

## **PRIMARY ANNOUNCED CARE INSPECTION**

<b>Name of Agency:</b>	<b>Ardaveen Manor</b>
<b>RQIA Number:</b>	<b>11327</b>
<b>Date of Inspection:</b>	<b>13 October 2014</b>
<b>Inspector's Name:</b>	<b>Joanne Faulkner</b>
<b>Inspection ID:</b>	<b>20502</b>

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Agency:</b>	Ardaveen Manor
<b>Address:</b>	35 Ardaveen Park Bessbrook Newry BT35 7BX
<b>Telephone Number:</b>	02830838119
<b>Email Address:</b>	anthony.martin@southerntrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Anne Mairead McAlinden Southern HSC Trust
<b>Registered Manager:</b>	Anthony Sean Martin
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Mr Anthony Martin Mrs Valerie Ritchie – Assistant Manager
<b>Number of Service Users:</b>	10
<b>Date and Type of Previous Inspection:</b>	3 January 2014 Announced Primary Care Inspection
<b>Date and Time of Inspection:</b>	13 October 2014 10:00-16:45
<b>Name of Inspector:</b>	Joanne Faulkner

## **2.0 Introduction**

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

This is a report of 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.

## **3.0 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.

## **4.0 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.

## 5.0 Consultation Process

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

Service users	3
Staff	4
Relatives	3
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	25	8

## 6.0 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: one requirement has been assessed as being fully met; one requirement was assessed as being not met and will be restated.

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.

## 7.0 Profile of Service

Ardaveen Manor is a supported living type domiciliary care agency, located within a residential area of Bessbrook. The agency offers long term domiciliary care and housing support to adults with a learning disability. The accommodation is provided by Helm Housing and the housing care and support is provided by SHSCT staff.

The agency's aim is to provide care and support to service users with a learning disability, to enable them to live in their own home within the local community; many service users moved to the scheme from long stay hospital placements.

The accommodation is divided into three separate houses, each providing accommodation for four service users. The service users have an individual room with en suite facilities and access to a shared living room and kitchen / dining area; they have access to gardens at the rear of their home and to a larger sitting room within the communal area of the scheme.

The agency is staffed by a registered manager, assistant manager and a number of senior support and support staff. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

The agency's office is located at the main entrance of the service; an additional shared lounge is also located in this area, which service users can access at all times.

Specific services provided by the agency include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs, interests and wishes.

## 8.0 Summary of Inspection

The announced inspection was undertaken on 13 October 2014 at the registered office located within a service user's home. The inspector was supported throughout the inspection by the registered manager, Mr Anthony Martin and Mrs Valerie Ritchie, assistant manager.

During the inspection, the inspector had the opportunity to meet with three service users and four staff; the inspector spoke to relatives of two service users.

During the inspection the inspector viewed a number of care records which described the care and support required by the service users; the information recorded reflected a range of practices to meet the identified needs of the 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 eight staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to four members of staff on duty during the inspection and has added their comments to this report.

### 8.1 Staff Comments

"I love working here"

"Service users are given choice"

"I am involved in care planning with the service users"

"This is better than long stay hospital care"

“I get supervision four or five times per year”  
 “I can approach the senior staff at any time”  
 “Service users can choose how they spend their money”  
 “Service users are supported to shop and cook”  
 “I feel supported in my job”  
 “I worked in Longstone hospital for many years; this is a much better arrangement for service users”  
 “I received induction training”

The eight returned questionnaires indicated the following:

- Eight staff have received Vulnerable Adult training
- Training was rated as good or excellent
- Staff have received Human Rights training
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy

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.

## **8.2 Service Users' Comments**

During the inspection, the inspector met with three service users who described an individualised approach to the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans and in their annual review.

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 wishes were respected.

### **Comments**

- “I love living here”
- “I go to day care”
- “I go shopping with the staff”
- “I can buy what I want”
- “I am going to go swimming”
- “The staff help me make my dinner”

## **8.3 Service User Representative:**

The inspector spoke to the relatives of three service user's; they stated that service users are supported to live as independently as possible; they stated that they are involved in the review meeting and encouraged to express their views.

**Comments:**

- “I am very impressed with the facility”
- “My relative is given choice and actively involved in all decisions”
- “Staff take on board any concerns or issues I have”
- “Staff are approachable”
- “I attend review meetings”
- “We are kept informed of any changes”
- “Lovely atmosphere”
- “My son is treated with respect; he has an excellent keyworker”
- “Information received from staff is good”

Relatives of one service user expressed concern in the delay of receiving minutes of the HSC Trust review meeting; the inspector discussed this concern with the manager and suggested that the relatives contact the trust in relation to this issue.

Relatives of one of the service users discussed concerns relating to the plan to convert an unused area to another flat; this was discussed with the registered manager who stated that service users and their representatives would be fully consulted prior to any changes in the living environment.

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.

**8.4 Detail of Inspection Process:****8.4.1 Theme 1: Service users’ finances and property are appropriately managed and safeguarded**

It was the inspector’s assessment that the agency is “not 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 agreements

The records viewed outline any charges in respect of service provision including the terms and conditions 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 service user.

The agency’s office is located within the service users’ home; the HSC trust are currently engaged in discussions with RQIA in relation to making arrangements to repay service users for charges previously made. A requirement stated within the previous QIP has been assessed as not being met and will be restated.



Service users currently pay a weekly agreed amount into the budget account for the house to cover utility bills and food. Service users described to the inspector the process for cancelling any services no longer required from 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 historically. The agency has a policy relating to staff meals.

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 are supported to manage their money and can access their money at all times; 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 located in the agency's office; it is managed in accordance with the agency's finance policy. Records are maintained and were available for the inspector to view; it was identified by the inspector that staff were not consistently signing their full name. A requirement has been made.

