



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Agency:** 2 Stream Street  
**Agency ID No:** 11282  
**Date of Inspection:** 28 January 2015  
**Inspector's Name:** Rhonda Simms  
**Inspection No:** 020845

**The Regulation And Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**General Information**

<b>Name of agency:</b>	2 Stream Street
<b>Address:</b>	2 Stream Street Downpatrick BT30 6DD
<b>Telephone Number:</b>	028 44 616794
<b>E mail Address:</b>	janet.clarke@setrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Mr Hugh McCaughey
<b>Registered Manager:</b>	Mrs Janet Clarke
<b>Person in Charge of the agency at the time of inspection:</b>	Janet Clarke
<b>Number of service users:</b>	5
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 12 December 2013
<b>Date and time of inspection:</b>	Primary Announced Inspection 26 January 2015 9.30am – 4.00pm
<b>Name of inspector:</b>	Rhonda Simms

## Introduction

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

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

## Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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

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

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

## Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders

- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation process

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	5
Relatives	3
Other Professionals	3

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	6	6

### Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's compliance towards one requirement stated at the previous inspection of 12 December 2013 was assessed. The agency was assessed as achieving compliance with one requirement.

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

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

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

## Profile of service

South Eastern Health and Social Care Trust services at Stream Street, Downpatrick, provide a domiciliary care supported living type service for five people with an enduring mental illness. The service is situated near the town centre making it easily accessible to public transport and local amenities.

The service aims to provide a safe, supportive therapeutic home environment for five service users. The registered manager, Janet Clarke, and deputy manager, Tony Cheetham manage a team of five staff who provide support with personal care tasks and housing support, with the aim of developing life skills and enhancing independence.

## Summary of inspection

The inspection took place on 28 January 2015 at the agency's registered office at 2 Stream Street, Downpatrick.

During the inspection a range of policies and procedures, care and support plans, service user agreements and other documentation was examined. The inspector spoke with Marty Caldwell, Community Mental Health Services Manager, Janet Clarke, registered manager, Tony Cheetham, Deputy Manager, four support staff, two service users, three relatives, two HSC Trust professionals and a further independent practitioner.

Prior to the inspection, six staff returned questionnaires to RQIA. The inspector reviewed the questionnaires, which stated that staff had received effective training in safeguarding vulnerable adults, human rights and the supported living model. Staff provided feedback regarding their understanding of the supported living ethos:

'Support, advice, and help by making sure the client always knows there is someone they can talk to...'

'Help and advice, encouragement and support.'

Staff who spoke with the inspector confirmed that they had received training appropriate to their roles and the needs of service users. Staff commented on the strengths of the registered manager, deputy manager, and spoke positively of the support they received from other team members. Staff who participated in the inspection discussed the transition for service users and staff from living and working in an institutional setting, to the supported living setting. The staff were positive about the benefits of supported living to the service user's mental health and independent living skills.

During the course of the inspection, two service users spoke with the inspector. Service users provided positive feedback regarding the nature of the lives and the services provided by staff at the agency. A service user described the improvement in the stability of their lifestyle and mental health through living at the agency.

Service users' comments included:

'The staff are caring, very understanding.'

'I can speak to staff anytime, I can talk to them about anything.'

'I like it here.'

Relatives who spoke to the inspector provided positive feedback regarding the quality of service provided by staff and the subsequent improvement in the mental health of their relative. Some relatives highlighted that the agency had been able to meet the needs of their relative whilst reducing the incidence of relapse of their mental health. Relatives described how their relative had developed living skills and greater independence whilst living at 2 Stream Street.

‘The skills of the staff are outstanding.’

‘It is an outstanding facility.’

‘The staff have a good relationship with (relative).’

Living at 2 Stream Street ‘is the best thing that ever happened.’

HSC Trust professionals who spoke with the inspector reported having an effective working partnership and good communication with staff at the agency. Professionals reported that agency staff are able to respond to service users’ individual needs appropriately, flexibly, and with an ethos of developing confidence and independence.

