



The Regulation and
Quality Improvement
Authority

Announced Secondary Care Inspections

Name of Agency: Potens Domiciliary Care Agency

RQIA Number: 11279

Date of Inspection: 23 March 2015 & 16 April 2015

Inspector's Name: 23 March 2015 - Michele Kelly
16 April 2015 – Joanne Faulkner & Michele Kelly

Inspection ID: 20487, 21864:

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	Potens Domiciliary Care Agency
Address:	32 Knockmore Road Derrygonnelly BT93 6GA
Telephone Number:	028 6864 1857
Email Address:	michelle.wright@potensial.co.uk
Registered Organisation / Registered Provider:	Potens Domiciliary Care Agency
Registered Manager:	Michelle Wright (Acting)
Person in Charge of the Agency at the Time of Inspection:	Michelle Wright (Acting)
Number of Service Users:	Five
Date and Type of Previous Inspection:	13 May 2013 Announced Primary Care Inspection
Date and Time of Inspection:	23 March 2015 – 10:00-15:15 16 April 2015 – 10:30–16:30
Name of Inspector:	23 March 2015 - Michele Kelly 16 April 2015 – Joanne Faulkner & Michele Kelly

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of two announced secondary inspections to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The aims of the inspections were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Profile of the Service

Potens is a supported living type domiciliary care agency, located in Derrygonnelly.

The agency's aim is to provide care and support to service users with learning disabilities living in their own homes; service users have a tenancy arrangement with a private landlord.

Care and support is provided by the registered manager and a number of support staff. The accommodation includes two flats with living area, bedroom and en suite bathroom in each, and four bedrooms, each with en suite shower rooms. There are also communal facilities, including kitchen and living areas.

The agency's ethos is based upon working with service users and their family or other representative to complete an assessment of their need and provide them with the care and support they require to live as independently as possible and to be part of their community. Referrals are accepted from HSC trusts.

5.0 Methods/Process

Specific methods/processes used in these inspections include the following:

- Discussion with the acting manager
- Discussion with staff
- 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 inspectors in preparing for the inspections.

Service User Comments

During the inspection of 23 March 2015 the inspector spoke to two service users and three of the agency's staff.

Service users expressed their satisfaction with the care and support in Potens and talked about the wide range of activities they were involved in.

Service User Comments

- "I like it well here"
- "I have my own place and I can do what I like"
- "I am able to do things myself"
- "I am able to go to college"

Staff spoken to were knowledgeable in relation to safe-guarding procedures and whistle-blowing. They outlined the arrangements for ensuring two members of staff were always available to meet the needs of one individual service user and could describe measures used to minimise the potential of challenging behaviour

Staff comments

- “There is an open atmosphere”
- “There is not much contact with managers from England”
- “I would have no hesitation in reporting any incident”
- “I am happy with the training”

During the inspection of 16 April 2015 the inspectors had the opportunity to meet with two service users; they informed the inspectors that they liked living in their home and were provided with the required care and support to attend a number of activities in the local community. Service users stated that they were given choice and that their views and opinions were respected.

The inspectors would like to thank the service users, staff and acting manager for their co-operation during the inspections.

6.0 Areas examined during the inspection visits:

1. Service user finances
2. Documentation in relation to Restrictive practices in place
3. Monthly Quality monitoring
4. Arrangements for staff meals
5. Staffing arrangements

7.0 Inspection Summary

During the inspection of the 23 March 2015 the inspector was supported by a senior support worker as the acting manager was unavailable. The agency was unable to provide the inspector with sufficient information in relation to the areas being inspected to enable them to assess compliance.

A further announced inspection was undertaken on 16 April 2015 by Joanne Faulkner and Michele Kelly; the inspectors were supported throughout by Michelle Wright, Acting Responsible Person and Acting Manager; Mr Dean Mc Morris a newly appointed area manager was also in attendance.

The inspectors have identified a number of areas that the registered person needs to review and make changes. A number of requirements and recommendations have been outlined within the quality improvement plan attached to this report.

In the course of the inspections carried out on 23 March 2015 and 16 April 2015, significant concerns were identified about the operation of Potens Domiciliary Care Agency.

In accordance with RQIA’s Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve one notice of Failure to Comply with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Representatives of the registered person attended a meeting with RQIA on 29 April 2015.

