



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Kesh Domiciliary/SLS
Agency ID No: 11274
Date of Inspection: 29 January 2015
Inspector's Name: Jim McBride
Inspection No: 020776

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Kesh Domiciliary/SLS
Address:	26 Pettigo Road Letterkeen Kesh Fermanagh BT93 1QX
Telephone Number:	02868633107
E mail Address:	CormacCoyle@praxiscare.org.uk
Registered Organisation / Registered Provider:	Nevin Ringland
Registered Manager:	Cormac Coyle
Person in Charge of the agency at the time of inspection:	Cormac Coyle
Number of service users:	6
Date and type of previous inspection:	Primary Announced Inspection 18 March 2014
Date and time of inspection:	Primary Announced Inspection 29 January 2015 10:30-15:30
Name of inspector:	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	6
Relatives	2
Other Professionals	2

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

Issued To	Number issued	Number returned
Staff	15	12

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

No requirements or recommendations were issued during the previous inspection of the 18 March 2014.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of service

Kesh Domiciliary supported living service is a supported living type domiciliary care agency with supported living accommodation for up six service users in Kesh, Co Fermanagh. The care and support is provided in two sites within the area. Referrals come from the Western Health and Social Care Trust for service users aged over 18 years of age with a learning disability. Twenty staff provide support with care tasks, such as administration of medications, and health care, and housing tasks, such as managing finances, daily living arrangements and safety issues.

Summary of inspection

The inspection was undertaken on 29 January 2015. The inspector met with the registered manager during the inspection.

The inspector had the opportunity to talk with two service users. Service users who participated in the inspection provided positive feedback in relation to the quality of care and support they receive from agency staff.

The inspector spoke to six staff during the inspection. Staff stated that all service users have a care and support plan that meets their needs and has been prepared with HSC trust involvement.

The inspector had the opportunity to discuss the quality of the service with one HSC Trust staff member and one Independent Advocate who works closely with a service user. Two relatives were spoken to. The comments received have been added to this report.

Records examined show evidence of a person centred and individual service. This was acknowledged within individual care plans examined by the inspector as well as during discussion with the manager, staff and service users.

It was good to note that human rights legislation is outlined explicitly in each care and support plan.

Staff interviewed stated that they have attended human rights training and that they promote individual human rights daily in their work with service users. The last recorded training session was on the 27 November 2014.

Service user's comments:

"I like the staff"

"I'm happy here"

"Staff do help me"

"I like living here"

"This house was made for me"

"Staff help with my moods"

"I am supported by staff all the time"

Staff Comments:

“Good communication”
 “Training is good”
 “Induction prepared me for my role”
 ”One to one support to service users is important to the service users here”
 “Supervision and support is good for staff”
 “Staff work well together”
 “Good team meetings”
 “Our duty of care is respected by all staff”

HSC Trust staff member comments:

“My client is very well supported”
 “Effective care and support plans are in place”
 “I work closely with staff in relation to challenges clients present”
 “Staff training is excellent”
 “I have attended all relevant reviews”

Independent advocate comments:

“***** Quality of life is second to none”
 “There is more choice and more opportunities within supported living”
 “There is no comparison in the care and support received compared to previous arrangements”
 “The environment is relaxed and helps with behaviours”
 “Staff are trained to respond effectively to the service users needs”

Relatives Comments:

“My **** is very happy there and I am very happy with the care she receives”
 “He’s very happy there”
 “It’s very different from hospital”
 “I think he’s settled well”
 “Staff are very good and I have good chat with them”

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

The twelve questionnaires returned indicated the following:

- Protection from abuse training was received by all twelve staff
- Training was rated as good or excellent
- Staff competency was assessed via questions/answers, group discussion, individual participation, handovers and supervision.
- 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 discussions 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:

“To support the person in their own home”

“Ensuring service users have control to make their own decisions and choices everyday”

“Enable independence”

“Giving assistance when necessary”

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 “Compliant” for this theme.

