

PRIMARY INSPECTION

Name of Agency:	5 Lilburn Hall
Agency ID No:	11324
Date of Inspection:	22 May 2014
Inspector's Name:	Joanne Faulkner
Inspection No:	17892

The Regulation And Quality Improvement Authority
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General Information

Name of Agency:	5 Lilburn Hall
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Registered Organisation / Registered Provider:	Mrs Anne Mairead McAlinden Southern HSC Trust
Registered Manager:	Mrs Hazel Somerville
Person in Charge of the Agency at the Time of Inspection:	Mrs Hazel Somerville
Number of Service Users:	6
Date and Type of Previous Inspection:	22 April 2013 Announced Primary Care Inspection
Date and Time of Inspection:	22 May 2014 08:30 – 16:30
Name of Inspector:	Joanne Faulkner

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	5
Relatives	2
Other Professionals	0

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	9	5

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 three 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 inspector reviewed the quality improvement plan issued following the previous inspection: two requirements and one recommendation were assessed as being fully met fully met; one recommendation was assessed as not being met and a requirement has been made.

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

5 Lilburn Hall is a supported living type domiciliary care agency, located close to Lurgan town centre. The agency provides care and support to service users with a learning disability to enable them to live in their own home within the local community. The agency is currently providing support to six service users who live in two separate bungalows in 5 Lilburn Hall, Lurgan. Nine staff employed by the Southern Health and Social Care Trust provide the care and support required.

The agency operates a key worker system for all service users, who are provided with support to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon service users' needs, interests and wishes.

Summary of Inspection

The announced inspection was undertaken on 22 May 2014 at the registered office located within one of the service users' homes. The inspector was supported throughout the inspection by the Registered Manager, Mrs Hazel Somerville, and the agency's assistant manager, Mrs Marion McGuigan.

During the inspection, the inspector had the opportunity to speak with five service users, two service user representatives and five staff.

During the inspection the inspector viewed a number of care records which described the care and support provided by agency staff to service users. Staff who met with the inspector stated that service users are provided with the necessary support to remain as independent as possible.

Prior to the inspection five staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to five members of staff on duty during the inspection and has added their comments to this report.

Staff Comments:

- "Service is individualised"
- "Service users are supported to live as independently as possible"
- "I assist service users with their day to day activities"
- "Staff accommodate one to one support"
- "I am involved in completing care and support plans"
- "Service users are supported to attend activities in the local community"
- "I get quarterly supervision"
- "Some service users have jobs in the community"

The five returned questionnaires indicated the following:

- Five staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Five staff have received Human Rights training

- Four staff have received training on the supported living model
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy and its significance

Records viewed by the inspector support the above statements; discussions with the manager suggest that training has been extended to all staff. Discussions with staff, service users and their representatives at the time of inspection identified their involvement in the development of individual care and support plans and the involvement of the relevant HSC trust in the annual review process.

Service Users' Comments:

During the inspection, the inspector met with five service users who described the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans and that the staff support them to live as independent as possible.

Service users could describe the care and support they were receiving and were aware of any charges paid to the agency for services received. The service users informed the inspector that their rights and wishes were respected at all times. The service users stated that they are encouraged to be as independent as possible; they informed the inspector that they receive visits from their trust keyworker.

Comments:

- "I go to work in the coffee shop"
- "I do my own washing"
- "Staff help me to make food"
- "I like living here"
- "The staff are good"
- "I go out shopping in the car"

Service User Representative:

The inspector spoke with two service users' relatives, they stated that service users are supported to live as independently as possible and that staff report any concerns. They stated that they are involved in the annual review involving the HSC Trust representative and are encouraged to raise any concerns at any time.

