



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Braidwater Quay
Agency ID No: 11307
Date of Inspection: 8 December 2014
Inspector's Name: Jim McBride
Inspection No: INO 20774

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Braidwater Quay (Formally Kintyre Park)
Address:	2-8 Waveney Road Ballymena BT43 5FA
Telephone Number:	02825653755
E mail Address:	02825632863
Registered Organisation / Registered Provider:	Mr Paul Ian Cummings
Registered Manager:	Ryan looney
Person in Charge of the agency at the time of inspection:	Ryan looney
Number of service users:	22
Date and type of previous inspection:	Primary Announced Inspection 13 February 2014 09:30-13:00
Date and time of inspection:	Primary Announced Inspection 8 December 2014 09:30-14:30
Name of inspector:	Jim McBride

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- File audit
- Evaluation and feedback

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

Consultation process

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

Service users	4
Staff	4
Relatives	2
Other Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Six were returned and two were completed by staff on duty during the inspection. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	8

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with the made following the inspection of 13 February 2014 was assessed. The agency has fully met the requirement stated previously.

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

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

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

Profile of service

Braidwater Quay is a supported living type domiciliary care agency based in Ballymena and is spread over two sites with the registered office in the Waveney road site. The scheme is managed by the Northern Health and Social Care Trust. It consists of shared and single apartments as well single rooms for tenants who live more independently. The service specializes in the rehabilitation of people who have had mental health difficulties. The service is for 22 individuals.

The agency's Statement Of purpose States:

"Braidwater Quay provides a secure environment with an open door policy and staff support tenants to have the right to choose and have control over their lives based on person centred care. Supported Living aims to provide a complete integrated package of support and housing that is flexible, responsive and innovative.

Staff will support tenants by empowering them to believe in their own ability and to take ownership of their progress along their recovery journey. Braidwater Quay will always acknowledge and respect its tenant's individual Human Rights which may include those who are under Guardianship or have other restrictive practices. Both Guardianship and any restrictive practices will be monitored and reviewed regularly".

Summary of inspection

The announced inspection was undertaken at the agency's registered office on the 8 December 2014.

During the inspection a range of policies and procedures and other documentation was examined and the inspector met with the registered manager. Including:-

- Tenancy Agreements
- Care plans
- Risk assessments
- Service agreements

The inspector had the opportunity to meet four service users in their own home. The manager stated that he had informed the service users of the RQIA inspection and that the inspector would like the opportunity to meet them.

The inspector spoke to four staff. Staff stated that they had received training in human rights and that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

The inspector had the opportunity to discuss the service with one HSC Trust staff member and two relatives; their comments have been added to this report.

Records examined show evidence of a consistency with a person centred ethos and reflected that the service is person centred and individual. Each service user has an allocated Named Senior Support Worker who contributes to their Care Plan and ensures that any information or assistance required is made available to them.

This was acknowledged within individual care plans examined by the inspector as well as during discussion with the manager staff and the service users interviewed who all stated they had a keyworker.

The inspector has made two requirements to the agency in relation to the following. The requirements are included in the quality improvement plan appended to this report

- 1 Regulation 23 - Quality Monitoring
- 2 Regulations 16.4 - Re staff supervision

Tenant Comments:

“Everyone is treated well”
 “No favourites”
 “Staff respect me and treat me as an individual”
 “Staff are friendly and approachable”
 “I have no complaints”
 “My keyworker is good”
 “Staff listen to my concerns and help me”
 “Staff support me with shopping, budgeting and chores”
 “I like living here and feel safe and well”.

Staff Comments:

“Induction and training is good”
 “Staff communicate well with each other”
 “The manager has an open door policy and we can go to him at anytime”
 “We have a good team”
 “Tenants are encouraged and supported to be as independent as possible”.

HSC Trust staff member comments:

“I have a good working relationship with the staff on the scheme”
 “Staff are friendly and approachable”
 “I attend all reviews”
 “I am currently support a new client who is moving to the scheme”
 “The staff are always aware of the needs and would contact me if they have any problems”
 “My client enjoys living there”.

Relatives Comments:

“This is the best place***** has been the staff are supportive and do help everyone”
 “My relative has had a difficult time over the years and finds life difficult, however has changed so much for the better in supported living”
 “Living independently with support is the best for*****”
 “I find the staff helpful and always there for help if required”
 “The place is second to none and so much goes on with activities and community things”.

