments undertaken by the Trust and the agency which had resulted in the number of service users for whom the agency acts as appointee reducing from eight to one. The agency has commenced

implementing a process of review of the financial assistance service users require on a quarterly basis.

The inspector viewed examples of the HSC assessment of need which includes a description of the service user's needs and capabilities and the support they need in relation to managing finances, which is incorporated into a financial support plan.

The registered manager advised the inspector that service users keep their money in a locked tin in their own room. Most service users have stated a preference to hold the key and for staff to assist them when they conduct transactions from the money tin. The inspector viewed financial records which state all transactions and are signed by staff and service users.

The agency had a system of daily, weekly and monthly financial checks undertaken by different staff members, in addition to unannounced agency finance audits.

The agency does not keep money on behalf of any service user. There is a system for service users to deposit items in a locked cupboard in their home e.g. passport, which they can access at any time via the staff member on duty who holds the key.

Service users, relatives and staff confirmed that service users can obtain access to their money at any time.

One recommendation has been made in relation to this theme.

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

The agency has achieved a compliance level of **'substantially compliant'** in relation to Theme 2.

The inspector viewed a range of care and support plans which reflected up to date HSC Trust assessments. Care plans examined were person centred, reflected a range of interventions to meet the assessed needs and preferences of service users, and showed explicit consideration of human rights.

A range of care documentation including review reports was examined. The involvement of service users, relatives, and the HSC Trust in reviewing and updating care plans was evident.

Staff who participated in the inspection had an understanding of the amount and type of care provided to service users. Relatives who participated in the inspection reported that their views were taken into account in relation to ongoing care and support provided.

The registered manager showed the inspector new improved care records and documentation which the agency has begun to implement. This documentation includes the recording, monitoring and reviewing of restrictive practice and includes human rights considerations. The registered person must ensure that the ongoing assessment of restrictive practice is included in the monthly monitoring reports.

The agency's policy on responding to needs of service users is included in the supported living service operational guidelines.

The inspector viewed a range of training records which showed that staff had received training appropriate to the needs of service users. Staff feedback indicated that appropriate training had been received and staff felt equipped to respond to the needs of service users. During the course of inspection staff were able to discuss human rights implications of care practices.

The inspector viewed a range of internal review records, Trust review reports and care records. These records showed ongoing evaluation of the impact of care practices. Relatives and professionals who took part in the inspection described how the agency evaluated and modified care practices to respond to the changing needs of service users. Agency staff showed an awareness of how to raise concerns regarding poor practice through management and safeguarding procedures.

Care records examined by the inspector reflected any care practice which could be regarded as restrictive or impact on the service users' control, choice or independence in their own home. Review reports examined showed evaluation of care practices involving HSC Trust staff, relatives and professionals.

The Statement of Purpose described the range and nature of services. The registered person must ensure that the Statement of Purpose and Service User Guide include reference to restrictive practice where appropriate.

The registered manager discussed how the agency had engaged with the HSC Trust in reassessing the financial capacity of service users who were subject to appointee arrangements. This reassessment led to an increase in independence and control of seven service users who no longer require an appointee.

Two requirements have been made in relation to Theme 2.

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

The agency has achieved a compliance level of **'substantially compliant'** in relation to Theme 3.

The inspector viewed a range of care and support plans which describe the amount and type of care provided by the agency to service users. The agency's operational policy, Statement of Purpose and Service User Guide were examined by the inspector and describe how care plans are devised.

Relatives and a service user described appropriate care provision to meet the needs of service users. Staff who participated in the inspection understood the amount and type of care provided to service users.

Professionals who took part in the inspection described the agency care provision as consistent which the HSC Trust care plan and responsive to changing need.

Support agreements viewed by the inspector were signed by the service user and/or their representative and clearly stated that the care provided is funded by the HSC Trust.