Comments:

- "Fantastic"
- "Staff are wonderful, they do a difficult job"
- "A homely atmosphere"
- "This place is five star"
- "Staff are very aware of the needs of service users, they keep you informed"
- "Big difference in my brother's life, from when he was in residential care"
- "Much better than institutional placement"
- "Care is excellent"
- "My brother has choice; he spends his money on whatever he likes"
- "I have no concerns"

The inspector would like to thank the service users, their representatives, the registered manager, assistant manager and staff for their support and co-operation during the inspection process.

Detail of Inspection Process:

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

It was the inspector's assessment that the agency is "compliant" in this theme.

The agency has in place the following documentation for each service user:

- Financial support agreement
- Financial care and support plans
- Capacity assessment documentation
- Service user agreement

The records viewed detail the terms and conditions in respect of service provision including related charges and methods of payment.

Service users do not pay additional charges for care services provided by the agency; the relevant HSC Trust provides the agency staff who deliver the care and support for each service user.

Service users currently pay a weekly agreed amount to cover utility bills, food and cleaning of shared areas; the manager stated that the agency pays a percentage of utility costs based on the square footage occupied by the agency's office. Service users described to the inspector the process for cancelling any services provided by the agency.

Staff members provide their own food whilst on duty in a service user's home; the manager stated that the HSC Trust is presently formulating a process to repay service users for food consumed by staff previously.

The relevant HSC trust acts as appointee for a number of service users. The agency provides each service user with the agreed support required to manage their finances; this is clearly recorded in the service users' individual financial support plans and the financial support agreements. Service users have a bank account and can access their money at all times; they are provided with the agreed support to access their money from the bank. The agency maintains a record of all monies or valuables held on behalf of service users. Individual ledgers are maintained; they clearly record all transactions and are maintained in accordance with the agency's finance policy.

The agency has a locked safe facility in the service user's home; it is managed in accordance with the agency's finance policy. Records are maintained and were available for the inspector to view.

The agency provide a transport service; service users are given the choice to avail of this service or provided with the necessary support to avail of appropriate public transport, and are

supported to obtain appropriate benefits. .Service users who choose to use the transport scheme have a transport agreement in place; it details any charges to be made by the agency.

The agency maintains a record of all journeys in accordance with the transport policy in place.

The inspector viewed the agency's financial and transport policies.

Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "compliant" in this theme.

Prior to admission the agency receive a range of professional assessments from the relevant HSC trust representatives; these are used to assist in the development of individual care and support plans for each service user.

The records viewed by the inspector had in place a range of assessment provided to the agency by the referring HSC Trust, individualised care and support plans. Service users and their representatives who met with the inspector stated that they are involved in developing their care and support plans and that their choices and opinions were reflected. Staff record daily the care and support provided to each service user. The inspector noted that care and support plans in place had are signed by the service users or their representative.

Records viewed reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are recorded within their care and support plans; it was identified that these are reviewed annually or more frequently if required.

The agency currently has a restrictive practice in place in one of the service users' homes; the inspector viewed the documentation in place relating to the restriction. It was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, their representatives and the other service users residing in the house. Records viewed reflected that human rights of the service user and those sharing the house had been considered and the least restrictive practice was in place; the agency had made arrangements to minimise the impact on other service users. The inspector viewed the care and support plans for the three service users and noted that it made reference to the impact of the restrictive practice on the service users.

From records viewed all six service users presently in receipt of services from the agency have received at least one review with their commissioning HSC Trust representative in the previous year; a copy of the review documentation is retained by the agency.

Staff stated they had received induction training at the commencement of employment covering many area including human rights, safeguarding vulnerable adults, care planning and restrictive practice. Staff informed the inspector that they receive quarterly supervision and an annual appraisal.

The agency maintains a record of all staff training; this was viewed by the inspector.

The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided and makes reference to restrictive practices.

Staff were aware of the agency's whistleblowing policy.

Theme 3: Each service user has a written individual service agreement provided by the Agency

It was the inspector's assessment that the agency is 'substantially compliant' in this theme.

Service users have in place individual service user guides, care and support plans and finance agreements; they detail the amount and type of care provided by the agency to each individual service user.