Service users’ finances and property are not managed by agency staff and agency staff do not act on behalf of service users. Service users do not contribute from their personal income towards their care or support.

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.

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with domiciliary care agreement.

The current bills agreements in place show clear evidence that service users share costs with the agency and clearly shows the contribution made by the agency to costs. 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.

**Theme 2 – Responding to the needs of service users:
The agency has achieved a compliance level of “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. It should be noted the ongoing review and user involvement in the areas of restrictive practice.

The manager and staff 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, 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 session was completed on the 27 November 2014

**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 including one to one and two to one hours when required.

The manager and staff 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

Monthly Monitoring:

The inspector read a number of monthly monitoring reports in place from September 2014 to January 2015. These have been completed regularly and were up to date and include action plans for service improvement. However, records in place show limited contact from the monitoring individual with Relatives and HSC Trust. This was acknowledged by the registered manager during inspection. One requirement has been made in relation to Regulation 23

Records examined show evidence of discussions with:

- Staff
- Service users
- Relatives (Limited)
- HSC Trust staff (Limited)

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 he and the agency's monitoring officer 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 registered manager confirmed that agency staff do not act on behalf of service users as appointees but do act as agents and are in receipt of monies for safekeeping ensuring they keep income and expenditure records.

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.

Care reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance"). Reviews have been completed; confirmation of this was reviewed by the inspector and confirmed by the HSC Trust staff spoken to.

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 on the 23 January 2015.

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

Follow-up on previous issues

There were no previous issues.

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

Statement 1:

The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

- The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
- The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment;
- Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user;
- The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home;
- There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of;
- The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;
- Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
- The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property;
- The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement user's home looks like his/her home and does not look like a workplace for care/support staff.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment</p>	
<p>Service users are provided with individualised agreements, these reflects the support and care charges. The agreement also outlines the contributions from the HSC trust/ HSE and the NIHE's Supporting People programme for personal care and housing support provided. Service users do not make any personal contribution to the cost of their care or support. The individual's weekly entitlement to care and support hours is outlined within their service agreement. Service users pay for their own utility bills in their own accommodation. Staff office accommodation is separate to the service users homes and no cost is charged to them. Costs are itemised within the service agreements and within the Service User's Guide. Financial support if required is outlined in the service users individualised needs assessment. Risk assessment and if necessary a financial capability form is completed .Staff complete training in managing service users finances. Praxis Care policy/procedures clearly outline guidance in provision of support in this area. Service users are notified 4 weeks in advance in writing detailing any changes to charges. The registered office is not within the service users' home</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have been issued with a Domiciliary Care Agreement and this reflects the charges payable by the individual to the agency. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency. Service users do not make any personal contribution to the cost of their care or support. The individual's weekly entitlement to care and support hours is outlined within their service agreement. This includes specific working arrangements for some individual service users who may require one to one or two to one support.</p> <p>Costs are itemised within the service agreements and within the Tenants' Guide. The agreement advises services users that they will be notified four weeks in advance of any changes in charges. Agency staff do not share the food purchased by the service users. Staff training records show evidence of finance training for staff. The last recorded training took place on the 17 November 2014. The agency's policy on handling tenants' money was updated on the 22 December 2014.</p>	<p>Compliant</p>

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

Statement 2:

COMPLIANCE LEVEL

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;

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<p>Provider’s Self-Assessment</p>	
<p>Capability assessments and arrangements are fully documented if identified as required. All service users files have evidence of the level of support required. All service users have access to their personal money. Staff support service users with any issues if they arise with finances following policy/procedures. Manager conducts monthly financial audits, this is also followed up by the Monthly Regulation visits. All concerns around the service users capacity are consulted with the statutory keyworker and where required reviews would be initiated. The organisation maintains a record of allowances received on behalf of the service user and the distribution of monies to service users by 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.</p> <p>There are arrangements in place to ensure that the organisation can respond to the requests of service users for access to their money to purchase goods.</p> <p>The organisation 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 this is evidenced in the service users finance book</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector examined a number of finance assessments, finance 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 last recorded on the 17 November 2014. The manager stated this training is part of the induction process. Annual reviews completed by the HSC Trust show evidence of finance arrangements in place. The manager stated that service users have the support of staff if required to help manage their finances. One service users' finances are managed by family acting as appointees. 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. As stated in the agency's self-assessment records in finance books are signed off by two staff members and are subject to regular reconciliations, this was evidenced by the inspector.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The organisation provides an appropriate place for the storage of money and valuables for safekeeping, controls exist around the persons who have access to the safe place.</p> <p>Money or valuables deposited by service users with the organisation 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.</p> <p>There are individualised arrangements in place to safeguard the service user's property, service users and their representatives are aware of the arrangements for the safe storage of these items and have access to their individual financial records.</p>	Compliant