In light of the inspection findings and discussions held with representatives of the registered person on 29 April 2015, RQIA issued the registered person with one notice of Failure to Comply with Regulations 14. (b) (d) of The Domiciliary Care Regulations (Northern Ireland) 2007.

The timescales for compliance and actions required to comply with these regulations are outlined within the notices (FTC/DCA/11279/01/2015-16) and within the Quality Improvement Plan appending this report.

RQIA will continue to monitor the quality of service provided in Potens and will carry out an inspection to assess compliance with this regulation.

RQIA have referred these concerns to the Western Health and Social Care Trust for consideration as potential adult safeguarding concerns.

Additionally at the meeting with RQIA on 29 April 2015, RQIA discussed with representatives of the registered person their concerns in relation to a number of other matters:

- The agency's monthly Quality monitoring arrangements
- Agency staff not having received appropriate training in relation to handling service users' monies
- Lack of clear policies and procedures in relation to handling service users' monies.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person requesting that they attend a meeting to discuss the identified concerns.

Representatives of the registered person attended a meeting on 29 April 2015, at that meeting representatives of the registered person provided a full account of the actions taken to ensure the minimum improvements necessary to achieve compliance with the regulations identified

RQIA will continue to monitor the quality of service provided in Potens and may carry out an inspection to assess compliance with these regulations.

It should be noted that continued noncompliance may lead to further enforcement action.

8.0 Inspection Findings

8.1 Inspection Focus 1: Service Users' Finances

Inspection of 23 March 2015

The inspector was informed that service users' benefits are paid into a Potens bank account for four of the five tenants. The organisations client finance officer is appointee for these tenants. The senior support worker outlined the process of service users accessing their money; this involved the request from the service user being emailed to Potens in England. Staff stated that money is drawn down from individual accounts to an account accessible to the senior person in the agency; there is a bank card to access these funds on behalf of service users. The money is then transferred into individual tins and reconciliation sheets for transactions were available; this money is stored in a locked cupboard in the kitchen shared by three service users.

Copies of finance policy sheets were in service user files; it was identified that each tenant pays £40 weekly for groceries and sundries and £25 weekly for heat and light. Staff were unable to provide information regarding the contribution the agency pays towards the running costs for the agency office and sleep in accommodation.

Inspection of 16 April 2015

The inspectors discussed charges paid by the service users to the agency; the acting manager stated that none of the service users are paying charges for care received from the agency; they stated that the relevant HSC trust pays an amount for each individual service user dependant on their needs.

During the inspection on 16 April 2015 the inspectors discussed with the acting manager the process in place for handling and securing service users' monies within the agency.

The acting manager stated that service users monies are paid directly to their individual Potens bank account and described the process of service users accessing their monies.

Inspectors noted that ledgers are in place for monies held in service users individual homes; they detail transactions and available balance and are signed the service user where appropriate and agency staff.

It was noted that the monies of two service users who lived in adjoining flats were stored in the locked facility located in a kitchen shared by three service users who live in the main house. A requirement has been made.

It was identified that amounts of service users' monies were secured in a locked drawer within the agency's office and in addition in a locked cupboard in their individual homes. The acting manager stated that following money being withdrawn from the bank an amount of money is secured in individual service users cash tins and the remainder is placed in the 'savings tin' held in the agency's registered office. The acting manager stated that the tin secured in the registered office can only be accessed by the manager and the deputy.

The inspectors identified that a ledger was not maintained for monies held on behalf of service users by the agency; the acting manager stated that a ledger was not available; the inspectors noted that a record of monies held on behalf of individual service users were currently being

made on 'post it notes' or 'petty cash vouchers' which were also retained in the locked box. It was noted that a large amount of loose post it notes, loose cash, cash in coin bags and envelopes which the acting manager stated was relating to the 'social club' were also retained in the tin; additionally it was identified that the agency did not maintain a record of these monies.

In light of these findings the agency is in breach of Regulation 14 (b) (d) of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007. The absence of adequate financial records was concerning as it was not possible to determine what safeguards were in place for the money belonging to service users. The absence of appropriate controls places the service users' money at risk.

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

Representatives of the registered person attended a meeting with RQIA on 29 April 2015.

