



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

<b>Name of Agency:</b>	<b>Fairways - The Cloonavin Green Project</b>
<b>Agency ID No:</b>	<b>11319</b>
<b>Date of Inspection:</b>	<b>22 July 2014</b>
<b>Inspector's Name:</b>	<b>Audrey Murphy</b>
<b>Inspection No:</b>	<b>20009</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**General Information**

<b>Name of agency:</b>	Fairways - The Cloonavin Green Project
<b>Address:</b>	22 Cloonavin Park Coleraine BT52 1RU
<b>Telephone Number:</b>	02870359417
<b>E mail Address:</b>	tdunlop@fili.org.uk
<b>Registered Organisation / Registered Provider:</b>	Fairways Independent Living Initiative Robert Anthony Dunlop
<b>Registered Manager:</b>	Victoria Jane Derbyshire
<b>Person in Charge of the agency at the time of inspection:</b>	Victoria Jane Derbyshire
<b>Number of service users:</b>	30
<b>Date and type of previous inspection:</b>	3 October 2013, Primary announced inspection
<b>Date and time of inspection:</b>	22 July 2014 09:15 – 18:00
<b>Name of inspector:</b>	Audrey Murphy

## 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	5
Staff	4
Relatives	7
Other Professionals	2

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

Issued To	Number issued	Number returned
Staff	20	4

### 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 five requirements and one recommendation made following the inspection of 3 October 2013 was assessed.

The agency has fully met three of these requirements and partially met two; one of the requirements has been restated and a separate recommendation has been made with regard to further improvements necessary in relation to service users' ability to secure their private accommodation.

The agency has fully met the minimum standard with regard to the recommendation made during the previous inspection.

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**

Fairways – The Cloonavin Green Project is a domiciliary care agency which provides a supported living service to adults with a learning disability. The service commenced in 2006 and there were 30 individuals receiving a service at the time of this inspection.

The agency's premises are located within the grounds of the home of several service users however access to the agency premises is separate.

The agency provides 24 hour support to service users who live in neighbouring properties within a private housing development. An additional 'outreach' service is provided to individuals who live in the local area.

The range of services provided includes assistance with daily living tasks and supporting service users with their social, emotional and spiritual needs. Service users are assisted to access a wide range of community amenities for work and leisure purposes.

The agency staffing comprises the registered manager, a deputy manager, senior support workers (shift leaders) and support workers. One of the homes of service users is staffed intensively and agency staff 'sleep over' at this location. Service users are also supported by waking night staff.

## **Summary of inspection**

The announced inspection was undertaken at the agency's registered office, 22 Cloonavin Park, Coleraine on 22 July 2014, 09:15 – 18:00.

The registered manager, Victoria Jane Derbyshire was present throughout the inspection and the registered person, Mr Tony Dunlop was also in attendance.

The inspector met with 5 service users and observed several others receiving support from agency staff. Feedback from service users was very positive and reflected good working relationships between staff and service users. Service users reported high levels of satisfaction with the services provided.

The relatives of six service users contributed to the inspection (including one by telephone) and spoke very highly of their relationships with agency staff, the quality of the service provision and their overall satisfaction.

The inspector met with four agency staff and observed others interacting with service users in a professional and caring manner.

RQIA issued 20 questionnaires to the registered manager prior to the inspection and requested that these were distributed to staff and returned to RQIA. Only three questionnaires were returned to RQIA in advance of the inspection and the inspector requested that the registered manager encourage all staff to return their questionnaire to RQIA. Following the inspection visit one additional questionnaire was returned to RQIA.

Feedback received in the questionnaires provided evidence that these staff had received training in safeguarding vulnerable adults and that their competency in this area had been assessed. One member of staff suggested that this training could be improved and suggested that more information could be given in relation to the signs of abuse.

Staff also indicated that all of the service users have a care plan that meets their needs and that restrictive practices are only undertaken in the context of assessed needs and risks.

Three of the staff who returned a questionnaire indicated that they had received training in the supported living model of care. Comments in relation to this included references to promoting independence and social inclusion and providing support and care as necessary.

The ethos of the supported living service was discussed with agency staff throughout the inspection. The inspector challenged a number of practices and arrangements in place that are not consistent with best practice guidance in this area. These are outlined further within the report.

**Detail of inspection process:**

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

Service users have been issued with 'A Guide to Your Support' and have individual agreements in place which set out the range of charges applicable to them. There was evidence of agency staff acting on behalf of service users and the arrangements for appointeeship and for the secure storage of service users' finances were explored. The registered person was undertaking regular reconciliations of service users' income and expenditure and it was recommended that the registered manager support this process, in accordance with the agency's procedures.

There were three requirements made within this theme. These refer to the arrangements in place to safeguard service users' finances when receiving support to eat out. One requirement was made in relation to the governance arrangements relating to transport provision. A further requirement was made in relation to the restricted access to personal money some service users were experiencing, in the absence of an appropriate care / support plan.