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

The eight questionnaires returned indicated the following:

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

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

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

Individual comments on the principles supported living from staff:

“Promote independence”

“Promoting self-worth”

“Encouraging new skills”

“To support individuals in their choices in life to improve their quality of everyday living”.

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

- Service users meetings
- Monitoring Visits
- Reviews.

The areas indicated above were verified by:

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

Detail of inspection process:

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

The agency has achieved a compliance level of “Compliant” for this theme.

Two service users’ finances are managed by HSC Trust staff who act as appointees and agents holding and storing monies, the relevant documentation is in place. Service users do not contribute from their personal income towards their care or support.

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

- Tenancy Agreement
- Tenants costs list
- Service User Handbook

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with a domiciliary care agreement the inspector examined a number of these during the inspection.

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

Service users spoken to by the inspector was aware of the domiciliary care agreement and how their care, support and rent are paid.

The documentation highlighted above shows evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments.

Theme 2 – Responding to the needs of service users

The agency has achieved a compliance level of “Compliant” for this theme.

The agency has in place what appear comprehensive care/support plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery. These care plans reflect the input of the HSC Trust and the thoughts and views of the service users and their representatives.

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

The manager and staff explained the agency’s commitment awareness of human rights and how it is inherent in all its work with service users.

The agency has in place risk assessments using a comprehensive framework describing capacity, as well as measuring the ability of individuals to achieve greater independence and choice in daily living.

Staff stated they had received human rights training; the last recorded session was completed on the 3 April 2014.

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

The agency has achieved a compliance level of “Compliant” for this theme.

The manager stated that each service user has in place an individual domiciliary care agreement provided by the agency. The inspector sampled four records in place.

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

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

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

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

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

Additional matters examined

Quality Monitoring:

The inspector read a number of monthly monitoring reports in place from February to October 2014.

However records examined show little evidence of contact with:

- Service users
- Relatives
- HSC Trust staff
-

The agency have in place separate report for two sections of the scheme, as the scheme is registered as Braidwater Quay the monthly monitoring report needs to reflect that.

The inspector viewed the agency's quality monitoring documentation; it was identified that the monthly quality monitoring visits were completed by managers from other schemes.

The records viewed by the inspector recorded comments from service users; however the inspector noted that the views of service user relatives or representatives were not recorded.

The monitoring reports do include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review.

The agency has been issued with and Urgent Action notice relating to the quality of the information within the monthly monitoring reports.

RQIA has requested that the agency forwards copies of the monthly quality monitoring record to RQIA until further notice.

One requirement was made

During the inspection it was noted by the inspector the lack of consistency of staff supervision. The inspector examined a number of supervision dates which have not been met in line with the agency's own policy. The inspector issued an urgent notice to the registered provider in relation to supervision. **One requirement has been made.**

Statement of Purpose

The agency's Statement of Purpose had been revised and submitted to RQIA prior to the inspection visit. The statement of purpose states clearly the nature and range of services provided. The document was updated on the 26 November 2014.

Reviews

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

The information returned to RQIA was discussed during the inspection and it was evident that the HSC Trust are regularly involved in the needs assessment and care planning processes for service users. Agency staff and service users described Trust colleagues as approachable and responsive to changing needs.

Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users.

The survey was discussed during the inspection and the registered manager advised the inspector that all of the service users are helped with their finances and that HSC Trust staff act as agents holding and storing monies and in two instances act as appointees. Records in place were satisfactory and include receipts for income and expenditure as well as records of regular reconciliations.

The registered manager confirmed that agency staff do act on behalf of some service users and are available to offer advice and support with budgeting; this was verified by the staff spoken to during the inspection. Service charges are paid by service users by direct debit. The returned survey shows that no service user is paying for additional care services that do not form part of the HSC Trust's care assessment.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout 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	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> • Utilities bills <p>The service user's individual financial agreements will have to be further developed to reflect any payments made by them for food, utilities costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p> <p>Part. This refers specifically to the shared accommodation part of Braidwater Quay.</p>	<p>The agency has updated their finance documentation. All current documentation in place outlines the nature of all charges made to service users for utilities.</p> <p>No service users require reimbursements as the HSC Trust pays for the areas used by staff. This was verified by the inspector.</p>	One	Fully Compliant