#### **Detail of inspection process:**

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

The agency has achieved a compliance level of ‘**substantially compliant**’ in relation to Theme 1.

The inspector viewed a range of documentation including HSC Trust assessments, tenancy agreements, financial policies, financial support agreements, financial support plans, ledgers and receipts in order to assess compliance with Theme 1. The terms, conditions and amounts paid for services were stated in financial agreements. The needs of service users in relation to assistance they required to manage money is stated in financial support plans and budget plans.

The documents examined by the inspector showed robust systems to record and reconcile all financial transactions completed with service users. Service users who chose to keep property in the office safe were aware of how to access this property. Service users who participated in the inspection were able to describe their costs and any assistance they receive to manage money. No service user is restricted in relation to access to their money.

The arrangements for staff meals were contained in a written document and service users who took part in the inspection were aware that staff provide their own food whilst on duty.

There is one recommendation stated in relation to Theme 1.

The inspector noted that service users signed separate agreements relating to the amount paid to the ‘float’ on a weekly basis for groceries and utilities. It is recommended that these agreements are reviewed with service users and updated.

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

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

The inspector viewed a range of care and support plans which incorporated service users’ needs from assessments and reviews completed by the HSC trust. Care and support plans were completed in a person centred manner, reflected a range of interventions, and included the involvement of the service user and/ or their representative.

Documentation and feedback from staff, service users, relatives and HSC trust professionals showed that the agency responds to the changing needs of service users, reviews care practices, and adapts care and support plans accordingly. The inspector noted that human rights implications were considered in care and support plans.

The managers discussed the system for training and supporting staff which maintains mandatory and other relevant training. Feedback from staff confirmed that they are appropriately trained, supervised and supported to fulfil their roles.

The Statement of Purpose makes appropriate reference to restrictive practice. The inspector noted that care and support plans state that any practices which are restrictive will be discussed with service users.

The inspector noted that the agency regularly carried out a practice which could be regarded as institutional in nature and was not consistent with the supported living ethos. Further to discussion with the Community Mental Health Services Manager, Registered Manager and Deputy Manager, the agency committed to cease the routine use of this practice with immediate effect.

There are no requirements or recommendations stated in relation to Theme 2.

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

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

The range of support and care plans examined by the inspector was consistent with care commissioned by the HSC trust. Care and support plans were completed in a person centred manner, individualised and reflected the needs and preferences of the service user. Service users and relatives had an understanding of the amount and type of care provided by the agency.

Service users who took part in the inspection understood that they did not pay for their care; this was stated in written agreements viewed by the inspector.

The registered manager confirmed the report of care reviews commissioned by the HSC trust that all service users had annual reviews from 1 April 2013 – 31 March 2014. The inspector was informed that the HSC trust has appointed a professional to the care management team to convene and minute all reviews. There was evidence of regular HSC trust collaboration and evaluation in care records and through feedback from HSC trust professionals.



There are no requirements or recommendations stated in relation to Theme 3.

## **Additional matters examined**

### **Monthly Quality Monitoring Visits by the Registered Provider**

A range of monthly quality monitoring reports undertaken on behalf of the registered person was reviewed by the inspector.

The reports had been regularly completed and included consultation with service users and staff. Some reports did not include the views of professionals and relatives. The registered person should ensure that the views of relatives and professionals are included in reports of monthly quality monitoring. The Community Mental Health Services Manager discussed factors impacting on the ability of the agency to ascertain the views of relatives and professionals; these factors should be included in the reports of monthly quality monitoring.

### **Statement of Purpose**

The Statement of Purpose examined provided information as outlined in Regulation 5, Schedule 1 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided regarding the mission statement, values and philosophy of the organization, aims and objectives, nature and range of services provided. The name of the registered person and registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described. The Statement of Purpose included appropriate reference to restricted practice.