The agency has been assessed as 'Not Compliant' with this theme.

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

The agency maintains detailed and comprehensive assessments of needs and risks and care plans for each service user. These contained references to the service users' human rights. There was strong evidence of positive and supportive working relationships with the HSC Trust and of the regular review of service users' needs.

It was evident during the inspection that a wide range of interventions are being implemented, some of which are restrictive in nature. The needs assessments and care plans in place reflected regular HSC Trust reviews of restrictive practices however not all of the interventions in place could be aligned to a HSC Trust assessment of need or risk.

There were three requirements made in relation to this theme. The registered person must ensure that care practices are in accordance with the HSC Trust assessment of need and risk and that care plans are kept under review.

The agency maintains policies and procedures in relation to challenging behaviour, restrictive practices and physical interventions. It was recommended that these are updated.

The agency has been assessed as 'Not Compliant' with this theme.

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

All of the service users have been issued with 'A Guide to Your Support' and this provides information about the type of support available. However, the amount and type of care and support provided was outlined identically within many of the guides. The inspector raised a concern that the description of the care and support within the guide was not reflective of the service users' individual care and support plans.

Two recommendations in relation to Minimum Standard 4 were made with regard to this theme.



The agency has been assessed as 'Not Compliant' with this theme.

## **Additional matters examined**

### **Statement of Purpose**

In advance of the inspection, the agency submitted to RQIA the 'Statement of Purpose and Tenant's Guide'. The agency is required to further develop this document to reflect the provision of specialist behavioural interventions including restrictive practices, as prescribed by the HSC Trust. The Statement of Purpose must also outline the 'outreach' service and should exclude any references to 'unplanned admissions'.

### **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 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' relatives described HSC Trust staff as approachable and responsive to changing needs. Service users who participated in the inspection also confirmed that they have regular reviews. The registered manager advised the inspector that all of the service users had had a review and that the HSC Trust records of the review had been forwarded to the agency for all service users except four.

Following the inspection visit the inspector spoke with two members of HSC Trust staff in relation to the quality of service provision. It was evident from these discussions that agency staff work closely with HSC Trust professionals.

### **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 arrangements for service users to purchase services from the agency were discussed and clarified during the inspection. The registered person is appointee for several service users and reported that he was in the process of transferring this responsibility to the HSC Trust..

Agency records reflected regular reconciliations of the service users' income and expenditure and service users were making payments to the agency for domiciliary care by direct debit.

The agency's service user guide sets out the arrangements for service users to make contributions to the costs of their care. It was noted that some service users were contributing varying amounts weekly towards their care and support and that outreach service users were not making any payments for care and support. The guide also states that service users will receive a personal allowance of at least £26.85 per week. The payments for each individual were set out in their financial summaries and within the 'A Guide to Your Support' document. The registered person confirmed that the charges made to individual service users were in relation to domiciliary care provision to meet needs assessed by the HSC Trust. From the

information provided to service users it was not possible to establish a clear link between the amount of care and support being provided and the charge being made.

The service users' guide specifically references the HSC Trust assessment of needs and the range of social security benefits that are taken into account when calculating the costs of the 'placement'.

The registered person advised the inspector that the agency had, in conjunction with the HSC Trust undertaken a 'means testing' approach to the calculation of contributions from service users towards their domiciliary care costs. The registered person further advised that these arrangements have been in place since the service commenced in 2006. The gross costs of accommodation, meals, maintenance, care and support had been used to determine the amount of HSC Trust contribution and the amount of the contribution from individual service users.

This arrangement may be inconsistent with guidance issued by the former HSS Executive on 3 June 1999 "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

"...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services."

This practice also seemed inconsistent with the 2007 DHSSPS "Report on free personal care and alternative options", which states (p.6) "Clients at home, however, do not have to pay for their personal care."

The registered person advised the inspector that he is aware that this practice is not in accordance with departmental guidance and that he has approached the HSC Trust in relation to this. It was noted during the inspection that several service users were not making any contributions towards the cost of their domiciliary care provision.

In accordance with RQIA's enforcement procedures, the registered person was advised on 1 August 2014 of RQIA's intention to issue a failure to comply notice in respect of Regulations 15 (9) and 14 (b) (d) of the Domiciliary Care Agencies Regulations (Northern Ireland), 2007.

A meeting was held with the registered person at RQIA's offices on 8 August 2014 and on 12 August 2014 a notice of failure to comply with Regulation 15 (9) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 was issued to the responsible person.

### **Model of service provision**

The ethos of the supported living service was discussed with agency staff at length during the inspection and in particular, some of the arrangements in place which were compromising some of the service users' experience of independence, choice and control in their own homes.

