



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

<b>Name of Agency:</b>	<b>Hugomont Scheme</b>
<b>Agency ID No:</b>	<b>11273</b>
<b>Date of Inspection:</b>	<b>11 December 2014</b>
<b>Inspector's Name:</b>	<b>Jim McBride</b>
<b>Inspection No:</b>	<b>INO20696</b>

**The Regulation And Quality Improvement Authority  
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**General Information**

<b>Name of agency:</b>	PCG - Hugomont Scheme
<b>Address:</b>	Hugomont Scheme 5a Hugomont Drive Ballymena BT43 6HN
<b>Telephone Number:</b>	028 2563 1570
<b>E mail Address:</b>	bettyduff@praxiscare.org.uk
<b>Registered Organisation / Registered Provider:</b>	Mr Nevin Ringland
<b>Registered Manager:</b>	Miss Elizabeth Duff
<b>Person in Charge of the agency at the time of inspection:</b>	Miss Elizabeth Duff
<b>Number of service users:</b>	5
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 13 March 2014 09:00-15:00
<b>Date and time of inspection:</b>	11 December 2014 09:00-14:00
<b>Name of inspector:</b>	Jim McBride

## 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	2
Staff	4
Relatives	1
Other Professionals	1

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. The manager stated that an amount of questionnaires over the requirement were issued so in fact the return was positive.

Issued To	Number issued	Number returned
Staff	25	18

### 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 full compliance with one requirement and two recommendations issued during the previous inspection of the 13 February 2014 was assessed.

The agency has fully met the one requirement and recommendations made. The inspector verified compliance by the records made available and during discussions with the Registered Manager.

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.

## Profile of service

Praxis Care, Hugomont, is a domiciliary care agency supported living based in Ballymena for five service users who have a learning disability and overlapping challenging behaviours. Under the direction of manager Ms Betty Duff, fifteen staff support service users to live as independently as possible within a community setting. These staff assist with personal care and lifestyle management that includes organising work placements, day care, managing budgets and setting goals for personal development. All referrals are made by the Northern Health and Social Care Trust.

## Summary of inspection

The inspection was undertaken on 11 December 2014. The inspector met with Mrs B Duff the registered manager during the inspection.

The inspector had the opportunity to meet two service users in their own home. Service users who participated in the inspection provided very positive feedback in relation to the quality of care and support they receive from agency staff. Service users advised the inspector that they experience encouragement and support to maintain their independence and to take control of their life.

The inspector spoke to four staff. Staff stated that they had received training in human rights and that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement. Staff also stated that they had received training in the supported living model of care and commented on their understanding of this. The inspector had the opportunity to speak to one relative and to one HSC Trust Staff and have added their comments to this report.

Records examined show clear evidence that the service is person centred and individual. This was acknowledged within individual care plans examined by the inspector as well as during discussion with the manager, staff and tenants.

## Tenants' Comments:

"Good staff"

"I'm happy here I have had lots of homes since I was young but this is the best"

"I have freedom here and can do as I please"

"The staff listen and support me well"

We are all ell cared for here and the staff are great"

"This is a good place to live".

## Staff Comments:

"Staff training and induction is good and prepares you for your role"

"We have a good team and communicate well with each other"

"Supervision is one to one and is excellent"

"The manager communicates with the staff well".

**Relatives Comments:**

“Staff are very helpful”  
“\*\*\*\*\* loves living there and has no complaints”  
“Staff are supportive and care for the guys well”  
“Staff make us feel welcome at all times”.

**HSC Trust staff comments:**

“I have found the staff very professional at all times”  
“I plan to attend my client’s next review”  
“My client enjoys the supported living environment”.

Eighteen questionnaires were received prior to inspection; the inspector also spoke to four members of staff on duty during the inspection and has added their comments to this report.

**The eight questionnaires returned indicated the following:**

- Protection from abuse training was received by all eighteen staff
- Training was rated as good or excellent
- Staff competency was assessed via questions/answers, group work, individual participation.
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts.

Records in place, examined by the inspector verify the above statements received from staff.