### **Charging Survey**

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The charging survey was discussed with the registered manager who confirmed that the agency does not act as appointee for any service user, and that no service users are assessed as lacking financial capacity.

The agency acts as agent for five service users and maintains clear records regarding the arrangements.

No service user is paying for personal care or for any care additional to the HSC trust plan.

### **Care Reviews**

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

The deputy manager confirmed that the needs and care plans of all service users had been reviewed with the HSC trust in the time period specified.

### **Location of the Agency Office**

During the course of inspection the location of the agency office within the home of service users was discussed with the managers. The agency office is situated upstairs in the home of the service users and relates solely to the service users at 2 Stream Street. Agency staff have the use of a separate toilet facility and use the service users' kitchen to make drinks. The service users have an assessed need for a staff presence which is reflected in the staffing level at the agency. Waking night staff use the service users' living room during the night. The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of their home and what measures are taken to ensure service users obtain maximum benefit from their home.

**The inspector would like to thank the agency staff, service users, relatives and professionals for their participation, co-operation and hospitality throughout the course of the inspection.**

## Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	6 (1) (b)	<p>The registered person must clarify how much the agency pay towards the office utility costs to ensure that the payment is a fair and proportionate amount.</p> <p>Records must evidence that service users have been consulted and are agreeable to the £20 per month contribution by staff into the communal grocery bill for tea, coffee and milk.</p>	<p>The inspector was advised that the agency has assessed the proportion paid by service users for utility bills and will continue to review this on a yearly basis. Service users pay £65 per month for utilities, based on an equitable division of the utility bills between six, with the agency paying one part.</p> <p>The inspector viewed an agreement, signed by all service users, agreeing to the staff payment of £20 per month towards tea/coffee/milk.</p>	One	Fully met

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 1:</b></p> <p><b>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</b></p> <ul style="list-style-type: none"> <li>• The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;</li> <li>• The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment;</li> <li>• Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user;</li> <li>• The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home;</li> <li>• There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of;</li> <li>• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;</li> <li>• Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;</li> <li>• The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property;</li> <li>• The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<p>like a workplace for care/support staff.</p>	
<p><b>Provider's Self-Assessment</b></p>	
<p>The tenants have a service user guide which includes any payments made in respect of the tenants utility bills. The payments are taken out of tenants bank accounts by standing order, others pay directly to the cash office and others are paid directly through their account in the cash office. Tenants are provided with payments schedules and know exactly what date payments are made. Currently no service user pays for additional personal care. We have a process of developing shared costs for tenants for electric and oil whereby each house pay for the amount they use. Any cost associated with staff accommodation are paid by the trust. Staff provide all of their meals and breaks and these are taken separately from the tenants in the staff room which is separated from tenants' living areas. Where staff support tenants with finances, this is recorded in the tenants support plan. Staff have access to finance and property policies to help them to support tenants with their finances. An assessment of the staff capability in this area is completed annually. Oaklee housing association informs tenants of any increase in rent.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector viewed a range of finance agreements, utility payment schedules, finance support plans, individual budget plans, and care and support plans which showed the amounts service users pay, the terms and conditions and method of payment. These documents are signed by the service user and/or their representative. The inspector noted that documentation had been reviewed and up dated. The information booklet for tenants and families states how the charges for utility bills are devised. The inspector noted that service users signed separate agreements relating to the amount paid to the 'float' on a weekly basis for groceries and utilities. It is recommended that these agreements are reviewed and updated with service users.</p> <p>The inspector was advised that no service user pays for personal care or for care services additional to the HSC trust plan. The registered manager showed the inspector calculations of utility costs which showed that the agency pay proportionately to cover staff areas.</p> <p>The registered manager assured the inspector that staff are responsible for purchasing their own food whilst on duty. The arrangements for staff food were stated in a written agreement signed by the service user.</p> <p>The inspector examined a range of finance support plans and budget plans which state the arrangements for assisting service users with their finances, in accordance with agency policy.</p>	<p>Substantially compliant</p>

