



The Regulation and  
Quality Improvement  
Authority

## Announced Primary Care Inspection

<b>Name of Agency:</b>	<b>Prospects</b>
<b>RQIA Number:</b>	<b>11198</b>
<b>Date of Inspection:</b>	<b>6 February 2015</b>
<b>Inspector's Name:</b>	<b>Joanne Faulkner</b>
<b>Inspection ID:</b>	<b>20838</b>

**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**

<b>Name of Agency:</b>	Prospects (11198)
<b>Address:</b>	Trinity Methodist Church Knockmore Road Lisburn BT28 2EA
<b>Telephone Number:</b>	02892670766
<b>Email Address:</b>	mervynb@prospects.org.uk
<b>Registered Organisation / Registered Provider:</b>	Prospects NI
<b>Registered Manager:</b>	Liza Wiseman
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Liza Wiseman
<b>Number of Service Users:</b>	18
<b>Date and Type of Previous Inspection:</b>	13 November 2013 Primary Announced Care Inspection
<b>Date and Time of Inspection:</b>	6 February 2015 10.00 – 17:00
<b>Name of Inspector:</b>	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

- 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	4
Relatives	0
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	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: four requirements and four recommendations 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 – Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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

Prospects is a supported living type domiciliary care agency providing housing, care and support to 18 service users living at various locations in the Lisburn area. The registered office is situated close to a number of the service users' homes.

Service users have individual tenancies with a number of housing associations, providing them with accommodation rights irrespective of their care and support needs.

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 supporting service users to live as independently as possible and maximising quality of life. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue.

## 8.0 Summary of Inspection

The announced inspection was undertaken on 06 February 2015 at the agency's registered office located close to a number of the service users' homes. The inspector was supported throughout the inspection by Mrs Liza Wiseman, registered manager and Mr Mervyn Bothwell, responsible person was in attendance.

During the inspection the inspector had the opportunity to meet with three service users and four staff.

The inspector viewed a number of care records which outlined the care and support provided by the agency to individual service users. Staff stated that service users are provided with the necessary support to remain as independent as possible in their own home.

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 four members of staff on duty during the inspection and has incorporated their comments within this report.

### 8.1 Staff Comments

"I feel supported by the manager"

"I love working here"

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

"Staff go the extra mile"

"This is not a job; I am doing it because I get to see the service users getting on"

"Staff support service users with shopping, banking, cleaning, and personal care"

"I try to promote individuality"

"I get three monthly supervision and annual appraisal"

"Service users are supported to attend activities of their choice"

"We bring our own food"

"The care is person centred; related to the service users' needs"

"There is more paperwork now; this could mean that less time is spent with the service users"

The returned questionnaires indicated the following:

- 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 client contracts
- Staff are aware of the whistleblowing policy

Records viewed by the inspector support the above statements. Discussions with staff, service users 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 one service user at the agency's office and visited two service users in their own home. One service user could describe the care and support they receive and stated that staff support them to attend a number of activities of their choice; they stated that staff respect their wishes and views. They stated that they were supported by staff to live as independently as possible; they informed the inspector that they were involved in developing their individual care and support plans and in review meetings involving their HSC trust representative.

### **Comments**

- "Staff are good"
- "I live on my own"
- "I go shopping with another service user"
- "I know my keyworker; I meet with them monthly"
- "I am happy living here"
- "I do my own shopping and cooking"
- "I look after my own money"
- "I go out clubbing"
- "If I have any problems I speak to the staff; they are very supportive"

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

## **8.3 Detail of Inspection Process:**

### **8.3.1 Theme 1: Service users' finances and property are appropriately managed and safeguarded**

It was the inspector's assessment that the agency is "not compliant" in this theme.

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

- Service user guide/ client contracts
- Financial care and support plans

Records viewed outline the terms and conditions in respect of service provision, including charges to the service user for any care or support provided by the agency and methods of payment.

Discussions with the manager identified that nine service users who are in receipt of care/support services are making a contribution towards the care received from the agency; the manager stated that contributions made by service users are linked to their Disability Living Allowance (DLA) benefit.