During the meeting, representatives of the registered person advised that the practice of securing service users monies in a cash tin in the agency's office had ceased and that the sums belonging to service users had been returned to them.

RQIA were also advised that the agency no longer provided secure storage for service users' finances and that this practice had been contrary to the provider organisation's policy and procedures.

Representatives of the registered person advised that an audit of monies previously held by the agency on behalf of service users was underway and that the agency would make arrangements for any sums that could not be accounted for to be repaid to service users. Representatives of the registered person could not confirm how long these practices had been in place and advised of their plans to undertake an audit of the records of the previous six months.

In light of the inspection findings and discussions held with representatives of the registered person on 29 April 2015, RQIA issued the registered person with one notice of Failure to Comply with Regulations 14. (b) (d) of The Domiciliary Care Regulations (Northern Ireland) 2007.

Additionally during the inspection on 16 April 2015 it was identified that the agency did not have a clear policy and procedure in place in relation to handling service users' monies. It was identified that reference was made in a number of the agency's other policy and procedures to the procedure for assisting service users to manage their monies.

In light of this information the agency is in breach of Regulation 15 (6) (d) of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007. Failure to provide staff with appropriate procedural guidance has increased the risk of misappropriation of service users' finances.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person requesting that they attend a meeting to discuss the identified concerns.

Representatives of the registered person attended a meeting on 29 April 2015, at that meeting representatives of the registered person provided a full account of the actions taken to ensure

the minimum improvements necessary to achieve compliance with the regulation identified; they stated that the agency's finance policy and procedure had been updated to provide clear guidance to staff handling service users' monies and would be implemented with immediate effect.

8.2 Inspection focus 2: Documentation in relation to Restrictive practices in place

Inspection of 23 March 2015

The inspector noted a baby monitor in the agency's office and could hear conversations coming through this monitor involving a service user. The inspector asked to see the service users care records in order to view the process of decision making in relation of this potential restrictive measure. From documentation viewed the inspector was unable to clearly identify that appropriate engagement had taken place involving the service and their representatives. The senior support worker discussed how this measure was introduced at the request of a HSC trust representative to monitor the service user due to the risk of falling. It was noted that the service user used the device to alert staff if he required help.

Inspection of 16 April 2015

The inspectors discussed with the acting manager current practices which may be deemed as restrictive; they described two practices which could be deemed as restrictive. One of the restrictions related to a service user having restricted access to food; the inspectors spoke to the service user and discussed this current practice; the service user stated that she had been involved in any discussions relating to this measure and could describe the reasons for this restrictive measure. The service user stated that provision had been made to ensure she had access to drinks in her home and could request food from staff at any time; she informed the inspectors that this arrangement had benefited her health. Records viewed outlined the decision making process and verified involvement of the service user and their representatives.

The inspectors discussed with the manager the use of a monitor as identified in the inspection of the 23 March 2015. It was noted that since that date the agency had obtained documentation from the relevant HSC trust professional relating to the decision making process in respect of the use of this piece of equipment. The acting manager stated that a review of the care plan had occurred on 13 April 2015 in conjunction with a HSC trust representative; this was viewed by the inspectors. However the inspectors discussed the need for a reassessment of the current practice and the need for the agency to maintain a clear record of all decisions made in respect of any practice that may be deemed as restrictive. A requirement has been made.

8.3 Inspection Focus 3: Monthly Quality Monitoring

Inspection of 23 March 2015

The inspector requested copies of monthly quality monitoring reports. The senior support worker was unable to access these on the day of inspection

Inspection of 16 April 2015

During the inspection on 16 April 2015 the inspectors viewed the agency's monthly quality monitoring records; it was identified that no records were available for December 2014; January 2015 and February 2015. The manager was unable to clarify if these visits had been

completed. Monthly quality monitoring activity has failed to identify weaknesses in the provision of mandatory training in service users' finances and in the safeguarding of service users' finances.

In light of these findings the agency is in breach of Regulation 23 (1) of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007. As a consequence of inadequate quality monitoring of this service, service users' property may be at increased risk.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person requesting that they attend a meeting to discuss the identified concerns.

Representatives of the registered person attended a meeting in RQIA offices on 29 April 2015; at that meeting representatives of the registered person provided a full account of the actions taken to ensure the minimum improvements necessary to achieve compliance with the regulation identified. It was agreed that copies of the agency's monthly quality monitoring reports would be forwarded to RQIA until further notice.