Service users sign a written agreement which states the written notice period of four weeks.	
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**THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**

**Statement 2:**

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

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

**COMPLIANCE LEVEL**

<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<b>Provider’s Self-Assessment</b>	
<p>Tenant support plans state if a service user can manage their own finance or not. Should a formal capacity assessment be required this is carried out by their consultant. Service users who have a PPI account will have records of income sent to the service manager on a regular basis, which is checked by the manager for any discrepancies. Staff keep daily ledgers of tenants' money held in the safe. This is checked daily by two staff. A BF58 is completed for any tenent who requires an appointee.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector examined HSC trust referrals and assessments of need which described the capabilities of service users and level of support required to manage finances. Records of care and risk reviews seen by the inspector included a statement of the service user’s financial needs and how these are met by the agency. The managers discussed how HSC Trust assessments are incorporated into finance support plans seen by the inspector.</p> <p>Financial support plans viewed by the inspector noted the arrangements and method of payment used by service users to pay for utility and food costs. There was evidence of review and updating of these plans. The inspector was advised that ‘float monies’ paid in by service users for groceries and replacement items are kept in a safe place by the agency. The deputy manager showed the inspector records maintained of all income received and transactions made on behalf of service users. The inspector noted that each service user has a named ledger sheet where transactions are noted, which is signed by two staff members. The inspector was shown records of invoices which are given to the service user and are signed by them.</p>	Compliant



The inspector saw the signature sheet signed by the service user and staff member when the service user removes any property from the safe, or returns it. Records of receipts are maintained and were seen by the inspector. The agency maintains a record of staff signatures which was examined by the inspector.

The inspector was advised by the deputy manager that service users manage their own money. Service users who spoke with the inspector confirmed that there were no restrictions on their access to their money. Service users can obtain access to any property stored in the safe through the member of staff on shift who is a key holder.

The inspector was advised that two agency staff complete daily checks on the financial records. The agency maintains a record of the safe contents which is reconciled every quarter. In addition the deputy manager completes regular random checks and independent and HSC Trust audits are conducted periodically. Evidence of reconciliation was viewed by the inspector.

The inspector was advised by the deputy manager that the agency does not operate a bank account or act as nominated appointee on behalf of any service user. Two service users chose to maintain and use patient property accounts with the HSC Trust in addition to other independent bank arrangements. In the event of any service user becoming financially incapable, a referral can be made to the HSC trust which has close working relationships with the service.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>The safe is kept in the locked store in the office. The key is kept by the person in charge. Safe contents are checked and recorded daily. When money or valuables are kept for safekeeping this is always recorded. An additional monthly reconciliation is completed with the staff and the manager on a monthly basis. Service users know the arrangements for safekeeping of valuables or money. Two members of staff sign the ledger when moneys are withdrawn from floats or for tenants' personal use, when possible tenants sign the ledger for their money as it is removed.</p>	Substantially compliant

Inspection Findings:	
<p>The inspector was advised of the arrangements to provide a safe place for service users to keep property if they wish. The agency safe can be accessed at any time by a member of staff on duty. The inspector examined clear, up to date records of transactions which are signed by the service user and one member of staff, or two members of staff. A record of the safe contents is maintained by the agency.</p> <p>The inspector viewed individual agreements reflecting the service user's assessed needs and preferences regarding handling money and property. Service users are aware of the arrangements regarding accessing the safe contents, as evidenced by the transaction records.</p> <p>The deputy manager advised the inspector that no one has restricted access to their money. Service users can access their money when they wish and choose how to keep their property safe. The inspector saw records where service users have agreed to budget daily spending in order to facilitate financial management. The deputy manager described this as a voluntary agreement which can be changed by service users in accordance with their wishes. A service user gave satisfactory feedback regarding the arrangements for enabling them to budget their money.</p> <p>The inspector viewed evidence of daily reconciliations by support staff, and regular random reconciliations completed by the deputy manager. The inspector was advised that errors would be handled through safeguarding procedures.</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