The manager advised the inspector that these charges were in respect of services provided to meet needs that had been identified by the HSC trust; the HSC trust is also contributing an agreed amount for each individual service user to the agency for care.

At a meeting with RQIA on 3 March 2015 the registered person acknowledged that current charging arrangements were inconsistent with DHSSPS guidance and provided assurances that current arrangements had been highlighted to the HSC trust.

At this meeting the registered person provided a full account of the actions made to ensure the improvements necessary to achieve full compliance with the required regulations.

The inspector viewed the service user contracts for two service users and noted that service users are paying additional charges related to their DLA benefit for care provided by the agency.

The manager stated that service users receive an assessment of need by the agency prior to admission and agreement made on services that will be provided by the agency and any related charges agreed.

Service users who met with the inspector were aware of charges made by the agency and could describe the care and support they received.

Service users contribute a fixed amount per week for food and utilities; this is clearly detailed in their individual client contracts and reviewed annually. It was identified that the client contract / service user guide did not indicate that service users could choose to opt in or out of services provided by the agency. A requirement has been made.

Staff are required to provide their own food whilst on duty in the service users' home.

The agency's office is located close to a number of service users' home; the agency pay related cost for the office facilities.

Service users have a facility in their individual homes to store valuables and monies. Agency staff provide service users with the agreed support required to manage their monies; this is recorded in the service users' individual care and support plans. Service users stated that they 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 record any transactions and are maintained in accordance with the agency's finance policy. Records are signed by the service users if appropriate and two staff members; it was identified that the agency does not maintain a list of staff signatures. A requirement has been made



Service users are given the required support to access appropriate public transport and are responsible for costs incurred. Service users can access the agency's transport scheme in the form of staff vehicles; a policy is in place and the service user guide details any related charges.

The agency maintains a record of all journeys taken by service users; service users are billed monthly by the agency for their individual usage.

A number of service users have purchased a car for their use; the agency has in place a signed purchase agreement it was viewed by the inspector.

Individual care and support plans viewed detail the support required by service users to access appropriate transport.

The inspector viewed the agency's transport policy.

Two requirements have been made in relation to this theme.

### **8.3.2 Theme 2: Responding to the needs of service users**

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

Prior to admission the agency received a range of assessments from the referring HSC trust representatives; these assisted staff in developing individual care and support plans in conjunction with service users and their representatives.

Records viewed contained a range of assessments provided to the agency by the referring HSC trust and individual care and support plans. Service users stated that they are involved in developing their care and support plans and that their choices are reflected. 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 at least annually or as required.

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, care planning and restrictive practice. Staff informed the inspector that they receive three monthly supervision and annual appraisal. Staff stated that they have received training specific to the needs of individual service users such as epilepsy and dementia.

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

Regular monitoring of care practices occurs to ensure that any practice deemed as restrictive is identified.

The inspector read the agency's service user guide and statement of purpose; they outline the nature and ranges of services provided. It was identified that the service user guide did not reference restrictive practice. A requirement has been made.

The inspector viewed documentation in place for a practice deemed to be restrictive; it was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, their representatives and members of the MDT as required; however it was identified that documentation had not been signed by the HSC trust representative. A requirement has been made.

From training records viewed and discussion with staff it was noted that staff have received training in human rights and protection of vulnerable adults.

Two requirements have been made in relation to this theme.

### **8.3.3 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 'not compliant' in this theme.

Prior to admission the manager completes a needs assessment for all service users; this information together with relevant professional assessments forms part of the initial care planning.

Service users could describe the type of care provided by the agency and were aware of charges for services received. Service users described a varied range of activities that they are supported to participate in with the support of agency staff. Service users are in receipt of care services funded by an HSC trust.

The manager and staff could describe the care and support provided to individual service users; they stated that service users are encouraged and supported to be as independent as possible.

Service users stated that they are encouraged and supported to participate in their annual review involving their HSC trust representative and the agency's staff; they stated they are given opportunity to express their views and wishes.

A copy of the review documentation is retained by the agency.

Service users were aware of their right to choose the services they required and could describe the process of cancelling services no longer required.