It was noted that many of the service users were making payments to the landlord for their accommodation, food and some utilities. It was not clear from the agency's records how these food and utility costs reflected the individuals' preferences and choices, nor was it clear if service users were receiving value for money. The registered person advised the inspector

that since the service began, the 'gross' costs of the supported living service had been divided equally among all of the service users.

The rights of these service users to opt out of this arrangement were not clearly outlined within agency documentation and there was no evidence of service users' independence and control being promoted or afforded in this regard. The inspector advised the registered person that this arrangement had institutional characteristics and that service users were not in control of their finances or receiving support to budget for these items. This lack of separation between the role of the provider of housing and role of the care provider in promoting the choices and control service users have in their lives is concerning and would not be consistent with best practice. The lack of separation between the role of the provider of housing and role of the care provider would also suggest that service users are not experiencing the full range of rights associated with living in their own home.

At a meeting with RQIA on 8 August 2014, the registered person advised RQIA of the outcome of their liaison with relevant stakeholders and of plans to liaise with service users and their representatives, including the HSC Trust, regarding a revised charging arrangement. The registered person must ensure that service users' independence in this area is promoted and that individuals are supported to budget for these items.

It was very encouraging to note that the location of the agency premises within the home of service users had been reviewed. During the inspection it was noted that while the agency's office is located within the grounds of the home of service users, its location has a much reduced impact on the service users' experience of privacy.

The service users' ability to experience exclusive possession of the private areas of their home was discussed. The inspector was advised that due to fire safety reasons, a significant number of service users would not be able to secure their bedrooms doors. It was recommended that the registered person liaise with the landlord and with NIFRS as appropriate with a view to providing service users with an acceptable means of securing their private accommodation (bedrooms).

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

## Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	5 Schedule (1) 2	The registered person must ensure that the nature and range of services detailed in the statement of purpose is further developed to include the outreach service were personal care is provided.	The agency's statement of purpose was submitted to RQIA in advance of the inspection. There were a number of areas for quality improvement identified and discussed during the inspection.  This requirement has been restated.	<b>One</b>	<b>Partially Met</b>
2	14(e)	The registered person must ensure that the location of the agency's office respects service users' privacy.	Following a meeting with RQIA on 8 January 2014, the registered person provided assurances to RQIA in relation to the relocation of the agency's office.  The agency premises have moved from within the home of service users to a building within the grounds of the home of service users.	<b>One</b>	<b>Fully Met</b>
3	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to service user's individually.	Each service user has a 'Guide to Your Support' which advises of the number of weekly hours available to them.	<b>One</b>	<b>Fully Met</b>
4	15 (5) (a)	The registered person must ensure that the views of service users/representatives are recorded in respect of service users having a key to their home/bedroom, and their preference accommodated.	The inspector was advised of the steps that had been taken to provide fourteen service users with a key to their front door and there were risk assessments in place with regard to this.	<b>One</b>	<b>Partially Met</b>

		A best interest decision involving the HSC Trust must be made for service users who lack capacity.	<p>The inspector was also advised that while some service users can secure their bedroom doors from within, due to fire safety reasons cannot lock their doors from outside.</p> <p>The inspector recommended that the registered person liaise with the landlord and the NIFRS as appropriate with regard to an alternative means of ensuring service users can secure their private accommodation.</p>		
5	14 (a-f)	The registered person must ensure that the policy on restrictive interventions is further developed to include restrictive practices of a non-physical nature i.e. locked doors, lack of access to the kitchen, monitoring devices.	The agency has policies in place relating to challenging behaviour, restrictive practice and physical interventions. The policies make appropriate references to a range of restrictive practices including locked doors, restricted access to parts of the service users' home and to the use of monitoring devices.	<b>One</b>	<b>Fully Met</b>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	The inspector noted explicit references to the service users' human rights within care and support plans and within a range of other agency documentation.	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>

Provider's Self-Assessment	
<p>Each service user is provided with a support agreement/guide. This agreement is personalised to include how much support the user will receive, how much the support will cost, the type of support they will receive and the terms and conditions of the service.</p> <p>The support agreement lists the areas which users will receive support with. Service users can clearly see what they will receive support with and how much they will be charged. The agreement allows the user to select their preferred method of payment.</p> <p>There are no additional personal care services</p> <p>There are no shared costs between provider and tenant.</p> <p>Staff provide their own meals.</p> <p>Signed agreements are in place for small, day to day purchases to be made such as toiletries, podiatry, haircuts, visits to shop etc. Any larger purchases are discussed with the tenant, relative and agreement reached on their preference.</p> <p>Policy is in place and details the arrangements for supporting service users to manage their own finances and property. If a service user lacks capacity, appointeeship and authorisation from OCP to operate a bank account is in place where necessary.</p> <p>The support agreements states that if there is to be an increase in charges they will be notified in writing, at least four weeks before the change is to happen.</p> <p>Service users home looks like their own home and does not look like a workplace for staff.</p>	<p>Substantially compliant</p>