The report of care reviews by the commissioning HSC Trust forwarded to RQIA prior to inspection confirmed that nine out of eighteen service users had annual reviews from 1 April 2013 – 31 March 2014. The remaining reviews were delayed due to HSC Trust staff changes and have subsequently taken place. The inspector examined a range of review reports which showed the involvement of HSC Trust professionals, service users and relatives. Examination of care review reports and care records demonstrated that reviews took place when required and led to care plans being updated appropriately.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The inspector read a number of monthly monitoring reports completed on behalf on the registered person. The reports had been regularly completed, and included consultation with service users, relatives, staff and professionals. The reports reflected areas of quality improvement including quality improvement plan actions.

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 registered manager confirmed that the number of service users assessed as lacking financial capacity has reduced from eight at the time of the completion of the survey, to one at the time of inspection, following reassessment by the HSC Trust. The agency acts as appointee for one service user. The original documents relating to this long standing arrangement were not available however; there was recent correspondence from the Social Security Agency naming the agency as appointee.

Service users keep their money in locked tins in their own homes. The agency provides support to access and manage money as detailed in the HSC Trust assessment and financial support plan.

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 additional charges to service users and no charges for personal care for any service user.

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.

The registered person should ensure that the Statement of Purpose provides appropriate reference to the use of restrictive practice.

Care reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (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. Whilst nine out of eighteen reviews had been completed at the time of the returned survey, the remaining reviews had been delayed due to staff issues in the HSC Trust and were subsequently completed prior to inspection.

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	6 (b)	The registered person must ensure that the financial agreement specifically states the services tenants are paying for rather than a general daily living needs/household charge. (Minimum Standards 2.2, 4.2)	The inspector viewed the financial support agreements which state an amount which tenants pay separately for daily living needs and household costs. The daily living needs payment is for groceries, home cleaning products. The household costs payment is for utilities, home maintenance and replacement furnishings/appliances. The 'Me and My Money' document further specifies the amounts which service users pay in respect of household bills.	**Twice**	**Fully met**
2	14 (a, b, c, d, e)	The registered manager must ensure that service users agree to the issue of key to the accommodation to any member of staff and that the service user agrees any specific access arrangements. (T1:2, Minimum Standards 1.1, 4.2)	The inspector viewed management of keys agreements which specify access arrangements for staff entering service users' homes.	**Once**	**Fully met**

3	14 (a, b, c, e)	The registered manager must ensure that the level of staff presence in service users' homes is reviewed and amended in accordance with individual service user's need. (T1:3, Minimum Standards 1.1, 3.2, 3.3)	The inspector was informed by the registered manager that there are two houses where the need for staff in the house at night was assessed as a need by the HSC Trust. The inspector viewed 'my support and care plan: level of staff in my home at night', which states what assistance is required at night and by whom.	**Once**	**Fully met**
4	14 (a, b, c, e)	The registered manager must ensure that care plans clearly detail the level of staff supervision required by each service user including the arrangements to ensure that the service user retains as much control over their lives and choices as is possible. (T1:3, Minimum Standards 1.1, 3.2, 3.3)	The inspector viewed care and support plans which detailed the level of staff supervision required by each service user, including arrangements to assist service users to retain as much control and choice as possible. The needs of service users who have staff assistance at night has been reassessed by the HSC Trust and detailed in care plans.	**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	4.1	It is recommended that the registered manager ensures that there is a record of the minimum number of agreed support hours available to each individual service user.	The inspector viewed the support agreement which states the minimum number of agreed support hours.	**Once**	**Fully met**
2	4.2	It is recommended that the registered manager amends the support agreement documentation to ensure that there is no link between provision of a personal care service and accommodation, and ensures that the revised documentation is issued to service users.	The support agreement supplied to service users makes no link between the provision of personal care and accommodation. The agreement clearly states that the landlord has no control over care and support and vice versa.	**Once**	**Fully met**
3	3.3	It is recommended that the terminology in care and support plans is reviewed to ensure that they are written in a consistent person-centred manner.	The inspector viewed care and support plans which were written in a consistent person centred manner. The inspector was informed that a review with the aim of further improving care and support documentation is currently being undertaken by the agency.	**Once**	**Fully met**