It was evident from reading individual person centred support plans and discussion with staff that the service users and their representatives have control/input over individual care and support.

**Individual comments on the principles supported living from staff:**

“Promote autonomy and independence and positive risk taking to improve the quality of individual’s lives.”  
“Offer choice and provide a safe environment”  
“Person centred planning”  
“Developing service users skills”  
“Help service users to reach their full potential”

**Staff also stated that systems are in place to ensure individual opinions are heard they include:-**

- Service users meetings
- Monitoring Visits
- Reviews
- Keyworkers discussions

**The areas indicated above were verified by:**

- Discussion with staff and service users
- Monthly monitoring visit records
- Staff training records

**Detail of inspection process:**

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

**The agency has achieved a compliance level of "Not Compliant" for this theme.**

The agency provided supporting evidence of documentation currently in place to ensure each individual service user has in place the following:

- Transport Agreement
- Domiciliary Care Agreement
- Service User Handbook
- Care Support Agreement
- Bills Agreement
- Finance Assessment
- Capacity Assessments

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with a domiciliary care agreement; Service users are provided with a domiciliary care agreement; however it was unclear as to the arrangement of one service user who contributes to their care costs. It is required that the agency review its procedure and show clear evidence of care costs within the bills agreements section of individual support plans.

The documentation highlighted above shows evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments, whilst the current statement of purpose describes the nature and range of services provided. The manager stated that staff buy and eat their own food whilst on duty.

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

**The agency has achieved a compliance level of "Not Compliant" for this theme.**

The agency has in place comprehensive care/support plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery.

These care plans reflect the input of the HSC Trust and the thoughts and views of the service users and their representatives.

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users.



Records examined show a range of interventions used in the care and support of individuals. The manager explained the agency's awareness of human rights and how it is inherent in all its work with service users.

The agency has in place comprehensive risk assessments describing capacity and as well as measuring the ability of individuals to achieve greater independence and choice in daily living. Staff stated they had received human rights training; the last recorded sessions were completed on the 2 September 2014.

Service users are provided with a domiciliary care agreement; however it was unclear as to the arrangement of one service who contributes to their care costs. It is required that the agency review its procedure and show clear evidence of care costs within the bills agreements section of individual support plans.

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

**The agency has achieved a compliance level of "Compliant" for this theme.**

Each service user has in place an individual domiciliary care agreement provided by the agency.

Records examined by the inspector show details of the amount and type of care provided by the agency.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The service users and their representatives are made aware of the number of hours care and support provided to each service user. Individual care plans state the type of care and support provided.

The manager, staff and tenants interviewed by the inspector discussed what care and support was provided to individuals daily. The service is person centred, whilst the needs and preferences of individual service users are set out in their individual care plan.

The agency's policy on assessment and care planning and their statement of purpose/tenants guide describe how individual service user agreements are devised. The agency's domiciliary care agreement is consistent with the care commissioned by the HSC Trust.

**Additional matters examined**

The inspector read a number of monthly monitoring reports in place from August to December 2014. These have been completed regularly and were up to date and include action plans for service improvement.

Records examined show evidence of discussions with:

- Staff
- Service users
- Relatives
- HSC Trust staff

The monitoring reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The manager stated that she and the agency's monitoring individual discuss the report following each visit.

**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.

The survey was discussed during the inspection and the registered manager advised the inspector that the service users are helped with their finances and that Praxis staff act as agents and appointees for four of them. One service users' finances are managed by the Office Of care and Protection. All documentation required was in place confirming these arrangements.

The registered manager confirmed that agency staff is available to offer advice and support with budgeting. Service charges are paid by service users by direct debit. The returned survey shows that no service user is paying for additional care services that do not form part of the HSC Trust's care assessment. However upon examination of the records, of one service user the inspector noted that a charge for care is being made. One requirement has been made in relation to this charge.

**This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges for care made to service users.**

**Care reviews**

The registered manager completed and returned to RQIA a questionnaire which provided 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"). Records examined by the inspector shows that all relevant reviews have been completed.