8.4 Inspection focus 4: Arrangements for Staff Meals

Inspection of 23 March 2015

Staff stated that the agency contributes £25 each week towards the cost of staff's tea coffee and milk. The senior support worker confirmed that on occasions staff share meals with tenants they stated that on the day of inspection staff would consume one breakfast, two lunches and one dinner. The senior support worker stated that staff consume tea and coffee whilst on duty in the service users' homes.

Inspection of 16 April 2015

The inspectors discussed arrangements for staff accessing food whilst on duty in the service users' homes. The acting manager stated that staff are required to provide their own food and provided the inspectors with a copy of a memo which was noted to have been issued following the inspection of 23 March 2015. It outlined the amount that the agency contributes to the service users grocery fund for staff tea, coffee, milk and breakfast cereal; the memo stated that staff were responsible for providing their own meals when they were working in the agency.

The inspectors discussed with the acting manager that information received on 23 March 2015 conflicted with this information. The acting manager confirmed that staff are not permitted to consume food which has been purchased by service users and must provide their own food; they stated that staff had been reminded of the policy relating to staff meals following the issue of the memo dated 27 March 2015.

The information contained within the staff handbook was noted to contain conflicting information and did not clearly identify whether the information related to staff employed in the agency's residential home or domiciliary care. A requirement has been made.

8.5 Inspection Focus 6: Staff Arrangements

Inspection of 23 March 2015

Staff Records

The inspector requested to view the agency's training records, supervision and appraisal information; these records were not accessible on the day of inspection.

Staff Contracts

The inspector noted that there was a high turnover of staff employed by the agency; staff stated that this may be due to the zero hours contracts which most support workers had with the agency.

Inspection of 16 April 2015

Staff Records

The inspectors viewed records relating to staff training and noted that the agency maintains a training matrix to record staff training; it was viewed by the inspector and noted that outstanding face to face Safeguarding Vulnerable Adults training was planned for April 2015; staff had completed an E learning module in relation to this area.

The manager stated that staff receive 4-6 weekly supervision and annual appraisal; it was noted that a record was maintained of staff supervision and appraisal.

During the inspection it was identified that a number of staff currently supporting service users to manage their monies had not received relevant training. The inspectors were informed that only the acting manager and senior support worker had received aforementioned training; however it was identified that other agency staff were routinely handling service users' finances.

In light of these findings the agency is in breach of Regulation 16. (2)(a) of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007. Failure to provide staff with adequate training in handling service users' finances has resulted in inconsistencies in practice and in concerning practices which have increased the risk of service users' finances being mismanaged.

Staff Contracts

The inspectors discussed this matter with the manager who stated that the agency has recently reviewed their policy and that agency staff are no longer provided with zero hours contracts. They stated that staff have been issued with contracts stating the agreed hours of employment.

9.0 Additional Matters Discussed

9.1 Safeguarding of Vulnerable Adults

During the inspection of 16 April 2015 a service user who spoke to the inspectors described and incident which had occurred involving a staff member; it was noted that the staff member was currently suspended pending investigation for another matter not relating to the agency. The inspectors discussed this incident with the acting manager provided documentation that

detailed the procedure that had occurred following reporting of the incident; it was noted that the matter had been reported to and screened out by a HSC trust safeguarding representative.

Documentation viewed detailed that the service user had initially declined to make a complaint; however the inspectors discussed with the acting manager the need to engage with the service users HSC trust representative in relation to supporting the service user following the information provided to the inspectors. A recommendation has been made.

9.2 Potens Social Club

During discussion with the acting manager in relation to service users monies it was identified that service users attended a 'Social club' which was organised by the agency; the acting manager stated that this was held in the community. The acting manager stated that the cost of attending the social club was £1; the inspectors discussed the social club with a service user who stated that the weekly cost was £8. The inspectors discussed with the acting manager the conflicting information; they stated that the cost was actually £2 and that only service users wishing to purchase food or attend the cinema paid this amount. The inspectors were concerned that the agency had provided conflicting information and that financial records were not maintained for this service.

At a meeting with RQIA on 29 April 2015 representatives of the registered person stated that the social club had been suspended.