4	8.11	It is recommended that the responsible person ensures that the assessment of the quality of services delivered is undertaken on a regular monthly basis.	The inspector viewed reports of monthly monitoring visits undertaken on behalf of the registered person which assess the quality of services delivered.	**Once**	**Fully met**
5	14.8	It is recommended that the registered manager ensures that formal confirmation of the closure of any vulnerable adult investigation/case is received in writing.	The inspector viewed documentation from the Trust which confirmed that the outcome of safeguarding investigations is received in writing.	**Once**	**Fully met**

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	
Service User handbook signed/dated. Service User Support Agreement. Service User's do not pay any cost towards additional personal care. Costs associated with sleep over room and maintenance of this area are currently under review and revision. Service User agreement within financial file regarding arrangements for staff needs whilst on duty. A financial file is in place for each service user. Each service users' financial file will hold details of the records/valuables that they wish to have stored in a safe area. The Trust and Suported Living financial guidance and protocols are retained within each service users' financial file. Each house is furnished with homely and attractive decor. Staff presence and recording areas aim to be as unobtrusive as possible within the service user's home, therefore confining this to one small area in each house.	Moving towards compliance
Inspection Findings:	
The inspector viewed financial support agreements and 'Financial Matters' files which included a personalised written agreement stating the terms and conditions of the service provided, the amount and payment of charges. The inspector was advised that no service user pays for personal care or for additional personal care services which do not form part of a HSC Trust plan. The registered manager discussed policy relating to arrangements for staff meals whilst on duty with a service user either in their home or on outings. The inspector viewed an agreement signed by the service user and their representative which states the reasonable sum contributed by staff in the event of eating food with a service user whilst on duty. The inspector was advised that staff are responsible for purchasing their own food for consumption whilst on duty within service users' home. The registered manager advised the inspector that service users who have an assessed need for a staff presence in their home at night currently pay the utility costs for a sleepover room. The registered manager further clarified that staff make the room usable for service users during the day. Service users have signed an agreement regarding staff presence in their home and staff financial contributions for use of facilities used whilst in service users' homes.	Substantially compliant

The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and what measures are taken to ensure the service users obtain maximum benefit from their home. The inspector viewed finance files in relation to service users which state their financial capacity, what assistance they require to manage money, how transactions will be managed and the arrangements for this. The registered manager advised that each service user has a money management action plan which is reviewed annually. The registered manager discussed the development of new agency documentation which is due to be introduced in coming months. The inspector viewed the policy and procedure on staff handling service users' monies specifically in supported living services. The support agreement viewed by the inspector states that any changes to charges will be notified four weeks in advance in writing.	

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 2: **Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:** • The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances; • The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement; • The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record; • Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services; • There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s); • The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date; • A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly; • If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act	**COMPLIANCE LEVEL**

as nominated appointee; • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.	
Provider's Self-Assessment	
Financial capacity assessment. This has been carried out for each service user and is kept within the financial file. Income/expenditure records. These are in place for each service user. Transactions are signed by service user and staff or 2 staff. (monitored by Internal Audit) All monies withdrawn are authorised by service user and recorded in their own personal finance book and signed for. Service users have access to their personal spending money. Savings can be accessed during banking hours, according to service users wishes, following financial procedures of consent, signatories and local banking arrangements. Receipts are maintained, reconciliation is carried out regularly. Service users are encouraged to attend to their own banking with support, however if they are unable to do so, the staff who act as their agent have to follow protocol and policy, obtain consent and complete financial records with the relevant service user. Money cannot be withdrawn from household account without two signatories of senior personnel. This is currently under review. A record is kept in the financial file of the service user's appointee as appliciable.	Substantially compliant