The agency has in place referral information provided by the relevant referring HSC Trust; this information forms part of the initial assessment of need and care planning.

Service users could describe the amount and types of care provided by the agency and were aware of charges for services received. Service users described a varied range of individualised activities that they participate in, with the support of the agency's staff. All service users are in receipt of care services funded by an HSC Trust. None of the service users are paying additional charges to the agency for personal care services.

The registered manager, assistant manager and staff could clearly describe the amount and type of care provided to individual service users; they described practices which were person centred and individualised to the identified needs of the service users.

From the documentation in place and discussion with service users, the inspector identified that care and support plans are reviewed at least annually, in conjunction with the service user and their allocated keyworker within the service or more frequently if required.

Service users and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views and wishes. Service users informed the inspector that they receive regular visits from their trust representative.

A copy of the review documentation is retained by the agency. It was noted that the documentation retained did not contain the signatures of those participating in the review. A requirement has been made.

One requirement has been made in relation to this theme.

Additional Matters Examined

Charging Survey

Prior to the inspection the agency were requested to return a charging survey to RQIA, outlining the agency's charging arrangements in place and any charges incurred by service users in a supported living service. During the inspection the registered manager informed the inspector that the commissioning trust provides the staff to deliver the required care and support to the service users; no service users are paying additional charges for care to the agency. The registered manager stated that the relevant HSC Trust is appointee for a number of service users. Service users have in place financial support plans which detail the amount of support required to be provided by the agency to enable them to manage their monies.

Statement of Purpose:

The agency's statement of purpose was viewed and reflected the nature and range of services provided by the agency at the time of inspection; this was reviewed in April 2014.

Monthly Quality Monitoring Visits by the Registered Provider

The inspector viewed the agency's quality monitoring documentation; it was identified that the monthly quality monitoring visits were completed by a manager from another facility. 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. This had been highlighted in the previous inspection and a recommendation made within the quality improvement plan; the recommendation was assessed as not being met. **A requirement has been made.**

During the inspection, the inspector issued an urgent action notice and requested that the agency forwards copies of the monthly quality monitoring record to RQIA until further notice.

Annual Review of Service Users' Needs by HSC Trusts:

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").

Records viewed by the inspector identified that all services users have received an annual review involving the commissioning HSC Trust. Service users informed the inspector that they are encouraged to participate fully in the review of their needs. The manager stated that review documentation is retained by the agency for each service user; the inspector viewed the review documentation for two service users.

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)	The registered person must ensure that the financial agreement is completed in full including the signature of family/representatives if appropriate.	<p>The inspector viewed two service user financial agreements and noted that they were signed by the service user and their representative.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.
2	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually. (Standard 3.3)	<p>The inspector viewed two individual service user agreements it was noted that they denoted the number of support hours provided to them by the agency.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	1.1 & 3.3	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	<p>The inspector viewed care and support plans for two service users and noted that consideration of relevant human rights was recorded.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met.
2	8.11	It is recommended that when appropriate the views of relatives/representatives are recorded on the monthly quality monitoring form.	<p>The inspector viewed the agency's documentation relating to monthly quality monitoring. It was noted that the record did not contain the views of service user relatives or representatives.</p> <p>The inspector issued an urgent action notice and requested that the agency forward copies of the monthly quality monitoring record to RQIA until further notice.</p> <p>This recommendation has been assessed as not being met and a requirement has been made.</p>	Once	<p>Not met</p> <p>A requirement has been made.</p>

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

Statement 1:

COMPLIANCE LEVEL

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

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

Provider's Self-Assessment	
<p>The agency does maintain complete and up to date records in respect of the terms and conditions of personal care and this is evidenced in service users guide, individual agreements, operational procedures, support plans, team meetings, tenants meetings and care management reviews.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are charged for personal care provided by the agency and informed the inspector that the trust provides staff to deliver care required by the service users.</p> <p>The inspector viewed a two service user agreements and noted that service users are not paying additional charges for personal care. The relevant HSC trust commissions staff to provide the care for each individual service user.</p> <p>From the records viewed, service users have in place a service user guide, service user agreement, and a finance agreement which detail services provided and any related charges; the inspector noted that the agency has provided one service user with an easy read version of the documentation to enable them to understand services provided and related charges; it was signed by the service users and their relative. Service users described to the inspector the process for cancelling any services provided by the agency.</p> <p>The service users informed the inspector that they pay an agreed amount per week for utilities, food and cleaning of shared areas; they clearly described to the inspector the process in place for developing a menu and subsequently shopping for food. All service users are encouraged to participate in the preparation of food with the support of staff; this was reflected in the individual care and support plans viewed by the inspector. Service users who met with the inspector stated that they can access to the kitchen at any time and are provided with the necessary support to prepare food.</p> <p>The inspector viewed a ledger in place for the service users' budget monies and noted that it detailed all transactions in or out and the available balances are recorded; receipts are retained by the agency for each</p>	Complaint

purchase made and are numbered.

The manager informed the inspector that staff provide all their own food whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspector. The agency provides a separate cupboard and fridge for the storage of staff food. The manager stated that the HSC Trust is presently formulating a process to repay service users for food consumed previously by staff. The agency's operational procedure outlines the process for staff accessing food whilst on duty and any related charges to service users for staff food whilst being accompanied on outings/holiday.

The agency's office is located within the service users' home; the manager stated that service users do not contribute towards the cost of the agency's office and that the agency pays a proportion of utilities based on the square footage of the building.

The inspector viewed the agency's finance policy, 2014; it outlines the procedures for staff involved in supporting service users to manage their money.

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

Statement 2:

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

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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • 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>	
Provider's Self-Assessment	
<p>The arrangements for receiving and spending service users monies on their behalf are transparent, have been authorised and appropriate records are maintained. This can be evidenced by the service user's financial records, BF56s (SSA document), SHSCT appointeeship letters and financial capacity assessment reports.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector discussed this theme with the manager. The agency has in place service user agreements, financial agreements and care and support plans detailing the support required by service users to manage their monies; the inspector viewed the documentation for two service users and noted they detailed the support required by service users to manage their finances.</p> <p>The HSC Trust are appointee for a number of service users and service users have individual bank accounts; service users are supported to visit the bank on a weekly basis to withdraw money which is secured in the safe within their homes if required. The agency retains details in individual service users care records of their appointee and financial capacity assessments.</p> <p>Service users and their representatives who met with the inspector stated that they have been involved in discussions and agreements in place in relation to their monies. Service users informed the inspector that they can access their money at any time and choose how to spend their money; a number of service users</p>	Compliant

will keep their own money and manage it with the support of staff.

The agency has in place cash ledgers for each service user; these were viewed by the inspector. They detail all transactions and are signed by the service users where applicable and by two members of staff.

Reconciliation of monies held on behalf of service users is carried out daily at each shift handover, two monthly by the registered manager and annually by the HSC trust finance department. The agency has in place a finance policy which details the procedure for staff handling service users' monies; this was viewed by the inspector.

The registered manager informed the inspector that the agency contact the HSC trust representative to request additional monies if required. The agency retains receipts for all transactions made on behalf of service users.

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

and annually by a representative from the HSC Trust finance department.

Service users monies are secured in individual wallets and ledgers maintained; these were viewed by the inspector. It was noted that staff recorded all transactions, in or out, and available balance. The ledgers were signed by two staff members and receipts are retained. The agency has in place a list of staff signatures; this was viewed by the inspector.

Service users informed that they can access their money at any time. Staff informed the inspector that service users are encouraged to keep their valuables safe and are provided with the necessary support to safely manage their monies; staff described how one service user signs his wallet in/out of the safe on a daily basis.

The inspector viewed the agency's finance policy, 2014; it details the procedure for the management of service users' monies, and management of safe contents. Staff who met with the inspector could describe the content of the policy.