Service users have in place a service user guide and individual client contracts; they are signed by the service user and updated annually.

The manager stated that service users are in receipt of services funded by the HSC trust and additionally it was identified that nine service users receiving more than 20 hrs per week of care and support are required to pay an amount to the agency related to their DLA benefit for care.

The agency has in place a client contract for each service user; it details that service users receiving more than 20 hours of care and support per week are required to pay 50% of their DLA benefit to the agency. The manager stated that this arrangement is agreed with service users prior to the commencement of their tenancy. Records viewed and discussions with the registered manager could not identify the amount of service provided to individual service users in relation to the payments made by them to the agency.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve a notice of failure to comply with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The registered person and their representatives attended a meeting with RQIA on 3 March 2015.

At the meeting the registered person agreed to forward to RQIA assurances that the amount of care purchased by service users is specified within the documentation provided to service users and/or their representatives. It was agreed that this assurance would be received on or before 26 May 2015.

In light of the inspection findings and discussions held with the representatives of the provider organisation on 3 March 2015; RQIA did not issue a notice of failure to comply with the Regulations 14. (b) of The Domiciliary Care Regulations (Northern Ireland) 2007.

RQIA will continue to monitor the agency's compliance with this Regulation and the agency is required to ensure continued compliance with legislative requirements and minimum standards.

## **8.4 Additional Matters Examined**

### **8.4.1 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 inspector discussed with the registered manager the agency's current charging arrangements. The inspector identified that service users were being charged for aspects of their personal care/support. The agency's support and care agreement details that service users in receipt of 20 hours or more of care and support per week will be required to make a contribution of 50% of their DLA benefit for the services they receive; the registered manager stated that this arrangement is agreed with service users or their representatives prior to the commencement of their tenancy. From examination of the records and discussions with the registered manager it was not possible to determine the amount of service provided to individual service users in relation to the payments made by them to the agency.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve a notice of failure to comply with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The registered person and their representatives attended a meeting with RQIA on 3 March 2015.

At the meeting the registered person agreed to forward to RQIA assurances that the amount of care purchased by service users is specified within the documentation provided to service users and/or their representatives. It was agreed that this assurance would be received on or before 26 May 2015.

In light of the inspection findings and discussions held with the representatives of the provider organisation on 3 March 2015; RQIA did not issue a notice of failure to comply with the Regulations 14. (b) of The Domiciliary Care Regulations (Northern Ireland) 2007.

At the meeting with the registered person on 3 March 2015, RQIA discussed their concerns relating to the agency's current charging arrangements being inconsistent with guidance issued by the former HSS Executive on 3 June 1999 "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

"...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services."

During the inspection the registered manager advised the inspector that these charges were in respect of services provided to meet needs that had been identified by the HSC trust; the HSC trust is also contributing an amount based on assessment of need for each individual service user to the agency for care. The registered person acknowledged that current charging arrangements were inconsistent with DHSSPS guidance and provided assurances that current arrangements had been highlighted to the HSC trust.

At this meeting the registered person provided a full account of the actions made to ensure the improvements necessary to achieve full compliance with the required regulations.

RQIA will continue to monitor the agency's compliance with this Regulation and the agency is required to ensure continued compliance with legislative requirements and minimum standards.

#### **8.4.2 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; it was identified that relevant reference was made to restrictive practice.

#### **8.4.3 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 12 services users have received an annual review involving the HSC trust; the manager stated that a number of review meetings had been planned. Service users' stated that they are encouraged to participate in the review meeting and are given the opportunity to express their views. Agency staff stated that they attend review meeting and retain a copy of review documentation; this was viewed by the inspector.

#### **8.4.4 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 services manager. From the documentation viewed the views of service users, their families and professionals had been recorded on some of the visits; however, it was identified by the inspector that on a number of the records no reference was made to views of relatives or professionals. The documentation contains detail of any incidents or safeguarding concerns. A requirement has been made.