Inspection Findings:	
The inspector viewed examples of the HSC assessment of need which includes a description of the service user's needs and capabilities and what support they need in relation to managing finances. The agency maintains records which detail financial transactions. The inspector examined a range of records which showed that the service user and a staff member sign when the service user makes a transaction. The registered manager informed the inspector that service users keep their own money in a locked tin in their own home. The support plans viewed by the inspector reflect the service users' needs and preferences in relation to staff assistance to handle money. The inspector was informed that service users hold the key to their money tin and can access their money at any time. Service users, relatives and staff who participated in the inspection confirmed that service users have access to their money. The agency does not purchase items or services on behalf of a service user. The inspector viewed up to date records of transactions and receipts when service users have paid in or withdrawn money. The inspector viewed records of checks of money tins which occur at least once daily by support staff. There was evidence of the agency conducting weekly and monthly checks; in addition the agency's internal audit undertakes regular unannounced audits. The agency does not operate a bank account on behalf of a service user. The registered manager discussed how the agency has reviewed the needs and financial capacity of service users with the Trust. The inspector examined financial reassessments which resulted in the number of people for whom the agency acts as appointee decreasing from eight to one. Documentation from the Social Security Agency naming the agency staff as appointee was viewed. The registered manager discussed a new review process which has been introduced to carry out quarterly finance reviews with each service user and their Trust keyworker. The minutes of a finance review were examined by the inspector.	Substantially compliant

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 3: **Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:** • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
In-house audit, Management of Keys, reconciliation by two staff. Internal Audit via the Trust. Service user agreement for safe storage of valuables. Service users access their bank records at least weekly or as often as necessary. Financial capacity assessment /choice of service users to have bank passbooks stored away safely. Service user agreement.	Substantially compliant

Inspection Findings:	
The inspector was advised that the agency does not keep items in a safe place on behalf of any service user. The inspector viewed records signed by service users if they wish to keep belongings in a locked cupboard in their own home, e.g. passport. The key for this cupboard is held by the staff member on duty and can be accessed at any time. The inspector was advised by the registered manager, agency staff, relatives and a service user that there are no restrictions in relation to service users' access to money.	Compliant

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 4: **Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:** • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance); • Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative; • Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges; • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;	**COMPLIANCE LEVEL**

• The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified.	
Provider's Self-Assessment	
There is no specific transport scheme within the service. Service users' homes are located within residential neighbourhoods, close to bus routes, taxi and train services. Service users access public transport according to their own needs and wishes which they pay for on completion of each journey, in keeping with social norms.	Not applicable
Inspection Findings:	
The inspector was advised that the agency does not operate a transport scheme.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not applicable

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1: **The agency responds appropriately to the assessed needs of service users** • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Risk Assessment & Plans are held within each service user's financial file. Annual Review, It Matters To Me, Audits, Tenant's Meeting, Daily Record and Annual Questionnaire . Human Rights Care Plan in place – introduction of new documentation across all fields of support/care being reviewed and introduced to include human rights implication and considerations for all support/care interventions. Restrictive Practice and DOLS guidance are circulated throughout the core areas, and a copy of the guidance can be obtained from the office or via the Trust Intranet. The AMHD Directorate have draft guidance documents currently going through the approval process regarding Restrictive Practice and DOLS. We are committed to continuous improvement regarding service development and upholding service users' rights.	Moving towards compliance
Inspection Findings:	
The inspector viewed a range of care and support plans which were informed by up to date HSC Trust assessments. Care plans examined were person centred and reflected a range of interventions to be used to meet the assessed needs and preferences of service users. The inspector viewed a range of daily records which showed the outcome of services provided to service users. The registered manager discussed the input of the HSC Trust in review of the service user's needs and showed evidence of written review reports. The registered manager showed the inspector new improved	Substantially compliant

care records and documentation which the agency has begun to implement. Staff who participated in the inspection had an understanding of the amount and type of care provided to service users. Relatives who participated in the inspection reported that their views were taken into account in relation to ongoing care and support provided. The agency policy, procedure and guidance on assessment and care planning were viewed by the inspector. The service user handbook describes how care plans are devised. The inspector viewed human rights care plans which contain explicit consideration of human rights. Staff who contributed to the inspection had received human rights training and showed awareness of human rights issues. Service user feedback showed an awareness of how staff respect human rights.	