<p>Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust/HSE needs/risk assessment and care plan A reconciliation of the money and valuables held for safekeeping by the organisation is carried out at regular basis. Where there are errors or deficits identified these are handled in accordance with the organisations Safeguarding Vulnerable Adults procedures.</p>	
<p>Inspection Findings:</p>	
<p>Service users have individual safe storage areas for their monies within their own homes, currently no restrictions are in place for requested access or spending. 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.</p>	<p>Compliant</p>

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:

COMPLIANCE LEVEL

- 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

<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"> • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>Transport charges for transport provision for an individual service user are based on individual usage</p> <p>There is a written agreement between the service user and the organisation is in place, outlining 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.</p> <p>There are currently no service users with mobility vehicles.</p> <p>Records are maintained of each journey undertaken by/on behalf of the service user.</p> <p>The organisation ensures where vehicle(s) are used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness.</p>	<p>Compliant</p>
Inspection Findings:	
<p>Service users avail of the schemes transport. As stated in the agency's self- assessment transport costs are based on individual millage agreed by service users and/or their representatives and is charged at 40p per mile. All mileage is individually invoiced.</p>	<p>Compliant</p>

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All service users have a completed assessment and support plan which identify their, needs, risks and supports and interventions taking into consideration their Human Rights. All assessments are person centred and at each review the statutory key worker contributes to this process with the service user fully involved in the process and identification of goals/supports/risks etc. Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users .Reviews are held formally once a year or if necessary more frequent. In addition to this where service users are supported with behaviours which challenge there is a detailed Behaviour support plan, which is signed off and reviewed regularly by MDT team. Daily notes and monthly summaries are completed for each individual service user and cross referenced to needs assessment/support plans.</p>	Compliant

Inspection Findings:	
<p>HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read five care plans and these 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 27 November 2014.</p> <p>Care plans show evidence that the agency appropriately responds to the assessed needs of service users. Records examined show a range of interventions including behaviour support planning practiced in the care and support of individuals.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All staff receives comprehensive induction training and additional training is facilitated which reflects the needs of the service. Training is regularly reviewed/discussed at supervision, appraisal and raised in staff meetings. Staff can discuss both formally and informally if they recognise training that would be beneficial. All staff are aware of restrictive practice and the effects this may have on service users. Human Rights training for staff has taking place in 2014. An information leaflet has been devised by the organisation for service users to guide on their rights. The agency provides policies and procedures accessible through the EDMS which all staff have access to for guidance in responding to the needs of service users. All staff are registered with a regulatory body and evidence of this is retained within personal files. All staff are familiar with Adult Safeguarding procedures, whistle blowing policy and untoward incident reporting. The also has been Restrictive Practice training which has been cascaded down to staff.</p>	Provider to complete

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 homes of service users. It was good to note that there are regular reviews and monitoring of any restrictions in place for service users.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. The Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. Within our service all service users are aware of their rights, the nature of the service provided. Support/needs assessments and risk assessment remain constantly under review. There are a number of restrictive practices that are kept under constant review and assigned off by the MDT Team. All service users are aware of their rights and choice to terminate or continue with their care/support. All service users are offered a copy of their support plan and are provided with a format that understand.</p>	Moving towards compliance