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

<p>Provider's Self-Assessment</p>	
<p>Tenants provided with tenants handbook, this gives written detail and clarification of the rules and regulations within the scheme. Tenants also have signed their tenants agreement and support agreement. Breakdown of charges are in tenants files. Tenants also have careplans and support plans which avail them of opportunity to be involved in their support. Tenants who are deemed incapable of managing their finances have a careplan in their file and medical certificate also in file. Breakdown of costs regarding support and care is also in their files .</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have been issued with a Tenants Agreement and this reflects the charges payable by the individual to the agency. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency. Service users do not make any personal contribution to the cost of their care. The individual's weekly entitlement to care and support hours are outlined within their service agreement.</p> <p>Service users make payments on a weekly basis in respect of the heating and lighting. These costs were itemised within the service agreements and within the Tenants' Handbook and each service user pays the same amount. Services users are notified four weeks in advance of any changes in charges.</p> <p>Agency staff do not share the foods purchased by the service users. The agency has developed policy guidance for staff with regard to staff meals on duty and this clearly outlines the expectation that staff will provide their own meals.</p>	<p>Compliant</p>

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

Statement 2:

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

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

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<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>There are tenants that are incapable of managing their finances within the scheme, we have care plans and support plans that have been devised and agreement with the tenant put in place. Staff adhere to policies and procedures. Medical incapacity certificates in place stipulating the date of incapacity and appointee in place. Safe register in place and all staff adhere to policies and procedures in relation to cash and valuables. All staff have completed cash and valuables training.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a number of finance assessments, capacity assessments and care agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed when handling service users' monies. Records in place show receipts and signatures as well as regular reconciliations in line with procedures. The staff on duty stated that they have received training on the handling of service users' monies 30 September 2014. Annual reviews completed by the HSC Trust show evidence of finance arrangements in place. The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in their finance agreement. The agency does act as appointee for two individual service users as well as acting as agent holding and storing monies for others. As stated in the self-assessment records of capacity assessments are in place. These were verified by the inspector.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Safe provided in staff office and safe register in place. All policies and procedures adhered to by staff. Two staff members at all times check all items that enter and leave safe and document accordingly. This is reflected in tenants careplan and support plans and reviewed monthly.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>Service users have individual safe storage areas for their monies within the service, no restrictions are in place for access with the support of staff if required. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure for those service users who may need help.</p>	Compliant

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

Statement 4:

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures;
- Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private

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(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"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
All tenants within this scheme use public transport on an as and when required basis.both schemes do not provide transport for tenants.	Not applicable
Inspection Findings:	
As stated by the agency in their self-assessment, tenants use public transport.	Complaint

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1: The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Risk assessments in tenants files and also careplans in place which are reviewed 6 monthly and support plans which are reviewed monthly which reflect appropriate consideration of human rights.All agency staff record in notes on a daily basis.Tenants needs are identified through daily supervision,conversing with the tenant and discussing with other professionals to ascertain various services that may aid their requirements to meet the tenants needs.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>A range of care records were examined and service users’ needs and risks were clearly documented by agency staff and had been reviewed by the HSC Trust.</p> <p>The inspector examined six needs assessments and care / support plans for service users; these were noted to contain references to the service users’ human rights which had been aligned to the specific outcome for service users. The care records of six service users were examined and contained daily progress notes and key worker summaries of the individual’s progress towards aspects of their care and support plan. Agency staff had written an evaluation against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff make referrals to HSC Trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC Trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the Trust at any time in relation to any changing needs identified. Staff also review the care plans monthly with the individual service users.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2: Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Staff attend all training in relation to the setting they work in and avail of all opportunities to update their knowledge. Mandatory training is ongoing and staff aware of importance of attending this training. Staff are aware of all policies and procedures if they experience poor practice within the workplace, aware of reporting this to their manager or senior staff and that it would be dealt with effectively, immediately and accordingly.</p>	Substantially compliant
Inspection Findings:	
<p>The agency’s staff training records were examined and reflected uptake in training in the mandatory areas. Agency staff confirmed that they can access all of the agency’s policies and procedures. Staff who participated in the inspection advised the inspector that they felt they had received adequate training for their roles. Agency staff described their understanding of restrictive practice. The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice and described the manager and senior staff as very approachable.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3: The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Tenants,relatives and potential referral agencies are welcome to talk to staff at anytime.Due to confidentiality relatives would require consent form the tenant to discuss their care.Tenants are encouraged to take ownership,empowering them to make their own choices and decisions.Tenants meetings held on monthly basis and tenants have handbook ,careplan and support plan which thet are provided with.MDT and other agencies are involved in providing service for all the tenants.Advocacy service is also available for tenants to use .Statement of purpose is also available for all tenants to read.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>The agency has developed a range of documentation to support the referral, assessment and care / support planning processes.</p> <p>The agency’s Statement of Purpose was examined and it includes to the nature and range of services provided.</p>	Compliant