**Statement of Purpose:**

The agency's statement of purpose was examined and reflected the current nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed 26 August 2014.

The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

## Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 23	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>The monthly quality monitoring reports must be forwarded to the RQIA until further notice.</p>	<p>This requirement was assessed as fully met; the documentation in place was satisfactory.</p> <p>The inspector read a number of monthly monitoring visits in place from August 2014.</p> <p>The agency did furnish RQIA with the required number of monitoring visits.</p>	Once	Fully Met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records when necessary.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met
2	Standard 1.1	The registered manager should ensure that all tenants have the number of support available to them recorded in their individual support plans.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met

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

**Statement 1:**

**COMPLIANCE LEVEL**

**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.

Provider's Self-Assessment	
<p>The following documents meets the requirements of Theme 1 Statement 1:</p> <p><b>Bills Agreements:</b></p> <ul style="list-style-type: none"> <li>- Provide up to date information pertaining to contributions paid to Praxis Care in accordance with a 'shared costing' to each service user, dependent on living situation</li> <li>- Contributions 'broken down' into accessible amounts</li> <li>- Contribution to staff meals during activities detailed in agreement</li> <li>- Details of holiday arrangements detailed in agreement</li> <li>- Service users promptly notified of changes as and when they occur. Staff attempt to adhere 1 week notice best practice</li> <li>- - See Service users file.</li> </ul> <p><b>Agreement/Support Agreement/Licence Agreement/Occupancy Agreements/Financial Agreement</b></p> <ul style="list-style-type: none"> <li>- Details agreements for each charge:</li> <li>- Agreement/Service User guide agreed by the Statutory Keyworker. The agreements outline charges which are reviewed yearly or as required. All Care plans, reviews, risk assessments are contained in the Service</li> <li>- - See Service User File</li> </ul> <p><b>Staff Meals:</b></p> <ul style="list-style-type: none"> <li>- Staff provide their own meals whilst in Scheme.</li> </ul> <p><b>Support Plans:</b></p> <ul style="list-style-type: none"> <li>- Details needs of Service User and action requirements for staff regarding finance management/support details</li> <li>- - See Service Users Support Plan</li> </ul> <p>Service user agreements and plans updated yearly, 6 monthly where possible and/or appropriate</p> <p>The service users home does not look like a workplace. It is a homely environment that is individual to each service user. Their bedrooms are decorated and suited to each persons tastes/needs with assistance from staff and if appropriate their family. Service users are encouraged to be involved in deciding the decor.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Documents in place included the service users' guide, care/support agreements, personal care plans and individual finance summary's show clear evidence of how service users manage their finances. Four service users have an identified appointee who is part of the agency and documentation clarifying this was in place. Staff who assist service users with shopping etc. have in place a procedure for recording all transactions with two signatures and regular reconciliations of monies. The manager stated that "Staff provide their own food when on duty." Service users who participated in the inspection advised the inspector that they are encouraged to personalise their accommodation and that agency staff respect their privacy.</p> <p>The agency stated in their returned review documentation that reviews have been completed.</p> <p>Records in place verify that the agency has notified each service user in writing, of the increase in the charges payable by the service user at least four weeks in advance of the increase and the arrangements for these written notifications were included in each service user's agreement.</p> <p>During the inspection of the agency's charging survey and in discussion with the manager, It was unclear why one service user contributes to their care costs. It is required that the agency review its procedure and show clear evidence of costs for care within the bills agreements section of individual support plans.</p>	<p>Not Compliant</p>

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

**Statement 2:**

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

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

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<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>	
<b>Provider's Self-Assessment</b>	
<p>Each Service Users Care Plan/Bills Agreement/Licence Agreement/Domicillary and Support/ Agreement outl</p> <p>All Service users avail of money tin service. Tins are stored in scheme safe and individual keys are stored separately in locked cabinet. Staff complete daily audits re:service users finances (monthly by manager) and this is signed by two staff on each occasion a transaction takes place.</p> <p>Manager acts as appointee for four service users. All necessary documentation is held with service users working file.</p> <p>One service user is under the Office of Care and Protection.</p> <p>Expenditure records are kept which includes invoices and receipts.</p> <p>A reconciliation of expenditure is completed regularly (at least quarterly).</p> <p>Written communication is completed when there are concerns around the Service User capacity and sent to Statutory Keyworker. Staff take lead regarding capacity and assessment of capacity from Statutory Worker</p> <p>Tenants can avail of Praxis Care Loans policy if required</p>	<p>Compliant</p>