Inspection Findings:	
<p>As stated in the self assessment, service users have been issued with 'A Guide to Your Support' which sets out the number of care and support hours available to each individual and the charges for care and support. The amount and method of payment is included within the information provided to service users.</p> <p>The registered person advised the inspector that none of the service users were making payments for services which do not form part of the HSC Trust assessment of need.</p> <p>The arrangements for staff to avail of a meal when working with service users were discussed and agency staff confirmed that staff supply their own food and make their own arrangements for funding and storing tea and coffee. The 'Statement of Purpose and Tenant's Guide' advise service users of the charges associated with eating out with staff support. The service users' payments for staff meals when eating out (staff contribute the first £3) was discussed and the inspector raised concerns in relation to the appropriateness of this arrangement and any governance in relation to it. The inspector advised the registered person this policy must be reviewed and measures put in place to limit the amount of the service user contribution for staff meals. The registered person is required to put in place arrangements to prevent service users suffering financial disadvantage in these circumstances.</p> <p>The agency maintains finance policies and procedures and these outline the responsibilities of agency staff, the registered manager and the registered person. The agency maintains records of the income and expenditure of service users.</p>	<p>Substantially 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:**

**COMPLIANCE LEVEL**

- 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;
- If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date

<p>they acted in this capacity and the service user on whose behalf they act as agent;</p> <ul style="list-style-type: none"> <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>	
<p><b>Provider's Self-Assessment</b></p>	
<p>Support plans reflect the appropriate level of support required for individual service user's to manage their finances.</p> <p>Records are kept of all monies paid by/in respect of all service users.</p> <p>Records are kept of all financial transactions. Each transaction is signed and dated by a member of staff and where possible the service user receiving/giving the money. If the service user can not sign, the transaction is witnessed and co-signed by a second member of staff.</p> <p>Agreements are in place to authorise purchases on behalf of the service user.</p> <p>If service users require access to their money at short notice, support can be provided to help them get to the bank or ATM.</p> <p>Receipts are kept for all transactions. Receipts are kept up to date and filed chronologically. Checks are carried out on receipts monthly.</p> <p>The agency no longer acts as appointee for any current service users.</p> <p>No member of staff acts as an agent.</p> <p>The agency does not operate any bank accounts on service users behalf.</p>	<p>Substantially compliant</p>

<p>If there is evidence of a service user becoming incapable of managing their own finances and property, the registered person reports this, in writing to the Trust.</p> <p>The Trust is notified annually of the amount of savings each service user has.</p>	
<p><b>Inspection Findings:</b></p>	
<p>As stated in the self-assessment, the agency maintains records of all payments made by service users to the agency. Copies of invoices for all payments made by service users were examined and included payments for accommodation, maintenance, care, support.</p> <p>There were also records maintained of personal allowances paid to individual service users and of agency staff signing each transaction and maintaining receipts in relation to purchases made with and on behalf of service users.</p> <p>At the time of the inspection the registered person was acting as appointee for three service users with family members and the HSC Trust taking on this responsibility for others. Some service users were noted to be managing their finances independently. All of these arrangements were outlined clearly within the care records and service users' individual care records reflected the HSC Trust's needs assessment in relation to the management of finances and outlined the arrangement for the registered person to act as appointee for several service users.</p> <p>The agency maintains correspondence from the Social Security Agency confirming the registered person's authorisation to act as appointee.</p>	<p>Substantially compliant</p>

<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>A locked safe is available for the storage of money and valuables. A Limited number of staff have access to the safe.</p> <p>A register is kept of all items in the safe. The register states the item description, the date it was placed in the safe, the signature of the service user depositing the item and the signature of the staff member receiving the item. The same information is recorded when an item is removed from the safe. If the service user is unable to sign, a second member of staff will verify and sign the log.</p> <p>Service user's also have the option of keeping a small amount of money in a locked facility in their own home. Full records of incoming/outgoing monies are kept.</p>	Compliant

<p>Service users are aware of the arrangements for safe storage. The support agreement states that they have full access to their own financial records.</p> <p>If there are restrictions by OCP on a service user's access to money, this is documented in support plan. Otherwise, there are no restrictions on a service user's access to money.</p> <p>Reconciliation of money and valuables held in the safe or tenants safe cabinet in their home are carried out each month.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The arrangements in place for safeguarding service users' finances were discussed and the inspector was advised that the agency keeps service users' property in a safe in the agency's office. Several service users were also noted to have locked cabinets within their home which agency staff only had access to.</p> <p>The agency maintains finance policies and procedures and these outline the responsibilities of the registered person and the registered manager. The registered person undertakes monthly reconciliations of service users' income and expenditure and this includes monitoring the monies held by the agency within the registered office.</p> <p>It was noted that the registered manager had not been undertaking checks associated with the service users' finances held within the agency office in accordance with the agency's finance policy and procedures. A recommendation was made regarding this.</p> <p>It was evident that a number of service users were experiencing restrictions in access to their money. It was not clear from the care records or from discussions with service users why these restrictions were in place. This was discussed with the registered manager during the inspection and it was acknowledged that not all of the service users' current needs and risk assessments reflect any requirement for restrictions to money to be in place. The registered person must ensure that care practices which are restrictive are only undertaken if in accordance with the service users' HSC Trust care plan.</p>	<p>Not Compliant</p>