Staff informed the inspector that the contents of the agency's safe are reconciled daily by two members of staff at each shift change over and could describe the necessary steps if a discrepancy was identified.

The agency has in place documentation which clearly records the level of support individual service users require to manage their finances and service users have a financial support agreement.

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;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>The arrangements for providing transport to service users are transparent and agreed in writing with the service user. This can be evidenced in the service user guide, operational procedures, support plans and records of journeys taken by service users. There are updated financial procedures in place which include transport procedures to be followed by the agency on behalf of the service users.</p>	Moving towards compliance
Inspection Findings:	
<p>The agency provides a transport scheme for service users in the form of a trust vehicle; service users have the option to avail of this service.</p> <p>The manager stated that agency have transport agreements in place for each service user; the inspector viewed two agreements and noted that they detailed any charges made by the agency to the service user and clearly recorded the method of payment and a notice period for ending the agreement.</p> <p>The agency maintains a record of all journeys undertaken; this was viewed by the inspector. It was noted that it detailed the date, time and purpose of each journey and also recorded the miles travelled.</p> <p>The agency has a transport policy, 2014, it was viewed by the inspector. It was noted it detailed the procedure for staff in relation to supporting service users to avail of the transport scheme; it detailed the process for staff regularly checking the vehicle and reporting any concerns to the trust.</p> <p>Service users who met with the inspector were aware of costs related to using the transport service.</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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1: The agency responds appropriately to the assessed needs of service users <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
Provider's Self-Assessment	
The agency does respond appropriately to the assessed needs of service users and this can be evidenced in support plans, risk assessments, satisfaction surveys, records of complaints & incidents and training records.	Compliant
Inspection Findings:	
<p>The manager stated that prior to admission the agency receives relevant assessments from the referring HSC trust; the agency has in place individual service user care and support plans. The inspector viewed two service user individual care records and identified a range of multi-disciplinary assessments from the referring HSC Trust.</p> <p>The inspector discussed the admission process with the manager who stated that the agency encourages all prospective service users to visit the service on a few occasions prior to admission, during which they have the opportunity to meet those presently residing in the service.</p>	Compliant

The inspector viewed care records of two service users and noted they each have in place an individualised, updated care and support plan which is developed in conjunction the service users and their representatives. It is noted by the inspector that these are updated annually or as required. Those viewed clearly outlined the consideration of the service users' human rights; it was noted by the inspector that they were signed by the service user's relatives or their relevant trust representative.

Staff who met with the inspector could describe the process for compiling care and support plans in conjunction with the service users and their representatives; they informed the inspector that they record daily the care and support provided to each service user. It was noted by the inspector that care plans and daily recording records in place were detailed and described clearly the care and support to be provided; relevant human rights were referenced throughout the care and support plans

The service users who met with the inspector stated that they are involved in this process and that their choices and opinions were reflected.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider's Self-Assessment	
Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users and can be evidenced by training records, team meetings, supervision records and the knowledge skills framework for staff.	Substantially compliant
Inspection Findings:	
The inspector viewed the agency's staff training records; from those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, finance training, food hygiene and management of medication. Staff stated they had received training on managing challenging behaviours and informed the inspector that restrictive practice was included in this training.	Compliant

Staff who met with the inspector stated that they had received induction training at the commencement of their employment; they stated that they receive quarterly supervision and annual appraisal, and are encouraged to identify any training needs. Staff informed the inspector that they are provided with support and guidance on a day to day basis from the manager and feel supported by the management. Staff informed the inspector that they have the necessary skills to carry out the requirements of their role and described how they had received training to specifically meet the needs of one service user.

The agency has in place the following policies: Protection of Vulnerable Adults and Whistleblowing Policy. These were viewed by the inspector.

Staff who met with the inspector could describe practices which could be viewed as restrictive and the impact that they could have on the service users. They described the process for highlighting any changes to service users' needs and described instances when they are in regular contact with the service users trust representatives.

Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy and stated that the content of the policy had been discussed at a staff meeting.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency and this can be evidenced in the statement of purpose, support plans and service user guide.	Compliant
Inspection Findings:	
The inspector discussed this theme with the registered manager; she described a restrictive practice presently in place in one of the service users' homes. The inspector viewed the documentation in place relating to the restriction. It was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, their representatives and the other service users residing in the house. Records viewed reflected that human rights of the service user and those sharing the house had been	Compliant

considered and the least restrictive practice was in place; the agency had made arrangements to minimise the impact on other service users. The inspector viewed the care and support plans for the three service users and noted that it made reference to the impact of the restrictive practice on the service users.

The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided and makes reference to restrictive practices. The Agency's statement of purpose records the right of service users to decline aspects of their care provision.

Service users who met with the inspector stated that they are encouraged to participate in the development of their care and support plans; they stated that they can make their own decisions and that their views and wishes are respected. Service users stated that agency provides them with a copy of their care plan and staff support them in understanding the content; this process was confirmed by service user representatives who spoke to the inspector.

The inspector identified that the agency has a policy on restrictive practice; training records viewed identified that staff have received training on restrictive practice.

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
Provider's Self-Assessment	
Any restrictive practices in place would be recorded under robust governance arrangements.	Compliant

Inspection Findings:	
<p>The inspector discussed this theme with the registered manager; who stated that care practices are reviewed regularly to ensure that practices which are may be deemed as restrictive are identified.</p> <p>The manager described a restrictive practice currently in place in a service user's home and the impact of such a practice for the other service users residing in the house. The documentation relating to the practice was viewed by the inspector; it was noted that risk assessments had been completed and were reviewed regularly. Records detailed discussions with the multi-disciplinary team members; the outcomes and options considered are clearly recorded. The records detail discussions with the service users and their representatives; the manager described to the inspector alternative measures put in place by the agency so as not to restrict other service users sharing the house. Documents viewed by the inspector refer to relevant legislation and good practice guidelines.</p> <p>The inspector viewed care and support plans for service users residing in the house and noted that it contained information relating to this current practice. Service users informed the inspector that they had been consulted about the restriction in place; they stated that alternative measures had been put in place so as not to impact on their human rights.</p> <p>The risk assessment in place was noted to be available in an easy read format; staff stated they have used this document with service users to enable them to have an understanding of the detail of the restriction.</p> <p>On discussion with the registered manager it was identified by the inspector that the restrictions in place had been reduced since the previous review.</p> <p>Staff who met with the inspector could describe practices which could be deemed as restrictive, and stated that they have received relevant training.</p> <p>From the training records viewed and discussion with staff the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.</p> <p>Both the registered manager and staff informed the inspector that all service users are provided with a key for accessing the front door and a key for their individual rooms.</p>	Compliant

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
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 <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
Provider's Self-Assessment	
Each service user has a written individual service user agreement which is provided by the agency.	Moving towards compliance
Inspection Findings:	
<p>The inspector viewed two individual service user agreements and care plans; the clearly record the amount and type of care provided to the service user by the agency staff. The agency's operational guide describes how care and support plans are developed.</p> <p>Service users who spoke to the inspector could describe the care and support they received from the agency; they stated that they were involved in the development of their care and support plans and that their views and choices were considered. Service users were aware that care provided by the agency was funded by the relevant HSC Trust.</p>	Compliant

Staff who met with the inspector could clearly describe the amount and type of care provided to individual service users; they described to the inspector a wide range of practices and stated that they endeavour to ensure that the care delivered is individualised to meet the needs of the service users. They demonstrated their awareness of the need to ensure that service users were consulted in relation to all aspects of their care and support. Staff also discussed with the inspector the importance of choice and human rights; they described the importance of promoting the independence of the service users.'