Praxis Care finance department maintain records for amounts paid regarding all agreed services and facilities outlines support given by the Agency regarding management of finances.	
<b>Inspection Findings:</b>	
<p>The inspector examined a number of finance assessments, capacity assessments and domiciliary care agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed when handling service users' monies. Records in place show receipts and signatures as well as regular reconciliations in line with procedures. The staff on duty stated that they have received training on the handling of service users' monies. The manager stated this training is part of the induction process. All service users have been assessed by the relevant authority as lacking the capacity to take responsibility for their finances and their monies are handled by the office of care and protection and appointees. The inspector examined the relevant documents in place. Annual reviews completed by the HSC Trust show evidence of finance arrangements in place. 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 their domiciliary care agreement.</p>	Compliant

<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>Procedures for the storage of money and valuables is recorded within the Service Users File.                      Safe Records are maintained as per agency policy.                      Income and Expenditure records are kept as per agency policy.                      Service users are aware of the procedures in place and have access to their individual financial records. Restrictions of money is reflected in the Service User Support plan.                      Regular reconciliation of money are audited daily/weekly and by the manager monthly.</p>	Compliant

<b>Inspection Findings:</b>	
Service users have individual safe storage areas for their monies within their own homes, no restrictions are in place for access. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure for those service users who may need help.	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;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private

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<p>(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;</p> <ul style="list-style-type: none"> <li>• Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<p><b>Provider's Self-Assessment</b></p>	
<p>Service Users needs are discussed with the Service User themselves, Statutory keyworker, family and any other members of the MDT.          - - See Support Plan</p> <p>All Service Users have a transport agreement which they have signed and avail of on a regular basis.          - - See Bills and Transport Agreements</p> <p>Transport Processes - Each time a Service User undertakes a journey it is logged in the Mileage Book.</p> <p>Service Users receive an itemised mileage bill informed by records kept in the Mileage Book; every month for journeys undertaken.</p> <p>The Transport Agreement is determined by the individual's needs/wishes and so if Service Users wish to utilise public transport they are supported to do so in place of scheme transport.</p> <p>Road worthiness - The scheme minibus is serviced as and when required and vehicle safety is maintained at all times.          Before each journey is undertaken staff complete a visual check of the vehicle. Any anomalies are reported immediately.</p> <p>Records are held in Central Office relating to running costs of the vehicle.</p> <p>The Manager verifies and checks that all staff vehicles used to transport Service Users are roadworthy.</p> <p>Currently no service users share a vehicle under the Mobility Scheme</p>	<p>Compliant</p>

Inspection Findings:	
The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge. Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept.	Compliant

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

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

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<b>Statement 1:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<p><b>Provider’s Self-Assessment</b></p> <p>Each individual Care/Support plan is completed for all service users, detailing assessed need and risk elements connected to each needs.</p> <p>Specific mention and focus on restrictive practice as well as explicit consideration the Human Rights of each Service User.</p> <p>A Comprehensive Risk Assessment is completed by the HSC Trust when appropriate.            Service Users provide feedback to the HSC Trust at their reviews and to staff on an ongoing basis.            Monthly summaries are completed and discussed with the Service User each month and go to form the Statutory review process. Family and Service Users views are considered throughout the care/support planning stages as well as review stage.</p> <p>Care/Support Plans are wholly reviewed yearly, 6 months where possible. Additionally, the plan is reviewed on an ongoing basis in order to meet the changing and dynamic nature of Service Users needs.</p> <p>- - All relevent information contained in the Support Plan section of Service User file</p>	<p>Compliant</p>