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

**Statement 4:**

**COMPLIANCE LEVEL**

**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 (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

<p>scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<p><b>Provider's Self-Assessment</b></p>	
<p>The agency does not offer a transport scheme.</p> <p>Service users are supported with their transport needs. Service users may make use of staff's private vehicles or public transport such as buses, trains, taxi's or disability action transport schemes. The cost of travelling in staff's vehicles is £0.415 per mile, divided equally by the service users travelling.</p> <p>SOP 031 is in place to outline transport arrangements.</p> <p>All journey's made in staff vehicles are recorded and service users are issued with a receipt. The receipt states: the date, destination, number of miles travelled and the cost of the journey. The member of staff/driver and the service user sign the receipt as confirmation. A copy of all receipts is kept for invoicing purposes.</p> <p>Service users' transport needs are risk assessed and support given where required.</p> <p>A record is kept of all staff driving licenses, valid insurance and MOT certificates.</p>	<p>Compliant</p>



Inspection Findings:	
<p>The inspector was advised that the agency provide transport to service users and that a vehicle belonging to the registered person and staff cars are available for these purposes. The inspector was advised of the registered person's arrangements for ensuring that vehicles used for the provision of transport meet the relevant legal requirement regarding road worthiness and insurance.</p> <p>Service users who avail of the agency's transport are charged 41.5p for the miles travelled and these charges are outlined within the 'Statement of Purpose and Tenants' Guide' and within the service users' individual financial agreements.</p> <p>None of the service users were reported to be using a Motability vehicle.</p> <p>The inspector was advised that the agency does not have a policy to guide staff in relation to the provision of transport. The inspector raised a concern in relation to the governance arrangements relating to transport provision.</p> <p>The registered person must ensure that charging for transport provision is in accordance with journeys taken that are planned, necessary and in accordance with the wishes and preferences of service users.</p>	<p>Substantially Compliant</p>

<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>
	Not 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>
<p><b>Provider’s Self-Assessment</b></p> <p>Support plans are tailored to each individual and are updated when any changes are made or following annual/ biannual multi-disciplinary review meetings. Review reports and minutes (compiled by the Social Worker) are available in the support plans. 'All about me' plans are person centred plans that inform staff of the preferred support needs of the tenant and allows the tenant to have a central role in their support. Annual satisfaction surveys are distributed to tenants and their families. Contact details for family, GP, Social Worker, PBSS, Psychiatrist is available in the support plan. All staff receive Human Rights training annually. Support plans detail how Human Rights of tenants are upheld/ impacted upon. Any care practices that do impact on their Human Rights are only agreed on, by a multidisciplinary team and fully documented. Complaints records are in place, non conformities are recorded and Senior Management are informed. Incident records are completed and filed. All seniors are aware of the On Call arrangements - Team Leader/ Project Manager; Dr On Call; Out of Hours Social Worker.</p>	Compliant

<b>Inspection Findings:</b>	
<p>As outlined in the self assessment, agency staff have undertaken 'All About Me' plans with most service users and a number of these were examined during the inspection. The plans were person centred and reflected the involvement of service users. The registered manager advised the inspector that the plans have not yet been shared with the service users and a requirement has been made with regard to this.</p> <p>Agency staff were noted to be recording on a regular basis the outcome of their input into the service users' care and support plan. Agency records contained explicit references to the service users' human rights.</p> <p>All of the staff who returned a questionnaire to RQIA indicated that all of the service users have a care plan that meets their needs and that the views of service users are taken into account. These staff also indicated that the HSC Trust have been involved in the care and support planning process.</p>	<p>Moving Towards Compliance</p>

<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>All staff are trained in line with recommendations of RQIA and by further external training courses. Staff receive annual training in RESPECT, human rights and safeguarding vulnerable adults, all of which involve discussion around care practices which may be viewed as restrictive or impact on a service user's human rights. Staff receive regular supervision sessions and training and competency is discussed. All staff are aware of the projects policies and procedures in Managing Challenging Behaviours and there continues to be open discussions, updates and reviews between all involved, Support is provided in individual service users on a person centred approach to ensure that the individuals rights are not compromised. All interventions are recorded and sent to the Positive Behaviour Support Service and Trust Governance for review. Vulnerable Adult Procedure and Whistle Blowing Policy are in place to detect and raise any concern.</p>	<p>Provider to complete</p>