## 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	5 (1) Sch 1 2	The registered person must ensure that range of services provide by the agency includes the specific tasks that staff undertake with service users.	The agency's statement of purpose was viewed by the inspector it details the range of services provided and includes specific tasks undertaken by staff.  This requirement has been assessed as being fully met.	Once	Fully met
2	22 (8)	The registered person must ensure that service user's level of satisfaction in relation to the outcome of a complaint investigation is recorded.	The agency forwards correspondence to be signed by the complainant that they are satisfied with the outcome of the complaints investigation.  This requirement has been assessed as being fully met.	Once	Fully met
3	6 (1) (b)	The registered person must ensure that service users have consented to staff using a laptop in their home and an appropriate payment towards the cost of electric and internet access be made by the agency before this practice is implemented.	The inspector viewed a consent form signed by service users in relation to staff using a laptop in their home; the agency make a contribution towards related cost based on the utility bills received.  This requirement has been assessed as being fully met.	Once	Fully met
4	14 (e)	The registered person must ensure that the agency has written consent from service users/representatives for staff	The manager stated that agency staff no longer have keys to access service users' homes; where appropriate service users retain their individual keys. They	Once	Fully met

		<p>to have a key to access their home and the arrangements specified when the key can be used.</p>	<p>stated that a number of service users have key safe boxes in place.</p> <p>This requirement has been assessed as being fully met.</p>		
--	--	--	--	--	--

No.	Minimum Standard Ref.	Recommendations	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	1.1	It is recommended that the registered person ensures that the agency's records confirm that service users have received information on human rights and had these rights had explained to them.	<p>The agency requires that service users sign to indicate that they have received information relating to their human rights and they have been explained to them. The inspector viewed documentation signed by a number of service users.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met
2	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	<p>The inspector viewed a number of care and support plans; it was identified that relevant reference is made to service users human rights.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met
3	8.11	It is recommended that staff understand when the responsible person is undertaking the monthly quality monitoring visit.	<p>The manager stated that staff have been provided with information relating to the monthly quality monitoring visit; staff informed the inspector that they were aware that monthly monitoring was completed.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met



4	14.10	It is recommended that the registered person ensures that staff receive awareness training on the protection of children and young people every two years.	<p>The manager stated that child protection training is incorporated with safeguarding vulnerable adult training. The inspector viewed documentation verifying this information.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met
---	-------	--	---	------	-----------

**10.0 Inspection Findings**

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 1:</b></p> <p><b>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<p><b>Provider's Self-Assessment</b></p>	
<p>Every service user is provided with a Service User Guide and a Client Contract. Within these documents the following is included:-</p> <ul style="list-style-type: none"> <li>*A guide and individual agreement of services to be delivered including any charges and how these are paid.</li> <li>*The Client Contract details arrangements to apportion shared costs including those associated with agency business that is conducted in the service user's home.</li> <li>*Maintenance costs of areas unused by service users are quantified and detailed in the Client Contract.</li> <li>*Both the SUG and the CC clarify arrangements for staff meals that are detailed in the 'Employee Food' policy/procedure.</li> <li>*The CC details how a service user is supported in the management and record keeping of their finances.</li> <li>*There is a finance procedure in place.</li> <li>*The CC explains how and when service users will be informed of any increase in their charges.</li> </ul>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector discussed the theme with the registered manager; discussions identified that nine service users in receipt of 20 hours or more of care and support per week are required to make a contribution of 50% of their Disability Living Allowance (DLA) for the services they receive.</p> <p>The manager advised the inspector that these charges were in respect of services provided to meet needs that had been identified by the HSC trust assessment; the HSC trust is also contributing an amount for each individual service user to the agency for care.</p> <p>The inspector viewed the client contract for two service users and noted that service users are paying additional charges related to their DLA benefit for care provided by the agency.</p> <p>Service users could describe the process for cancelling any services provided by the agency.</p> <p>Service users stated that they pay an agreed amount per week for food and utilities, and could describe the process for menu planning and purchasing food; 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. It was identified that the client contract did not detail that service users could opt in or out of services. A requirement has been made.</p>	<p>Not compliant</p>

The manager stated that staff are required to provide their own food whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspector.