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 2: **Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users** • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Staff attend mandatory training, updates and refresher training- in keeping with the commitment to continuous improvement - Restrictive Practive/ Human Rights and DOLS have now been included as mandatory training requirements within the supported living staff team . Training records. Policy and procedural guidance circulated to include Restrictive Practice/DOLS as in previous statement. Daily notes, files, audits, supervision, team meetings, ADR and MDT communications. Incident reporting, RQIA (1a), VA 1, Safeguarding Vulnerable Adult training, Whistle blowing, Band 5 meeting and Medicine Governance Supported Living carry out in-house monthly monitoring to keep own service under regular in-house review and help us identify shortfalls and improve day to day operations.	Substantially compliant

Inspection Findings:	
The inspector viewed a range of training records which showed that staff had received training appropriate to the needs of service users. The registered manager discussed the development of training in some areas including restrictive practice, human rights and money management from combination training to stand alone training. Staff feedback via questionnaires and on the day of the inspection indicated that staff felt equipped to carry out their roles. Some staff reported that additional training needs are considered by the registered manager. Relatives who participated in the inspection reported that staff were able to respond appropriately to the needs of service users. Staff who participated in the inspection discussed aspects of practice which could result in restrictive practice, and were able to discuss human rights implications of care practices. Staff discussed how they promote human rights and the supported living ethos throughout provision of care practices. The agency's policy on responding to needs of service users is included in the supported living service operational guidelines. The inspector viewed a range of internal review records, Trust review reports and care records which evaluated the impact of care practices. Relatives and professionals who took part in the inspection described how the agency evaluated and modified care practices to respond to the changing needs of service users. Relatives spoke of the agency keeping them informed of relevant changes or events. Service user feedback described how the agency had provided appropriate support through a process of change. Agency staff showed an awareness of how to raise concerns regarding poor practice through management and safeguarding procedures.	Substantially compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 3: **The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency** • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Service User Handbook / Assessment of Need / Annual PCP / MDT. Statement of Purpose & Service User Guide. Record of User Friendly Information, also being reviewed in line with review of the service in general. Service users and their relatives are advised of the range of service provision and is identified within the service users' handbook. As far as possible the statement of purpose makes reference to the service users' rights and responsibilities within a community setting. We do not make specific reference to restrictive practice as this is the service user's own home, however if a restrictive intervention becomes necessary the Agency will ensure that that the appropriate governance arrangements are enacted to support and safeguard the rights of the service user.	Substantially compliant

Inspection Findings:	
Care records examined by the inspector reflected any care practice which could be regarded as restrictive or impact on the service users' control, choice or independence in their own home, such as the assessed need for staff presence at night. The Statement of Purpose includes the nature and range of services provided. On discussion with the inspector, the registered manager recognised the need to include information on restrictive interventions in the Statement of Purpose and Service User Guide. Two requirements have been made in relation to this. Agency staff and relatives who participated in inspection described service users as being able to state their view in declining care practices. The inspector was advised that no service user lacks the capacity to agree to care practices. The inspector was advised that service users have a copy of their care plan. The registered manager discussed the ongoing review and introduction of documentation which includes improving the accessibility of the format of all care records. The registered manager advised that the agency does not currently use any care practices which impact negatively on other service users.	Substantially compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 4 **The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.** • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user's needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
The support team are vigilant to anything that would constitute restrictive practice/ deprivation of liberty. No service user within this service with a specific requirement for restraint. The agency is fully aware of tenants' rights and the need for updated care planning under the auspices of MDT arrangements, to ensure safe practice provision and good guidance on restraint and deprivation of liberty. All staff attended one day MAPA	Not applicable

training as a precautionary requirement in the event that an incident may arise.	
Inspection Findings:	
The inspector viewed care records in relation to service users who have a staff presence in their home at night in response to an assessed need which has been subject to review with the HSC Trust. The registered manager advised that restrictive practice would be undertaken in response to identified risks and needs in accordance with DOLS Interim Guidance. The inspector was shown evidence of capacity reassessments which resulted in the agency relinquishing appointeeships for seven service users. The registered manager showed the inspector a range of new documentation which the agency plans to implement for the purpose of recording, monitoring, and reviewing any restrictive practice. The registered manager advised that the agency does not currently use restraint.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Not applicable