Inspection Findings:	
<p>The provision of training and guidance for agency staff in the implementation of care practices was discussed with agency staff. Agency staff have received training in RESPECT (management of violence and aggression) and the registered person advised the inspector that he is an accredited trainer in RESPECT. The inspector was advised by agency staff of close working relationships with the HSC Trust and of the provision of guidance in relation to individual behaviour management plans.</p> <p>The agency maintains policies in relation to challenging behaviour, physical interventions and restrictive practices. Some of the agency's policies had not been reviewed since their development in 2009 and a recommendation was made with regard to this.</p> <p>All of the staff who returned a questionnaire indicated that they were aware of the agency's whistle blowing policy. Agency staff who participated in the inspection outlined their understanding of the service users' human rights and provided examples of how they promote the rights of service users.</p>	<p>Substantially 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>Statement of Purpose is in place and includes the ethos of the project. Service User guide is in place and reviewed when required. Support agreements detail nature of services provided and the right to decline any services if the service user wishes to do so. All tenants have a daily report and any discussions with family or multidisciplinary team are recorded. If there are any changes to tenants needs, multi disciplinary team are consulted and careplans are reviewed and risk assessments are amended. All careplans and 'All about Me' plans are in place and can be accessed by both the tenant and their family/ representatives at any time.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency’s ‘Statement of Purpose and Tenant’s Guide’ was examined and the registered person is required to further develop this document to reflect the range and nature of service provision, particularly in relation to the provision of specialist behavioural interventions including restrictive practices, as prescribed by the HSC Trust. The Statement of Purpose must also reflect the provision of the ‘outreach service’ and exclude any references to ‘unplanned admissions’.</p> <p>From discussion with agency staff and examination of the care records, it was evident that there were a range of care practices being implemented which were restrictive in nature.</p>	Not Compliant

It was not clear in all cases whether service users had been advised of their right to decline these aspects of their care provision.

For example, some service users were experiencing restricted access to their personal finances, in the absence of an appropriate assessment of needs or risks.

As stated previously, the registered person must ensure that that care practices which are restrictive are only undertaken if in accordance with the service users' HSC Trust care plan.

Agency staff were in the process of developing, with service users, 'All About Me' plans however as stated previously, these had not yet been shared with service users.

The service users' capacity to consent to or decline care practices was discussed and there were references to this within the care records. Agency staff advised the inspector that while service users lack the capacity to consent to many of the interventions within their care / support plan, agency staff closely monitor the service users' cooperation and use a range of communication strategies to secure this.



<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>All staff receive a 3 day RESPECT training course which is renewed annually. Staff are trained in the legal framework for the use of restrictive practices and physical interventions and are aware of when to use these interventions. Only restrictive interventions agreed by a multidisciplinary team are used unless in an emergency . At present there are 4 care practices which are restrictive in nature and these are agreed by multidisciplinary team, deemed to be in best interest of the service user and the least restrictive option. They are reviewed in line with requirements. In the event that a physical intervention may be used in the fututre, all documentation would be forwarded to the PBSS and forwarded to the Trust Governance. All relevent policies are in place - Managing Challenging Behaviours; Use of Restrictive Practice and Deprivation of</p>	Compliant

<p>Liberty Safeguards and Human Rights. Use of any restrictive practices form part of monitoring visits by registered person.</p>	
<p><b>Inspection Findings:</b></p>	
<p>There were a range of interventions within service users' care records which were considered by agency staff as restrictive in nature. These included the use of specialist clothing, securing doors, restricted access to personal property and money and covert administration of medication. It was also noted that several service users were receiving support from staff when accessing the community.</p> <p>It was noted that the front door of the home of three service users was locked and agency staff reported that this remained locked at all times in response to the assessed risks and needs of two of the service users. Agency records however did not include specific reference to this practice and this practice was not in accordance with the HSC Trust care plan which stated 'staff need to know whereabouts at all times'. The practice of locking the service users' front door was discussed with agency staff and it was noted that this had not been considered as a potential deprivation of liberty.</p> <p>The inspector noted the regular HSC Trust review of a range of care practices and the records maintained by the agency reflected this. However, one service users' care records suggested that the appropriateness of covert medication administration had not been reviewed since 2012 and a requirement was made with regard to this.</p> <p>A service user who participated in the inspection described the arrangements in place for staff to support them to manage their cigarettes and community access. The service users spoke positively of the level of support provided by staff and clearly indicated their understanding of any restrictions in place and their ability to opt out of these arrangements.</p> <p>The support arrangements for one service user when accessing the community independently were discussed as it was not clear from the service user's care records what level of support was required. From discussion with agency staff and with a HSC Trust professional following the inspection, it appeared that agency staff were providing an enhanced level of support to the individual which had not been deemed necessary by the HSC Trust. It was recommended that the agency participate in a review of this service users' care / support plan with the HSC Trust.</p>	<p>Not Compliant</p>