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

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 2:</b></p> <p><b>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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);</li> <li>• 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;</li> <li>• A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;</li> <li>• 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</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<p>as nominated appointee;</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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,</li> <li>• 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;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<p><b>Provider’s Self-Assessment</b></p>	
<p>*Each service user has a finance plan that details the strengths and needs of the individual for how Prospects support them to manage their finances.          *The Client Contract and finance plan records amounts being paid by/in respect of services.          *Service users who receive support with their finances have a finance file. Transactions are signed and dated by staff.          *The Expenditure Approval Form is used to record authorisation for services/items purchased on behalf of service users.          *The finance plan details arrangements for short notice requests for access to money.          *Daily finance/petty cash/possessions checks are carried out in every service.          *Records and receipts are kept up to date.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency has in place service user finance plans for individual service users; they detail the support required by individual service users to manage their monies. The manager stated that the referral documentation received from the HSC trust details the support required.</p> <p>The inspector viewed the documentation for two service users and noted they detailed the support required by service users to manage their finances.</p>	<p>Compliant</p>

<p>The agency retains details in individual service users care records of their appointee; service users are supported to manage their monies as previously agreed.</p> <p>One service user stated that they have been involved in discussions and agreements in place in relation to their monies. Service users 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 homes.</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; staff stated they have received training on handling service users' monies.</p> <p>The manager could describe the procedure recently followed in relation to referring a service user for a capacity assessment.</p>	
--	--

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• 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;</li> </ul> <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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>She service users look after their own valuables and financial records in their home with the support of staff. Finance files and enabling plans detail support needed and record all transactions. Risk assessments reflect controls in place with regard to finances and accomodation.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The manager stated that there is a locked facility located in each of the service users homes; a record of the contents is maintained and is reconciled twice daily at shift handover.</p>	Substantially compliant



Staff stated that service users are provided with the agreed support to keep their valuables safe and provided with the required support to manage their monies; individual finance enabling plans detail the support required by service users to manage their money.

The agency's finance policy details the procedures for staff handling service users' monies; it was viewed by the inspector.

The agency maintains individual financial ledgers for each service user ; the inspector viewed the ledgers maintained on behalf of two service users and noted that they record any transactions and available balance and are signed by two staff. Staff stated that a reconciliation of monies held by the agency is completed daily by two staff members and the service user where appropriate, and could describe the necessary steps if a discrepancy was identified.

It was identified that the agency does not maintain a list of staff signatures. A requirement has been made.

The manager stated that a monthly reconciliation is also completed and additionally an annual finance audit is completed by the agency's finance department.

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

<p><b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b></p>	
<p><b>Statement 4:</b></p> <p><b>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</b></p> <ul style="list-style-type: none"> <li>• The needs and resources of the individual service user are considered in conjunction with the HSC trust assessment;</li> <li>• The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;</li> <li>• 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;</li> <li>• 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;</li> <li>• Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;</li> <li>• Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;</li> <li>• 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);</li> <li>• 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;</li> <li>• 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;</li> <li>• Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<ul style="list-style-type: none"> <li>• 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;</li> <li>• Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>The Service User Guide and the Client Contract outlines terms and conditions for transport that service users can avail of. Charges are applied according to their use of staff cars. Records are kept of mileage claimed and invoices detail journeys undertaken. The agency is not in receipt of DLA mobility for any service users. In 2 services service users have purchased their own car. H&amp;S rep oversees regular servicing carried out on these cars. Staff carry out H&amp;S checks monthly on cars. Staff using their vehicles have their licenses, MOT and insurance checked.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector discussed this theme with the manager who stated that the agency provides a transport service for service user in the form of staff vehicles. A number of service users have purchased a car for their use; the agency has in place a signed purchase agreement in relation to this arrangement; it was viewed by the inspector.</p> <p>The inspector viewed the service user agreement and noted that it details the terms and conditions and any related charges.</p> <p>The agency maintains a record of all journeys taken by service users; it details the purpose of all journeys and those service users who availed of the service. Service users are billed monthly by the agency for their individual usage.</p> <p>Individual care and support plans viewed details the support required by service users to access appropriate transport.</p> <p>The manager stated that service users have the option to avail of public transport which they pay for individually. The inspector viewed the agency's transport policy.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Not compliant