Inspection Findings:	
<p>HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read four care plans and these clearly show that the service is person centred whilst discussing outcomes and personal goals. The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Records in place show the involvement of the HSC Trust and service user representatives in the process. It was good to note that human rights considerations are implicit in the agency's documentation and include specific human rights articles relevant to the service users. Staff stated they had received human rights training; the last recorded session was completed on the 2 September 2014. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users. Records examined show a range of interventions practiced in the care and support of individuals.</p>	<p>Compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b>  <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>All staff receive regular mandatory training and additional training which reflects the needs of the service as well as RQIA and NISCC requirements.</p> <p>Ongoing guidance and professional practice development is provided through regular formal supervision, team meetings and practice shadowing.</p> <p>Awareness and reflection on restrictive practice occurs at staff handovers, team meeting and supervision forum. Considerations and implications of the Human Rights Act are discussed during monthly team meetings.</p> <p>Staff are aware of the policies and procedures which support good practice ie Service User Charter, management of challenging behaviours, the whistleblowing policy/NISCC code of conduct/Service User Involvement Strategy/Risk Assessment and Management Policy for Service Users/Safeguarding Adults Proceedure/Service Support Standards/Risk Management Strategy.</p>	Compliant

Inspection Findings:	
<p>The inspector examined a number of training records, staff competency assessments and evaluation records in place. The manager and staff stated that training completed shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. The manager discussed with the inspector the on-going competency assessments of staff and shared the written records in place. Records in place show that training is evaluated and discussed during supervision and appraisal with staff this was also verified by staff during discussions. The inspector discussed with the manager and staff, reporting procedures if they had any concerns about poor practice, staff were clear about the reporting procedures and were able to explain in detail how they would take these concerns forward. Agency staff described their understanding of restrictive practice and identified the use of a restrictive practice in the home of one service user.</p>	<p>Compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b>  <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>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>The Statement of Purpose outlines the range and nature of the services provided by the agency.</p> <p>Restrictive practices are highlighted in the Care Plans and are reviewed regularly.</p> <p>The Service Users Handbook highlights the provision of care available to them.</p> <p>All Service Users are consulted and included in their care provision package.</p>	Compliant

Inspection Findings:	
<p>Each service user has in place a care plan the inspector examined five of the records in place and the manager stated restrictive practices are currently in place. The tenants guide and the statement of purpose describe the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative. Care plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their tenants' handbook of their right to decline aspects of their care provision.</p>	<p>Compliant</p>

<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>	<p><b>COMPLIANCE LEVEL</b></p>

<b>Provider's Self-Assessment</b>	
<p>Audits of restrictive practices are reviewed three monthly with Adult Challenging Behaviour Team and six monthly with Statutory keyworkers.</p> <p>Restrictive practice is discussed with staff at supervision or at staff meetings.</p> <p>Restrictive practice is implemented through multi-disciplinary agreement. Service Users Human rights are considered throughout this process</p> <p>Policies and procedures are in place in relation to untoward reporting, managing challenging behaviours, whistleblowing, safeguarding vulnerable adults.</p> <p>Untoward - Incident reports are completed and copied to all relevant parties as per the agency policy including where restraint has been implemented as a last resort.</p>	Compliant
<b>Inspection Findings:</b>	
<p>As stated in the self-assessment there are restrictive practices in place. The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

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

<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>Service Users and staff can describe the process of Assessment &amp; Care Planning. Service Users all have a Service User guide and can access the Statement of Purpose within their own home. Staff have an understanding of the amount and type of care provided to service user.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Records examined by the inspector show clear details of the amount and type of care provided by the agency. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs.</p> <p>The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need. The service users and their representatives are made aware of the number of hours care and support that is available to them. Care plans state the type of care and support provided. The manager and staff interviewed by the inspector were able to describe what care and support was provided to individuals daily. The service is person centred whilst wishes, preferences and choice is included in the care plan. The agency’s policy on assessment and care planning and their statement of purpose/service user guide describe how individual service user agreements are devised. The agency’s care plans are consistent with the care commissioned by the HSC Trust. The agency’s care plan information accurately details the amount and type of care provided by the agency in an accessible format.</p>	Compliant