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Not Compliant</b>

<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/representatives are aware and in agreement with the amount and type of care provided by the agency as stipulated in the service users support agreements and support plans.</p> <p>Staff are aware of the care requirements for individual service user's.</p> <p>Support planning policy in place.</p> <p>All tenants have a support plan and support agreement.</p> <p>Support plans detail the amount and type of care provided.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The agency has provided individual service users with ‘A Guide to Your Support’ which contains information about the care and support hours allocated. It was evident that service users were receiving varying amounts of care and support with some receiving more intensive input. The agency’s ‘outreach’ service users were noted to have an individualised daily support arrangement and this service was being coordinated by a senior member of agency staff.</p>	Moving Towards Compliance

The amount and type of care and support provided was outlined identically within each guide. The inspector raised a concern that the description of the care and support within the guide was not reflective of the service users' individual care and support plans. For example, the information in the 'A Guide to Your Support' document refers to supporting service users to settle into their homes. The registered manager acknowledged the inappropriateness of this, given that all of the service users moved to their address in 2006.

Agency staff who participated in the inspection demonstrated a detailed knowledge of the service users and could describe the care and support provided to the individuals in respect of their assessed needs and risks. Service users also described the amount and type of care and support available to them and advised the inspector of the times that staff come to their home to provide support. Service users provided very positive feedback in relation to their relationships with agency staff and service users' relatives described the staff as friendly and approachable.

It was recommended that each service user has a written individual service agreement which contains the information outlined in Minimum Standard 4.2.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The care plan and service agreement details the care and support that will be provided. Each element of the provision is itemised on the monthly invoice. Rent is detailed separately.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector was advised that the information provided to service users in the 'A Guide to Your Support' documents had not been shared with the service users' relatives. The inspector was also advised that service users do not purchase any additional hours from their income.</p> <p>As outlined earlier in the report, it was not possible to determine what service users were receiving for the payments they were making for domiciliary care.</p> <p>The relatives of the service users who participated in the inspection advised the inspector that they did not have a full understanding of the care provision which is paid for by service users. Service users' relatives expressed high levels of satisfaction with the overall quality of the service provided.</p>	Not Compliant

It was recommended that the service users' agreements are shared with the service users' relatives / representatives	
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<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <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>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Care plans are reviewed annually and this involves agreement from the trust with the care provided. Service agreements are not, however, this year, we were informed that is not trust policy to sign service level agreements.</p> <p>The agency contributes to annual reviews for all service users and there are both reports from the agency and the HSC trust.</p> <p>Reviews are held at least annually and earlier if required. Care plans are updated following review if necessary.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>From discussion with agency staff and examination of agency records, it was evident that the service users’ needs assessments and care plans are reviewed at least once annually, in conjunction with the HSC Trust. There was also evidence of more frequent reviews initiated by the HSC Trust and by agency staff. Agency staff advised the inspector that the HSC Trust are regularly contacted in relation to the changing needs of service users.</p>	Substantially Compliant



<p>The review of financial agreements and fees was discussed and the registered manager advised the inspector that the HSC Trust reviews focus on the service users' savings, any appointee arrangements and evidence of service users' receipt of a weekly 'personal allowance'.</p> <p>The review records did not refer to the agreements between the service users and the agency in respect of payments being made by service users for domiciliary care services.</p> <p>The relatives of service users who participated in the inspection confirmed that they are involved in the review of their relatives' needs and care plan and several reported that they attend review meetings.</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><b>Substantially compliant</b></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>Not Compliant</p>

## **Any other areas examined**

### **Complaints**

In accordance with an information request from RQIA, a summary of complaints received by the agency during the period 1 January 2013 – 31 December 2013 was forwarded to RQIA in advance of this inspection. The agency had received five complaints during this period, three of which related to environmental issues and one to a staff attitude.

The inspector discussed the agency's complaints procedures with several service users and their relatives. The inspector was advised by service users' relatives that they would not hesitate to raise any concerns with agency staff or management. Service users who participated in the inspection also indicated that they could approach agency staff if dissatisfied.

## **Quality improvement plan**

The details of the Quality Improvement Plan appended to this report were discussed with Victoria Jane Derbyshire (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:

**Audrey Murphy**  
**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**  
**Fairways - The Cloonavin Green Project**  
**22 July 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 Victoria Jane Derbyshire (registered 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.