9.0 Follow-up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	14 (b) (d)	The registered person is required to review the current system whereby service users monies are paid into the agency's bank account from a communal client monies bank account.	<p>The inspector was provided with documentation that recorded that service users' monies are held in individual accounts within the organisation and staff described the process of accessing monies for each individual service user when required. The agency provides service users with a statement of their individual accounts.</p> <p>This requirement has been assessed as being fully met.</p>	Twice	Fully met.
2	22 (8)	The registered person must ensure that the service user's level of satisfaction in relation to the outcome of the complaint investigation, and learning from complaints is clearly documented.	<p>The agency's compliments and complaints policy details the process for reviewing the complainant's level of satisfaction in relation to the outcome of a complaint investigation.</p> <p>The senior support worker stated that no complaints had been received.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.
3	14 (a) (b) (e)	The registered person must ensure that the agency has developed a working definition of 'restrictive practice' which	The inspector viewed the agency's behavioural policy; it was noted that it contained a definition of 'restrictive practice'; however it was identified that it	Once	Partially met

		includes the use of physical restraint.	<p>did not contain sufficient detail.</p> <p>This requirement was assessed as being partially met and will be restated.</p>		
4	16 (2) (a)	The registered person must ensure that staff receive face to face vulnerable adult and child protection training.	<p>Agency staff had received training as a E learning module. The manager produced evidence of planned face to face training planned for April 2015.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met
5	15 (6) (a)	The registered person must ensure that appropriate action is taken if it is believed that a vulnerable adult concern has not been resolved and the case should not be closed.	<p>The agency's safeguarding vulnerable policy details the procedure to be followed when a vulnerable adult has been identified.</p> <p>Staff could describe the procedure for referring vulnerable adult concerns to the relevant HSC trust.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	2.2	It is recommended that the registered person ensures that the agency's organisational policies, procedures, and service user guide clearly show how they underpin the principles of tenants choosing who supports them.	<p>Agency staff stated that service users can choose who supports them.</p> <p>A service user who spoke to the inspector stated that they choose who provides their care and support.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met
2	4.4	The registered person must ensure that support plans are signed by the service user or an explanation given explaining why they have not been signed.	<p>The inspector viewed a number of individual service user care and support plans and noted that they had been signed by the service user. It was noted that where a service user was unable to sign that an explanation was recorded.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met
3	2.1	The registered person must ensure that service users are provided with information in an accessible format in relation to their human rights.	<p>There was no evidence provided to the inspector during the inspection.</p> <p>Agency staff stated that the agency is currently in the process of changing their documentation.</p>	Once	Not met

			This recommendation has been assessed as being not met and will be restated.		
4	3.3	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plans.	<p>There was no evidence provided to the inspector during the inspection.</p> <p>Agency staff stated that the agency is currently in the process of changing their documentation.</p> <p>This recommendation has been assessed as being not met and will be restated.</p>	Once	Not met

5	12.4	It is recommended that the registered person ensures that staff receive training on human rights.	<p>The acting manager stated that four staff have attended an awareness session in relation to human rights which was incorporated in a staff meeting on 07 October 2014.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met.
6	5.2	It is recommended that the registered person ensures that the agency's records document contact with service user's family/representatives about allegations of abuse.	<p>The inspectors viewed documentation of a safeguarding referral in relation to a service user; it was identified that family/representatives had been consulted.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Michelle Wright and Mr Dean McMorris, 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:

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Belfast
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Quality Improvement Plan

Announced Secondary Care Inspections

Potens Domiciliary Care Agency

23 March 2015 & 16 April 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 Ms Michelle Wright, Acting Manager and Mr Dean Morris during the inspection visits

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

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

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

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

Statutory Requirements:					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007					
No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	14 (b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to, in conjunction with the HSC Trust; undertake a detailed financial audit of monies previously held on behalf of service users.</p> <p>The registered person must forward to RQIA the outcome of the audit and where appropriate, quantify any losses experienced by service users.</p> <p>The registered person is required to outline to RQIA, where appropriate, the arrangements for restitution.</p>	Once	<p>A full internal financial audit has been completed for all tenants at the Knockmore Service on the 6th May 2015.</p> <p>Date completed June 2015</p> <p>The audit will be sent to RQIA in June. The outcomes of the audit identified where appropriate any losses experienced by the tenants and arrangements for restitution have been made.</p> <p>The WHSC trust has undertaken a joint review on the 6-5-15 for CR and JS on the 12-5-15 for all finances being held on behalf of the tenants. A joint review for BF, NMCl & AF are to be arranged for June 2015.</p> <p>Date completed :-on going</p>	As per FTC notice: FTC/DCA/112 79/01/2015- 16: 8 June 2015