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>The initial referral documentation completed by the Trust and service user's representative provides the agency information to build up a profile of the person. The Client Contract outlines the care package provided as agreed with the HSC trust.</p> <p>The agency then uses Enabling plans which provide detailed information of all relevant areas of the person's life. It focusses on how strenths are maintained, needs are met and risks are assessed.</p> <p>Consideration is given to the person's human rights.</p> <p>Enabling plans are updated regularly including after reviews or incidents plans are updated. Views of service users and their representatives are incorporated into the plans.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Prior to service users taking up a tenancy the agency receives a range of multi-disciplinary assessments from the referring HSC trust; these outline the assessed needs of service users and highlight identified risks.</p> <p>It was noted that service users enabling plans/care plans outlined a range of interventions and reference was made to the consideration of the individual service user’s human rights.</p>	Compliant

Service users stated that they are involved in developing their individual care and support plans and that their views are reflected. The inspector noted that care plans are signed by the service users or their representatives and are reviewed at least annually following the review with the HSC trust representative or as required. Staff stated that they record daily the care and support provided to the service users; these were viewed by the inspector.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Staff complete the NISCC induction standards which includes all mandatory training and policies. Staff are inducted into services. The effectiveness of the training is evaluated through forms and at staff meetings. Staff have received training on practices that are restrictive. Staff raise concerns regarding changing needs by alerting their line manager and through diary entries, trend forms and incident forms. Keyworker and House meetings are also methods by which services are evaluated. Staff are aware of their responsibility to raise concerns about poor practice or the need for whistleblowing. Staff are inducted according to the NISCC standards by reading policies, induction into care practices, face to face training and online training. All staff are required to complete mandatory training and additional training required for individual care needs. Training evaluations are completed to assess the effectiveness of the training. Some core staff have received MAPA training including consideration of human rights. Care practices are reviewed following training, staff meetings, annual reviews and following incidents. Significant changes are discussed with family and the professionals involved with the service user. Staff raise concerns</p>	<p>Moving towards compliance</p>

<p>about poor practice in supervision and staff meetings. Staff are aware of Prospects Whistleblowing policy.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency maintains a matrix of staff training; it was viewed by the inspector; it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, medication management, human rights, managing challenging behaviours, epilepsy and dementia.</p> <p>Staff stated that they had received induction training at the commencement of their employment and further training throughout their employment. The manager stated that staff complete an induction within the service in the first three days of employment. Staff stated that they receive three monthly one to one supervision and annual appraisal; they stated that they are encouraged to identify any training needs or concerns at any time.</p> <p>Staff stated that they felt competent to carry out the requirements of their role and feel supported by the management team. The agency has in place a supervision and appraisal policy.</p> <p>Staff could describe the process for highlighting any changes to service users' needs; they could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy.</p>	<p>Compliant</p>



<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<b>Statement 3:</b>	<b>COMPLIANCE LEVEL</b>
<p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
<p>Prospects provides support in the service users own home and is person centred. Support is given with respect to the individual's control, choice and independence and is maximised where possible. Any practice that may be deemed restrictive is in place for health and safety reasons of the individual eg a diet for health reasons or bedrails for safety reasons. This has been agreed by the individual, their representatives or by the multidisciplinary team.</p> <p>Support is provided on the assessment of the individuals strengths and needs. This is done in an easy and accessible format. The enabling plan provides a comprehensive record of the needs and wishes of the individual to ensure staff provide the support suited to that individual and all work consistently. There is no practice for one service user that would restrict another service user.</p>	Compliant
<b>Inspection Findings:</b>	
<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 agency; it was identified that the service user guide did not reference restrictive practice. A requirement has</p>	Moving towards compliance

been made.

Service users stated that staff encourage them to make their own choices; they stated that they are involved in the development of their individual care and support plans and that they can opt out of any service they do not wish to avail of.