<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <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>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>All Service Users can describe their support/care package and relate it directly to funding provided by the HSC trust.</p> <p>Service Users rarely require a 'topping up' of funding towards their provision of support/care. However, when on holiday and when requiring support from staff, Service Users are aware that this additional support/care requirement is funded by themselves. Documentation of this is planned out and follows the policy of Praxis Care regarding 'holidays'.</p> <p>Additionally, Service Users are charged £0.40 per mile used in the scheme vehicle if appropriate. When multiple Service Users avail of transport the total cost of £0.40 per mile is divided across Service Users.</p> <p>At present this is the only self funded element of Service Users support/care while at Hugomont and all</p>	Compliant

<p>costings are detailed explicitly. This process is safeguarded by the requirement that the Assistant Director must confirm the costings before any actions are completed.</p> <p>The Service Users Handbook details the 24 hours of support provided by staff.</p> <p>Service Users are aware that should they wish to avail of a separate service other than that offered to them by Hugomont they must speak to their Social Worker.</p>	
<p><b>Inspection Findings:</b></p>	
<p>Each service user has in place a support agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care. This payment structure is also stated in the agency's self-assessment. It should be noted that one service user has been making contributions from their personal income towards their care and support. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. As stated by the agency in their self-assessment each service user has in place a breakdown of the hours of care and support they will receive.</p>	<p>Not Compliant</p>

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 3</b> <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>	<b>COMPLIANCE LEVEL</b>
<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>Service Users agreements are reviewed yearly and Care Plans every 6 months where possible.</p> <p>Records show that Hugomont staff attempt to organise MDT review meetings which are held every 6 monthly/annually or more frequently if required.</p> <p>Should it become apparent that a Service Users needs are changing/need amending a MDT review is requested immediately.</p> <p>Support Plans are reviewed and amended every 6 months in consultation with the Service User, their representatives if available, the MDT and Statutory keyworker.</p>	Compliant

Inspection Findings:	
<p>Prior to inspection the agency were asked to forward to the RQIA details of service users annual reviews. The information received and the records examined by the inspector shows clear evidence that annual reviews have taken place and the records were in place. It was clear from records and discussion with the manager that the agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed on an on-going basis.</p>	<p>Compliant</p>

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

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

## **Any other areas examined**

### **Complaints**

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

### **Quality improvement plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Betty Duff the 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:

**Jim McBride**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Hugomont Supported Living Scheme

**11 December 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Betty Duff the registered manager both during and after the inspection visit.

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

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

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

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

<b>Statutory Requirements</b>					
<b>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 Day Care Settings Regulations (NI) 2007</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	15 (6) (d)	<p>The registered person shall develop the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> <li>Care costs</li> </ul> <p>The service user's individual financial agreements must be developed to reflect any payments made by them for care costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges for care made to service users.</p>	Once	<p>Each service user is issued with a 'Bills Agreement and Guide to Costs' which details all costs associated with care costs.</p> <p>Praxis Care attended a meeting at RQIA on the 17th October 2014 to discuss the methodology by which the organisation would reimburse service users if required. A report was presented to RQIA and the proposed actions accepted. Praxis Care will refund those service users who are owed money by the 31st March 2015.</p>	
2	15 (9)	<p>The registered person is required to ensure that a calculation is performed which details the amount of payments made by service users to the agency linked to DLA and SDP social security benefits. The registered person is required to secure repayment of the identified sums to each service user in conjunction with the HSC Trust.</p> <p>The registered person must provide a record of repayments made to the RQIA.</p>	Once	<p>The registered person has notified the HSC Trust of this requirement. The registered person is in the process of providing the HSC Trust with a breakdown of all sums paid to date and seek repayment for each service user this has affected. The registered person will provide a record of repayments to the RQIA.</p>	

		This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges for care made to service users.			
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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>	Betty Duff
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Willie McAllister on behalf of Irene Sloan

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	9/2/15
Further information requested from provider			