(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;	
<ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
Tenants in Stream Street all use public transport and taxi's.	Not applicable
<b>Inspection Findings:</b>	
The inspector was advised that the agency does not operate a transport scheme.	Not applicable

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

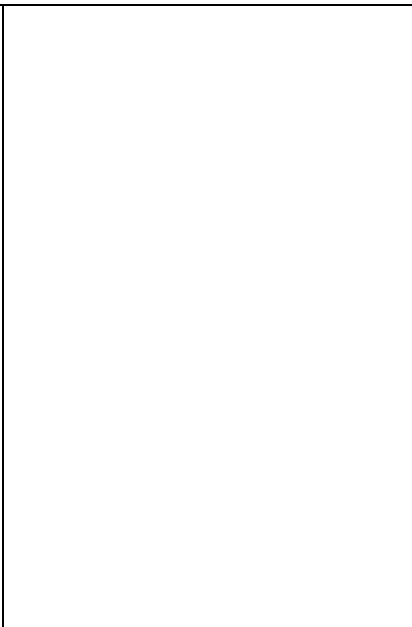
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>All tenants needs and risks are identified in the support plan. Service users views are sought and they are asked to attend any review /risk assessment meetings.</p> <p>All service users sign their support plan.</p> <p>Support plans reflect the individual tenants needs and in doing so also reflect and consider the tenants human rights.</p> <p>Staff complete a daily note on each tenant and support staff and carry out an evaluation of their tenants every three months.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examined a range of documents including HSC trust needs and risk assessments, care and support plans and review records, which demonstrated that the agency maintains a clear statement of the service users’ current needs and risks. Care and support plans and review records are signed by service users.</p>	Compliant

Care and support plans and ongoing progress notes viewed by the inspector showed evidence of regular evaluation, review and update. Care and support plans reviewed by the inspector were completed in a person centred manner, reflected a range of interventions, and recorded the service users' preferences. Care and support plans showed consideration of human rights. Relatives who contributed in the inspection reported appropriate involvement and communication from the agency.

Staff who participated in the inspection provided feedback that care and support plans were up to date. HSC Trust involvement was reflected through risks and needs assessments, review records and verbal feedback to the inspector from HSC Trust professionals. HSC Trust professionals maintain regular contact with service users, which was evident by contributions to service users' notes and through feedback during the inspection from professionals.

The inspector noted that the agency regularly carried out a practice which could be regarded as institutional in nature and was not consistent with the supported living ethos. Further to discussion with the Community Mental Health Services Manager, Registered Manager and Deputy Manager, the agency committed to cease the routine use of this practice with immediate effect.



<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Training and development is ongoing for all staff and is relevant to their job of work, a training matrix is recorded for staff training. Supervision is carried out as per trust policy. Staff competencies are carried out in relation to finances and medication on an annual basis . The agency has a policy on responding to service users needs. Monthly visits take place from the provider to evaluate all support and care provided and to review and audit trends in incidents, complaints etc, this is then forwarded to RQIA as a standard requirement.</p> <p>All staff are either registered with NMC or NISCC and have the required hours of training to meet their registration requirements. Staff are aware of their obligations to raise any concerns regarding poor practice. Staff are aware of the trusts vulnerable adults reporting procedure and service users are frequently discussed at multi-professional meetings.</p>	Compliant