2.	14 (e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided.</p> <p>(e) in a manner that respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring service users are supported to store their monies in their individual homes.</p>	Once	<p>All monies held in the main office on behalf of the tenants have now been moved into each tenants personal areas and are locked for security. The tenants hold a key to the secure cupboard and the tenants are able to access their monies with staff support.</p> <p>Date completed May 2015</p>	Two months from the date of inspection: 16 June 2015
3.	15 (6)(d)	<p>The registered person shall ensure that where the agency arranges the provision of prescribed service to a service user, the arrangements shall-</p> <p>(d) Specify the procedure to be followed where a domiciliary care worker acts as an agent for, or receives money from, a service user.</p> <p>This requirement relates to the registered person ensuring that the agency has in place a Finance policy detailing the procedure for staff handling service users' monies.</p>	Once	<p>The service has up-dated and reviewed the Finance policy ensuring sufficient detail around the procedures for staff handling service users monies.</p> <p>Date completed May 2015</p>	Two months from the date of inspection: 16 June 2015

4.	16 (2)(a)	<p>The registered person shall ensure that each employee of the agency— (a)receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement relates to the registered person ensuring that staff handling service users' monies have received appropriate training.</p>	Once	<p>A new training booklet has been devised to support the training and development of staff around the procedures for staff handling tenants monies.</p> <p>Date completed May 2015</p> <p>All staff will receive training and guidance on the financial procedures. A signed record of the training to be kept in the personal supervision file and training records. Date completed May 2015</p> <p>A training plan is in situ and all staff will have completed this training by June 2015</p>	Two months from the date of inspection: 16 June 2015
5.	23 (1)	<p>The registered person shall establish and maintain a system for evaluating the quality of service which the agency arranges to be provided.</p> <p>The registered person is required to forward to RQIA copies of the monthly report until further notice.</p>	Once	<p>The provider quality visits will be completed by the Deane McMorris [Registered Manager of a sister service] on a monthly basis and will be forwarded to RQIA each month. date completed :- on going</p>	Two months from the date of inspection: 16 June 2015
6.	14 (a)(b)(e)	<p>The registered person must ensure that the agency has developed a working definition of 'restrictive practice' which includes the use of physical restraint.</p>	Twice	<p>A working definition of the term restrictive practice which includes the use of physical restraint has been up-dated</p>	Two months from the date of inspection: 16 June 2015

				and included within the Behaviour Management Policy date completed June 2015.	
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Recommendations:

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

No.	Minimum Standard Reference	Recommendations	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	14 5	<p>All suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures.</p> <p>This recommendation relates to information disclosed by a service user relating to a previously reported incident.</p>	Once	<p>A SV1 referral was made on 24th April 2015 to the safe guarding team regarding the disclosure of information pertaining to a previous reported incident.</p> <p>date completed:- May 2015</p> <p>All staff have been informed and reminded of the Safe guarding procedures during a staff meeting on Thursday 4th June 2015</p>	One month from the date of inspection: 16 May 2015
2.	2 1	The registered person must ensure that service users are provided with information in an accessible format in relation to their human rights.	Twice	An easy read version of the Human Rights act had been made available to all tenants. completed on the 4 th June 2015	Three months from the date of inspection: 16 July 2015
3.	3 3	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plans.	Twice	The service has compiled a short training session for staff regarding the Human Rights Act and how it relates to their current working environment and work practices. All tenants support plan/care plan have been reviewed and up-dated to reflect the human rights act.	Three months from the date of inspection: 16 July 2015

				<p>The care plans now highlight key areas such as Dignity and Respect, Independence, Rights, Equality and diversity, Choice, Consent, Confidentiality and, safety</p> <p>date completed 4th June 2015</p> <p>.</p>	
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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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Deane McMorris
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Neil Wadge

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	10 June 2015
Further information requested from provider			