Staff stated that service users are provided with keys to their home and individual rooms; service users who spoke to the inspector stated that they can choose when to leave their home.

The manager and staff could describe practices which could be deemed to be restrictive; they stated that any restriction involves engaged with the relevant HSC representative, the service user, their representatives and members of the MDT as required.

It was identified that documentation in place relating to agreed restrictions was not signed by the HSC trust representative. A requirement has been made.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• 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.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• 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.</li> <li>• 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.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• 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</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Any restrictive practice is only undertaken with the agreement of the individual or their representative and or a multidisciplinary team for example the use of bedrails for safety or a finance agreement to help the individual budget their money.</p>	Compliant

Inspection Findings:	
<p>The inspector discussed this theme with the manager and staff; they stated that care practices are reviewed regularly to ensure that practices which are may be deemed as restrictive are identified.</p> <p>Staff who met with the inspector could describe practices which could be deemed as restrictive; they described the process for engaging with service users' and their representatives in relation to any practices that many be deemed as restrictive.</p> <p>From the training records viewed and discussion with staff it was noted that staff have received training in human rights, MAPA and protection of vulnerable adults.</p> <p>The inspector discussed with the manager the use of bedrails; the manager stated that bedrails are not used and stated that one service user had been provided with equipment to assist them whilst getting out of bed.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Moving towards complian</p>

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<p><b>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</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• 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.</li> <li>• 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.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
<p>The amount and type of care is recorded in the Client Contract and the enabling plans. The Care Enabling Policy details the process of how the care needs are assessed and devised. The agency's Enabling File details the procedure from the initial referral and care assessment from the Trust to the development of enabling plans and risk assessments. As part of this procedure the Client Profile is drawn up in accessible format from which comprehensive and thorough plans are written up to ensure the care is planned according to the individual's needs and wishes.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager stated that the relevant HSC trust commission an amount for care provided by the agency to individual service users. It was identified that service users receiving more than 20 hours of care and support per week are required to pay 50% of their DLA benefit.</p> <p>Service users who met with the inspector described the care received by the agency and were aware that the relevant HSC trust commission care provided to them; in addition nine service users pay the agency an amount related to their DLA benefit for care. Records viewed and discussions with the registered manager could not identify the amount of service provided to individual service users in relation to the payments made by them to the agency.</p>	Not compliant

The inspector viewed three care and support plans; they detail the care provided to the service user by the agency. Service users stated that they are encouraged to participate in the development of their individual care and support plans.

Staff could describe the amount and type of care provided to individual service users; they described a range of practices which were specific to the meet the needs of individual 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. Staff described the importance of providing the agreed support whilst promoting the independence of the service users.

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 annually or as required.

The agency has in place documentation in an easy read format to assist service users in understanding the detail of their care and support plans.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 2</b>	<b>COMPLIANCE LEVEL</b>
<p><b>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.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• 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.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• 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.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>Each service user is given a client contract which outlines the amount of support, the hourly rate and the methods of payment. This is discussed with each service user/representative before signing the documentation and a copy is provided for the service user/representative.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency has in place individual client contracts; the inspector viewed three agreements; it was noted that they outline charges made to the service user by the agency.</p>	Not compliant

The manager stated that the relevant HSC trust commissions an amount for care provided to individual service users; they stated that nine service users are paying the agency additional charges for care. They stated that service users receiving more than 20 hours of care and support per week are required to pay 50% of their DLA benefit. The manager stated that this arrangement is agreed with service users prior to the commencement of their tenancy. Records viewed and discussions with the registered manager could not identify the amount of service provided to individual service users in relation to the payments made by them to the agency.

The agency has in place a client contract for each individual service user; it details that service users receiving 20 hrs or more per week will be required to pay 50% of their DLA benefit.

Service users could describe to the inspector any charges for services received from the agency.

Service users' could describe to the inspector the process for cancelling any services provided by the agency which they no longer required.