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1 **Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency** • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Service User Handbook / Statement of Purpose / Service User Domicilary Care Agreement / Support Agreement are under continuous review and update to provide more comprehensive information. Service users are aware of the support and care and depending on individual ability will be able to describe this. Sevice users have support plans in place. .	Moving towards compliance
Inspection Findings:	
The inspector viewed a range of care and support plans which describe the amount and type of care provided by the agency to service users. The service user who participated in the inspection was able to describe the care provided in terms of staff being available to help when needed. Relatives described the agency as meeting the needs of service users through appropriate care provision. Staff reported having an understanding of the amount and type of care provided to service users. The agency's operational policy, Statement of Purpose and Service User Guide were examined by the inspector and describe how care plans are devised.	Substantially compliant

Professionals who took part in the inspection described the care provided as being consistent with care commissioned by the HSC Trust. Care plans examined by the inspector detailed the amount and type of care. During the inspection, agency staff advised that care plans are discussed with the service user. The registered manager advised that the agency is in the course of improving the format of care plans to increase accessibility.	

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2 **Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.** • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Service Questionnaire /Financial Records /Domicilary Care / Support Agreements. This service is fully funded by WHSCT. The support element is fully funded by Supported People. Service users have no additional expenses incurred as a result of the funding streams already in place except their own daily living costs, such as electricity, heating and food. No service user purchases any additional time towards care and support at this time.	Moving towards compliance
Inspection Findings:	
The inspector examined support agreements which show the amount and type of care being funded by the HSC Trust. No service user is paying a contribution towards personal care. Support agreements are signed by the service user and/or their representative. Relatives who spoke with the inspector had an understanding that care was paid for by the HSC Trust.	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3 **Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.** • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Suported Living service endeavours to review processes annually and have tabled figures for annual reviews over the past three years, which are available for inspection. The Agency actively provides a report and commentary at the annual review. Records can confirm that reviews can be convened as often as necessary depending on the service user's needs. Domicilary Care / Support Agreements, as stated previously are under continuous review/revision to incorporate all aspects of service provided by the Agency to enable the service to sustain compliancy in-line with developing legislation.	Moving towards compliance
Inspection Findings:	
The report of care reviews by the commissioning HSC Trust forwarded to RQIA prior to inspection confirmed	Substantially compliant

that nine out of eighteen service users had annual reviews from 1 April 2013 – 31 March 2014. The registered manager confirmed that the remaining reviews were delayed due to HSC Trust staff changes and have subsequently taken place. Review reports have been received from the HSC Trust. The inspector examined a range of review reports which showed the involvement of HSC Trust professionals, service users and relatives. Examination of care review reports and care records demonstrated that reviews took place when required and led to care plans being updated appropriately. Professionals and relatives who took part in the inspection reported that reviews occur in response to changing need and led to appropriate changes in care plans.	

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards complian

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

Any other areas examined

Complaints

One compliant was received in the period 1January 2013 – 31 December 2013. Examination of records showed a satisfactory resolution.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Isobel Simpson**, 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

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Announced Primary Inspection

24 Inch View (Supported Living)

5 September 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 Isobel Simpson **(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) 2011

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5 (1)	The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as 'the statement of purpose') which shall consist of a statement as to the matters listed in Schedule 1. This refers to the revision of the Statement of Purpose to include appropriate reference to the use of restrictive practice.	One	Reference to the potential use of restrictive practices have been included within the Statement of Purpose.	31 December 2014
2	6 (1)	The registered person shall produce a written service user's guide which shall include- (a) A summary of the statement of purpose This refers to the revision of the service user's guide to include appropriate reference to the use of restrictive practice.	One	Reference to the potential use of restrictive practices have been included within the Service Users Guide.	31 December 2014

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	1.4	Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service. The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and measures are taken to ensure the service users obtain maximum benefit from their home.	One	Adjustments to accommodation available has been made resulting in no unscheduled or unnesessary staff access to any clients' homes. Clients' views were obtained and recorded regarding the proposed changes.	31 December 2014

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	1/12/14.
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	✓	R Simms. RHONDA SIMMS	10. 12. 14.
Further information requested from provider			