The service users have a care plan and an associated support plan for each outcome. This information was detailed and appeared to be in line with a person centred ethos and had the appropriate human rights considerations included.

The documents had been shared with service users and the signatures of service users were evidenced in the documents.

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

Inspection Findings:	
<p>The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users.</p> <p>Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. This was discussed with the service user and the manager.</p> <p>Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. Agency staff who met with the inspector described their understanding of restrictive practice.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1 Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Documentation is in place and explained to each tenant the amount and type of care provided by the agency. Tenants careplans and support plans are in place to identify any need. Regular reviews and updates with CMHT also enables staff to identify any changes to care provided. Each tenant is provided with a handbook for their own guidance and reference. Statement of purpose also in place for tenants to refer to.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>A range of care records were examined and service users’ needs and risks were clearly documented by agency staff and have been reviewed by the HSC Trust.</p> <p>The inspector examined a range of needs assessments and care / support plans for service users; these were noted to contain references to the service users’ human rights which had been aligned to the specific outcome for service users. The care records of six service users were examined and contained daily progress notes and key worker summaries of the individual’s progress towards aspects of their care and support plan. Agency staff had written an evaluation cross referenced against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff do make referrals to HSC Trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC Trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the HSC Trust at any time in relation to any changing needs identified. This was verified by a staff member of the HSC Trust contacted by the inspector.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	
Provider's Self-Assessment	
Documentation clearly states charges and costs within the tenants handbook, which is clearly broken down for each tenant. Tenants meetings are also held monthly to discuss any concerns/changes which may arise.	Substantially compliant
Inspection Findings:	
Each service user has in place a tenancy agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and support. Records in place examined during inspection shows that no service user makes a contribution from their personal income towards their care. Tenancy agreements show evidence that the costs and service provided have been discussed with service users and their representatives as well as the HSC Trust. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. Each service user has in place a breakdown of the hours of care and support they will receive.	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Tenants agreements are reviewed annually and tenants are given opportunities to express any concerns that may arise regarding care provided and payment of any fees. Tenants are updated regarding changes through careplans, support plans and are updated regularly and in agreement with each tenant</p>	Substantially compliant
Inspection Findings:	
<p>At the request of RQIA, the agency provided in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, service user's reviews are held annually and more often if necessary with HSC Trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</p>	Compliant

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

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

Any other areas examined

Complaints

The agency has had no complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site. During discussions with the tenants and relatives they were clear about the complaints procedure and described who they would make a complaint to if they had a problem.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Ryan Looney the registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Inspection

Braidwater Quay

8 December 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Ryan Looney the registered manager and Mrs P Hughes Assistant Director MH NHSCT both during or after the inspection visit.

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

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

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

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 23 (1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p>During the inspection, the inspector issued an urgent action notice, requested that the agency forward copies of the monthly quality monitoring record to RQIA until further notice.</p>	Once	The manager completing the monthly monitoring will include, family, tenants, and community mental health team each month. Should they be unable to contact family or community mental health team this must be recorded. Copies of the monthly monitoring will be forwarded to RQIA until further notice.	One month from the inspection date 8 January 2015
2	Regulation 16.4	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>During the inspection it was noted by the inspector the lack of consistency of staff supervision. The inspector examined a number of supervision dates which have not been met in line with the agency's own</p>	Once	Due to staff sickness and movement of staff the frequency of supervision decreased. Following a meeting with manager, J Bain, a supervision flowchart was completed to clearly identify who each member of staff is	One month from the inspection date 8 January 2015

		<p>policy.</p> <p>The inspector issued an urgent notice to the registered provider in relation to supervision.</p>		<p>responsible for supervising and the frequency of supervision to be provided. This has to be reported on at the managers monthly operational supervision.</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	Ryan Looney
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	7/1/15
Further information requested from provider			