Inspection Findings:	
<p>The managers discussed the training system and records with the inspector. The inspector noted that staff had received training in mandatory and other areas relevant to their roles. Staff who participated in the inspection reported having received appropriate training through a variety of methods. Staff feedback confirmed that staff receive appropriate formal and informal supervision and peer support. The inspector noted that staff described arrangements to enable them to access managerial support and advice at any time.</p> <p>The registered manager described methods of assessing the effectiveness of training including supervision, observation, and assessment of competency in the areas of medication and finance.</p> <p>It was evident from agency staff and HSC Trust professional feedback that the staff have a detailed knowledge of service users and are confident regarding their ability to respond appropriately to the needs of service users. Relevant policy and protocol to responding to the needs of service users was seen by the inspector.</p> <p>There was no evidence of restrictive practice in care and support plans; this was confirmed by agency staff, relatives and service users. Agency staff discussed their awareness of restrictions which are not used in this supported living setting. Agency staff described their understanding of human rights and how they work with service users to enhance their ability to keep safe, rather than restricting their movement or access to their property.</p> <p>Examination of care and support records demonstrated that the outcomes of care practices are evaluated and discussed with relevant professionals. HSC Trust professionals described how the agency provides a service which responds flexibly to the needs of individual service users.</p>	<p>Compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home.</li> <li>• The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions</li> <li>• Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records.</li> <li>• Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Any restrictive practice is discussed with tenants and relatives and outlined in the tenant support plan. Stream St statement of purpose and service user guide outline the nature and range of services and includes information on restrictive practice. At tenants' meeting staff make tenants aware of their right to decline aspects of care. At present all service users have the ability to consent. Service users are all given or offered a copy of their support plan.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The statement of purpose makes appropriate reference to how the need for restrictive practice is assessed and implemented. The inspector noted that care and support plans did not include any examples of practices which could be considered as restrictive. Care and support plans did advice service users that the use of any practices which could be restrictive would be discussed with them.</p>	Compliant

Service users are advised that they can decline aspects of care provision in a written agreement seen by the inspector. The inspector was advised by the deputy manager that no service user lacks the capacity to consent to care practices.

The inspector read written information provided to service users which states that support can be accessed from sources other than the agency, and providing information regarding advocacy services. The inspector was advised that service users are offered a copy of their care and support plan.

The inspector was advised that there are no restrictive practices used at the agency and that no service user is affected by restrictions on another service user.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>There is no use of physical restraint used in supported housing in Downpatrick. restrictive practice is only used as a last resort and clearly outlined in the tenant support plan. The safety of the tenant is paramount and this will only be used in coloboration with the tenant in a case were it can ensure their safety or welfare. ie time frame for tenants to return to home on winter nights or for identified PPANI arrangements.</p>	Compliant

Any restrictive practice is constantly reevaluated and is discussed with the MTD	
<b>Inspection Findings:</b>	
As stated in previous statements, there was no evidence that restrictive practices are used at 2 Stream Street. The statement of purpose appropriately describes the circumstances when a restrictive practice could be used in response to an assessed need.	Compliant
The inspector was advised that restraint is not used at the agency.	

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

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	
<p><b>Provider’s Self-Assessment</b></p> <p>Service users can describe the amount and type of care/support provided to them in Stream Street. Staff are involved in support planning. Meetings are held with the senior support worker assigned to that area along with the unit manager and the personalised care manager. At these meetings each tenant is discussed as how best to meet their needs. The tenant has direct input into their ongoing support and care and can ask for a change in assistance if they feel this is necessary. There are also regular multi-disciplinary reviews of tenants incorporating individualised care management reviews held on at least at least a six monthly basis.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>Service users and relatives described the amount and type of care provided in terms of staff being available to meet needs flexibly. The inspector noted that the type of care provided is stated in the care plan and the number of hours provided is stated in the financial agreement.</p> <p>Staff feedback through questionnaire and on the day of inspection showed that staff understand the amount and type of care provided.</p> <p>The inspector viewed the agency guidance on assessment and care planning. The Statement of Purpose</p>	Compliant

describes how care and support plans are devised.