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. The inspector spoke with two service users one of whom was aware of restrictions in place but stated that they discuss this with staff regularly and do know why restrictions are in place.</p>	<p>Compliant</p>

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

<p>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.</p> <p>The organisation forwards RQIA and other relevant agencies notification of each occasion restraint is used.</p> <p>As part of the monthly regulation visits the person identified to carry out the registered person visits reviews the implementation of care practices which are restrictive.</p>	
<p>Inspection Findings:</p>	
<p>As stated by the agency in their self-assessment there are restrictive measures in place. This was verified by the manager and staff interviewed during discussion. Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</p> <p>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. This was discussed with the service user and the manager. Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users.</p> <p>The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. This was in evidence the inspector reviewed the comprehensive records of the review and evaluation in pace within the agency.</p> <p>Staff were able to describe the training in place both in challenging behaviour and human rights and how they uphold individual rights.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>Service users/representatives can describe the amount and type of care the organisation provides. Staff have a good understanding of the amount and type of care provided to service users. The organisation’s policies, statement of purpose and service user guide describe how individual service user agreements are devised. The service user agreement is consistent with the care commissioned by the HSC Trust, this is evident in the individual service users care plan. Each service user has received agreements appropriate to the service including Domiciliary / Support/Licence and Bills Agreement. The Bill Agreement clearly outlines funding/charging. arrangements. In addition they have access to the service specific statement of purpose, service user handbook. Each support/needs assessment outline the times/days that care/support are delivered . Staff have knowledge of the above agreements through staff meetings, supervisions, handovers , correspondence etc</p>	Compliant

Inspection Findings:	
<p>A range of care records were examined and service users' needs and risks were clearly documented by agency staff and had been reviewed by the HSC Trust.</p> <p>The inspector examined a range of needs assessments and care / support plans for service users; these were noted to contain references to the service users' human rights which had been aligned to the specific outcome for service users.</p> <p>The care records of five service users were examined and contained daily progress notes and key worker summaries of the individual's progress towards aspects of their care and support plan. Agency staff had written an evaluation cross referenced against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff do make referrals to HSC Trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC Trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the trust at any time in relation to any changing needs identified. This was verified by a member of the HSC Trust contacted by the inspector.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust /HSE</p> <p>All service users would have knowledge through the relevant agreements which are discussed and signed with their representatives. No service user currently pays for additional care/support.</p>	Compliant
Inspection Findings:	
<p>Each service user has in place a domiciliary care agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and support. This payment structure is also stated in the agency's self-assessment. Records in place examined during inspection shows that no service user makes a contribution from their personal income towards their care and support. Domiciliary care agreements show evidence that the costs and service provided have been discussed with service users and their representatives as well as the HSC Trust. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff.</p>	Compliant

Each service user has in place a breakdown of the hours of care and support they will receive, these include one to one and well as two to one support as assessed as required by the HSC Trust.	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	
Provider’s Self-Assessment	
<p>Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust/HSE , and confirm that they are in agreement with the care provided and the payment of any fees.</p> <p>All staff have an understanding of the review process and support the service users to partake in same. Staff can also demonstrate that service user reviews can occur as and when the needs of service user needs change. Reviews are held formally annually or more frequent if deemed appropriate. Trust /HSE statutory keyworkers who attend discuss the level of support/care being provided and a review report is completed for each service user and signed off by the statutory representative and service user.</p>	Compliant
Inspection Findings:	
<p>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, service user’s reviews are held annually and more often if necessary with HSC trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</p>	Compliant

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

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

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 Mr Cormac Coyle 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

Announced Primary Inspection

Kesh Domiciliary/SLS

29 January 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Cormac Coyle 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.

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	Regulation 23 (1)(5)	<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 views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p>RQIA request that the agency forward copies of the monthly quality monitoring record to RQIA until further notice.</p>	Once	The monitoring officer will seek the views of the service user's relative and representatives. These views will be recorded on the monthly quality monitoring form.	Immediately

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Cormac Coyle
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Willie McAllister on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	19/3/15
Further information requested from provider			