**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	5(1)	The registered person must ensure that the statement of purpose includes the full range of services staff provide to service users i.e. specialist behavioural interventions, restrictive care practices, the outreach service. The Statement of Purpose must also be amended to exclude any references to 'unplanned admissions'.	Two	<i>The statement of Purpose has been amended as required.</i>	Within two months of the date of inspection – 16 September 2014
2	15(9)	The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.  This requirement refers to the charging arrangements in place for service users when receiving support from staff to eat out.	One	<i>The agency has amended policy whereby staff are not responsible for staff meals when receiving support to eat out.</i>	Within two months of the date of inspection – 16 September 2014
3	15(9)	The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.  This requirement refers to the arrangements in place to ensure that charges for transport provision are in accordance with journeys	One	<i>Policy has been strengthened to ensure all journeys by which tenants are planned, necessary, and agreed to be in accordance with the wishes of service user.</i>	Within two months of the date of inspection – 16 September 2014

		taken that are planned, necessary and in accordance with the wishes and preferences of service users.			
4	15(9)	<p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>This requirement refers to the payments taken from service users for their personal care. Actions as per notice of failure to comply issued to the registered person on 12 August 2014.</p>		<p>Having previously agreed funding arrangements with NHSCT, SU's + their representatives, the registered person has now re-engaged with NHSCT to ascertain how the issue should be resolved with minimal negative impact on service users.</p>	<p>In accordance with the timescale outlined in the FTC/11320/01 /2014-15, 4 November 2014.</p>
5	14(c)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(c) so as to promote the independence of service users;</p> <p>This requirement refers to the arrangements in place to promote the independence of service users in the areas of individual budgets for food and utilities.</p>	One	<p>Agreement has been reached to separate food and utility costs from rent. Meetings are currently being held with tenants reps and it is envisaged that this will be in place from 1-10-14</p>	<p>Three months from the date of inspection – 14 October 2014</p>
6	15 (2)	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not</p>	One		<p>Within two months of the date of</p>

		<p>practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to service users' access to their money.</p>		<p>The agency is currently working with relevant HsCT named workers to ensure that the individual service users' needs in relation to financial management of same and access to their money is consistent with prescription in HsCT care plan.</p>	<p>inspection – 16 September 2014</p>
<p>7</p>	<p>15(2)</p>	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p>	<p>One</p>	<p>This restrictive practice risk assessment has now been completed and agreed with HsCT named worker.</p>	<p>Within two months of the date of inspection – 16 September 2014</p>



		This requirement refers to the service users who experience a restrictive practice (front door locked) in the absence of an appropriate HSC Trust needs assessment or care plan.			
7	15 (3) (a)	(3) The registered person shall— (a) make the service user's plan available to: (i) the service user; (ii) any representative of a service user who was consulted on its preparation or revision;	One	<i>This has been shared with relevant people.</i>	Within two months of the date of inspection – 16 September 2014
8	15 (3) (b)	(3) The registered person shall— (b) keep the service user plan under review;  This requirement refers to the review of the arrangements in place for a service user to receive their medication covertly.	One	<i>The relevant risk assessment has been updated.</i>	Within two months of the date of inspection – 16 September 2014

**Recommendations**

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), 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	1.4	<p>It is recommended that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>The registered person should liaise with the service users' landlord and NIFRS as appropriate with regard to an appropriate means for service users to secure their private accommodation (bedrooms).</p>	One	<p><i>This has been done and appropriate locks are currently being fitted to allow service users to secure their private accommodation.</i></p>	<p>Three months from the date of inspection – 14 October 2014</p>
2	8.10	<p>Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>This recommendation refers to the implementation of the agency's financial procedures and in particular the registered manager's role in ensuring that service users' money is managed in accordance with the procedures.</p>	One	<p><i>The review of these policies <del>is in progress</del> and <del>will</del> has been completed to ensure robust procedures are in place.</i></p>	<p>Within two months of the date of inspection – 16 September 2014</p>
3	9.5	<p>Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p>	One	<p><i>The review of these policies is in progress and will be completed within timescales.</i></p>	<p>Within four months of the date of inspection – 11 November</p>

		This recommendation refers to the agency's policies on restrictive practice, challenging behaviour and physical interventions.			2014
4	6,1	<p>It was recommended that the agency participates in review meetings organised by the referring HSC Trust responsible for the service user's care plan.</p> <p>This recommendation refers to the review with the HSC Trust of the arrangements for supporting a service user to access the community.</p>	One	H SCT have reviewed the arrangements and care plan has been amended.	Within two months of the date of inspection – 16 September 2014
5	4.2	It is recommended that each service user has a written individual service agreement which contains the information outlined in Minimum Standard 4.2	One	The individual service agreements are currently being revised to ensure they meet standard 4.2.	Within two months of the date of inspection – 16 September 2014
6	4.1	It is recommended that the service users agreement is shared with the service users' relatives / representatives.		Once completed they will be shared with NHSC, SUs & their reps.	Within two months of the date of inspection – 16 September 2014

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	VICTORIA DERRYSHIRE
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	ROBERT ANTHONY DUNLOP.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>Delg</i>	23/07/14
Further information requested from provider			