Feedback from HSC Trust professionals confirmed that care provided to service users is consistent with the care commissioned by the Trust. HSC Trust professionals are involved in the review and updating of care commissioned, as reflected through care and support plans and review records reviewed by the inspector.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Staff have to explain to service users the amount of care/support that they receive. This is documented and a copy is in their support plans, This is broken down into hours of care and support. At present no tenant in Stream St is paying for additional hours.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The inspector viewed finance agreements signed by service users which do not show a charge for care. The Charging Survey completed in advance of the inspection and confirmed by the deputy manager states that no service user pays for care. Service users have a written agreement stating the hours of care and support they receive, which is paid for by the HSC Trust. Service users who participated in the inspection knew what bills they paid for.</p> <p>No service user is in receipt of care and support hours additional to the HSC Trust plan.</p>	Compliant



<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 3</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences.</li> <li>• Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
<p>Service users understand that their support plans are reviewed every six months. Should a service user's needs change, a review can be arranged. Service users and their representative are always requested to attend, and if they do not wish to this is documented in their records.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A report of care reviews commissioned by the HSC Trust was returned to RQIA in advance of the inspection. The registered manager confirmed that all service users had annual reviews with the HSC Trust from 1 April 2013 – 31 March 2014.</p> <p>The deputy manager explained that an HSC Trust professional has responsibility of convening and recording all annual care reviews. The inspector spoke with a professional involved in this role and viewed records of reviews which showed the involvement of the service user and/or their representative, the agency, and the</p>	Compliant

<p>HSC Trust. It was evident from examination of records and agency staff feedback that reviews are arranged as required.</p> <p>The inspector viewed care plans which showed evidence of being updated following changes in care and support needs. Agency staff confirmed that care and support plans are current and updated to reflect reviews.</p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

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

## Any other areas examined

### Complaints

The inspector viewed the record of one complaint received and satisfactorily resolved in the period 1 January 2013 – 31 January 2013. The inspector viewed the complaint records and was advised that no complaints had been received in 2014.

### Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Marty Caldwell Community Mental Health Services Manager, Janet Clarke Registered Manager and Tony Cheetham Deputy Manager**, as part of the inspection process.

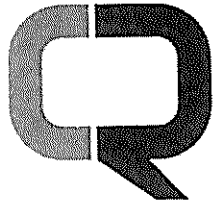
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Announced Primary Inspection

2 Stream Street

28 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 **Janet Clarke Registered Manager and Tony Cheetham Deputy Manager** during the inspection visit.

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

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

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

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

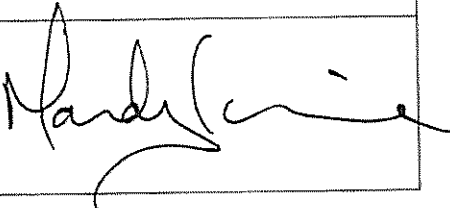
**Recommendations**


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	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <ul style="list-style-type: none"><li>• This registered person should consult with relatives and professionals and record their views in the monthly quality monitoring report.</li><li>• Any factors impacting on the agency's ability to include consultation with relatives or professionals should be noted on the reports of monthly monitoring</li></ul>	One	<p>A robust system has been established by the registered person for the evaluation of the service on a monthly basis.</p> <p>This will include the consultation of service users and their representatives.</p>	28 April 2015

2	1.4	<p>Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>In relation to accommodation which is shared with agency staff:</p> <p>The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and measures are taken to ensure the service users obtain maximum benefit from their home and control over who enters it. This process should be kept under review.</p>	One	<p>This action has been undertaken with the service users in Stream Street House culminating in a new up to date agreement being discussed with, agreed on and signed off by the five service users. This will be reviewed annually or sooner should the need arise.</p>	28 April 2015
3	4.2	<p>The agreement between the service user and the service provider specifies:</p> <p>the arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept;</p> <p>It is recommended that the signed agreements to make payments to the 'float' are reviewed and updated with service users.</p>	One	<p>This action has been undertaken with all service users in Stream Street House. It has been agreed and signed off by the five service users. This will be reviewed annually or sooner should the need arise.</p>	28 April 2015

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	JANET CLARKE
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<input checked="" type="checkbox"/>		14/04/2015
Further information requested from provider	<input type="checkbox"/>		