<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 3</b>	<b>COMPLIANCE LEVEL</b>
<p><b>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.</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences.</li> <li>• 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.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
<p>The Client Contract is reviewed every 6 months or sooner if changes. The Trust reviews their contracts at least annually. Staff prepare notes for reviews and document minutes from reviews. Client contracts and enabling plans are updated following reviews using the reviewing sheet system.</p> <p>New service users have their agreements in place detailing payment of fees and other service users are due to receive their contracts.</p>	<p>Moving towards compliance</p>
<b>Inspection Findings:</b>	
<p>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 (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).</p> <p>The agency’s return stated that 12 service users had received an annual review involving the HSC trust; the</p>	<p>Compliant</p>

registered manager stated that the remaining service users have a review planned; they stated that service users are reviewed annually by the commissioning HSC trust or as required.

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

The inspector viewed the care records for two service users and noted that reviews had taken place; the agency retains a copy of the review documentation.

Staff stated that the care and support plans are updated annually following the review meeting or as required; they stated that they are encouraged to participate in the review meetings of the service users.

The inspector noted from the documentation viewed that the agency have in place client contracts which detail charges made to the service users for services received; these are signed by the service user and updated at least annually.

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Moving towards compliance

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Not compliant

## **11.0 Any Other Areas Examined**

### **11.1 Complaints**

The agency had two 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. Discussion with the manager indicated that the agency's procedure had been followed.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Mervyn Bothwell, responsible person and Mrs Liza Wiseman, 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**



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Announced Primary Care Inspection**  
**Prospects (11198)**

**6 February 2015**

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Mervyn Bothwell, responsible person and Mrs Liza Wiseman, 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.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to detail that service users can choose to opt in/out of services provided by the agency.</p>	Once	<p>Service User Guide has been updated to reflect:</p> <ol style="list-style-type: none"> <li>1. Service users can opt in/out of services provided by Prospects and</li> <li>2. Service User Guide reflects amount and method of payment of fees.</li> </ol>	Two months from the date of inspection: 6 April 2015.
2.	14.(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>(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 staff record their full signature on all service user finance documentation.</p>	Once	<p>Prospects has now introduced a system that all full signatures are required on records (with the exception of MARS/Med sheets). Prospects on an ongoing basis will keep a register of all staff specimen signatures.</p>	Two months from the date of inspection: 6 April 2015.



<p>3.</p>	<p>6.-(1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to include information relating to restrictive practice.</p>	<p>Once</p>	<p>Prospects Service User Guide has been updated and amended to include reference to any restrictive practice being approved within a multi-disciplinary context.</p>	<p>Two months from the date of inspection: 6 April 2015.</p>
<p>4.</p>	<p>14.(a)(b)</p>	<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>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that risk assessments relating to any restrictive practice are signed by relevant HSC Trust representatives and that documentation reflects that services users and relevant representatives have been consulted in relation to any agreed restrictions.</p>	<p>Once</p>	<p>Prospects staff have been advised to identify all risk assessments relating to all practices that may be deemed to be restrictive and to request signatures from the relevant Health &amp; Social Care Trust representatives. This will be monitored by Lisburn management staff.</p>	<p>Two months from the date of inspection: 6 April 2015</p>

<p>5.</p>	<p>23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service users' relatives and relevant professionals.</p>	<p>Once</p>	<p>Prospects' Practice Director will, on an ongoing basis, as part of his Monthly Monitoring Visits, ascertain the views of people supported, their relatives and relevant professionals.</p>	<p>Two months from the date of inspection: 6 April 2015.</p>
<p>6.</p>	<p>14.(b)</p>	<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>This requirement relates to the registered person ensuring that they forward to RQIA assurances that the amount of care purchased by service users is specified within the documentation provided to service users and/or their representatives. It was agreed that this assurance would be received on or before 26 May 2015.</p>	<p>Once</p>	<p>Prospects will write to RQIA no later than the 10<sup>th</sup> April 2015 to inform their position regarding charging arrangements re people supported. The Client Contract and the Service User Guide will be amended accordingly.</p>	<p>On or before: 26 May 2015.</p>



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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	<i>Liza Wiseman</i>
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	<i>Meryn Botwell</i> MERYN BOTWELL

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	25/03/2 015
Further information requested from provider			