From the documentation in place and discussion with service users it was noted that care plans are agreed with the commissioning trust and are reviewed at least annually. The service user agreement clearly records the type and amount of care hours provided to the individual.

The agency's policy on assessment and care planning was viewed by the inspector.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
All methods of payment are detailed in individual service user agreements.	Moving towards compliance
Inspection Findings:	
<p>The inspector examined two service user agreements and finance agreements; these clearly outlined any charges made to the service user by the agency.</p> <p>Service users were able to describe to the inspector details of any services which they received from the agency and the cost incurred for such; they were aware that the care provided by the agency was funded by trust.</p>	Compliant

Service users pay an agreed amount into the budget account; this covers the cost of food and utilities. When utility bills are received they are divided equally between the service users and the agency's staff support the service users to pay the bill.

The inspector was informed by the manager that the agency pays a percentage of the cost of utilities with the remainder being split equally amongst the service users.

Service users described to the inspector the process for cancelling any services provided by the agency. The service user agreement details the process for the cancellation of services; of the records examined service users have in place a signed service user agreement.

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	
Service users' agreements will be reviewed annually confirming that service users or representatives are in agreement with the care provided and the payment of any fees.	Moving towards compliance
Inspection Findings:	
Prior to the inspection the agency were requested to forward to RQIA details of service users annual reviews. The information received and the records read by the inspector identified that all six service users had received an annual review involving the commissioning trust. The inspector viewed the review documentation in place for two service users and noted that it they did not contain signatures of those participating in the review process. A requirement has been made.	Substantially compliant

The inspector examined two individual service user care and support plans and service user agreements, and noted that each service user had received a review following admission to the service and subsequent annual reviews.

Service users who met with the inspector stated that they are encouraged to participate in the review process and given opportunity to contribute their views and opinions; they stated that they attended a formal review annually involving their trust representative. The inspector spoke to two service user representatives who stated that they are involved in the review process and encouraged to discuss any issues or concerns; they stated that if they have any concerns relating to the care and support received by their relative they can request a review meeting at any time. A copy of the review documentation is retained by the agency.

The inspector noted that care and support plans are reviewed a least annually by the service user and their allocated keyworker within the service or more frequently if required.

Staff who met with the inspector stated that the care and support plans are regularly as required and that following the annual review any agreed changes are actioned. Staff stated that they are encouraged to participate in the annual review of the service users.

The inspector noted from the documents examined that the agency have in place service agreements which clearly record charges for services to the service user.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards complian

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

Any Other Areas Examined**Complaints**

The agency has had one complaint for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and observation of records available in the agency. Discussion with the registered manager and records viewed show that the agency's procedures were followed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Mrs Hazel Somerville**, registered manager, as part of the inspection process.

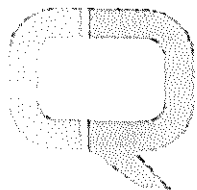
The timescales for completion commence from the date of inspection.

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.

Enquiries relating to this report should be addressed to:

Joanne Faulkner
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

5 Lilburn Hall

22 May 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 Mrs Hazel Somerville, 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.	14.(b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the review documentation in place is signed by those participating in the review.</p>	Once	This requirement is now in place, to ensure that review documentation is signed by those participating in the review.	Six months from the date of inspection: 22 November 2014
2.	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</p>	Once	THIS IS NOW IN PLACE, TO ENSURE THAT THE VIEWS OF THE SERVICE USERS RELATIVES/REPRESENTATIVES ARE OBTAINED AND RECORDED ON MONTHLY QUALITY MONITORING FORM.	From the date of inspection: 22 May 2014

		<p>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>		<p>COPIES OF THE MONTHLY QUALITY MONITORING REPORTS HAVE BEEN FORWARDED TO RQIA ON A MONTHLY BASIS SINCE INSPECTION, MAY 2014.</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	<i>K. Sweeney</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Mairead McAlinden</i> on behalf of <i>Mairead McAlinden</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	JS Faulker	15/01/14
Further information requested from provider			