The agency maintains a list of staff signatures; it was noted by the inspector that correction fluid had been used. A requirement has been made.

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 finance agreement in place; it was noted that the agreement did not contain detail of charges to be made by the agency. A requirement has been made.

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

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

Three requirements have been made in relation to this theme.

#### **8.4.2 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 receives a range of assessments from the referring HSC trust representative; these assist staff in developing individual care and support plans for each service user.

Records viewed by the inspector contained a range of assessments provided to the agency by the referring HSC Trust and 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 preferences 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 by the inspector 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 weekly or as 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 in place.

Regular review of any restrictive practice occurs to ensure that it is still appropriate; this is done in conjunction with the HSC Trust representative and a record of the outcomes retained by the agency.

From records viewed all ten 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 individual supervision quarterly 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 could describe practices which could be deemed as restrictive and were aware of the agency's whistleblowing policy.

#### **8.4.3 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 agreements, care and support plans and finance agreements; they detail the amount and type of care provided by the agency to each individual service user and are updated annually.

The agency has in place referral information provided by the relevant referring HSC Trust prior to admission.

Service users and their representatives 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. The registered manager stated that 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 individualised to meet the assessed 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 weekly, in conjunction with the service user, their representative and their allocated keyworker within the service or as 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.

A copy of the review documentation is retained by the agency. It was noted that the documentation retained contained the signatures of those participating in the review.

It was identified by the inspector that the service user guide did not outline the process for service users wishing to cancel services. A requirement has been made.

One requirement has been made in relation to this theme.

## **8.5 Additional Matters Examined**

### **8.5.1 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. 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. 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.

### **8.5.2 Statement of Purpose:**

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of inspection.

### **8.5.3 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 the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, Provision of Services and Charging Guidance").

Records viewed by the inspector and discussion with staff and service users identified that all service users have received an annual review involving the HSC Trust. Service users and their representatives informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views and wishes.

#### **8.5.4 Monthly Quality Monitoring**

The agency has in place records of monthly quality monitoring visits; these were available for the inspector to view. The inspector identified that the views of service users and their relatives had been recorded. It was noted by the inspector that the monthly monitoring of the agency did not consistently record consultation with relevant professionals. A requirement has been made.

## 9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	14 (b) & (d)	The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home. Service users must be reimbursed monies owed in respect of food eaten by staff purchased by service users prior to the 11/7/13, and the proportion of the utility bills used by the office.	<p>The inspector discussed this requirement with the registered manager who stated that the process of calculating monies owed to service users is currently ongoing; they stated that the HSC trust are currently engaged with RQIA in relation to this matter.</p> <p>This requirement has been assessed as not being met and will be restated.</p>	Once	<p>Not met.</p> <p>This requirement will be restated.</p>
2	14 (c) & (d)	The registered person must ensure that the policy of unlocked bedrooms in house two is reviewed by a multi-disciplinary team involving service users' family/representatives to ensure that a balance is found between promoting service users' liberty whilst protecting their property.	<p>The agency has reviewed the issue relating to service users locking their bedroom doors.</p> <p>The agency records agreements made in relation this issue with service users and their representatives in individual care and support plans.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.

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

### Statement 1:

#### 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.

### COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>Service users accessing a Domiciliary Support Service at Ardaveen do not pay any additional charges for personal care. Service Users in receipt of Income support are eligible for Housing benefit and Supporting People support charges paid for by the Northern Ireland Housing executive for both their accommodation and support service, with the Trust paying for the care element of the support required. A Service User who is not eligible for income support due to having savings over the £16,000 threshold, is responsible to pay the rent and support charges for the accommodation and support service as a self-funder. The Trust has recently reviewed and amended the procedures for the management of tenants' finances in Supported Living schemes and all service user guides and Financial support agreements/Licensee agreements have been amended to be explicit in detailing all charges and expenditure for each service user. The documentation highlights the arrangement that is in place from April 2014 to apportion the costs of having office accommodation/sleep in rooms within the Service user's home . The Trust is presently working on costs to be recompense to service users for meals, utility costs and staff accommodation costs as oppose to bills that were paid by the Trust and not charged back prior to April 2014. The amended procedures guide staff in supporting a service user who has been assessed as not having capacity with their financial affairs and the record/documentation that are required to be maintained. The agency advises service users in writing of any change to charges.</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; the HSC trust provides staff to deliver care and support to the service users.</p> <p>The inspector viewed service user and financial agreements for two service users and noted that service users are not paying additional charges for personal care.</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; they are signed by the service users and their relative. Service users' representatives could describe 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 and food; they described to the inspector the process for collectively planning a menu and subsequently shopping for food.</p>	Not compliant

All service users are encouraged to participate in the preparation of food with the support of staff, dependant on their ability; 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.

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 purchase made and are numbered.

The manager stated that staff are required to provide 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 facility for the storage of staff food. The service user guide details arrangements 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 presently contribute towards the cost of the agency's office ;they stated that the HSC trust are currently engaged in discussions with RQIA in relation to making arrangements to repay service users for charges previously made. A requirement stated within the previous QIP has been assessed as not being met and will be restated.

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"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<b>Provider's Self-Assessment</b>	
<p>Each service user has had a financial capacity assessment carried out and the support required is documented in their Care/Support Plan. Each Service user has a Financial Support agreement detailing their income and expenditure. As per the financial procedures each transaction has 2 staff signatures and is dated ( depending on the capacity of the service user, a service user may sign with a staff member). The financial procedures make provision for the service user to access monies/property at short notice. Records and receipts are maintained and kept up to date for all transactions undertaken by staff on behalf of the service user and a reconciliation is completed at least quarterly. Each Service user has a letter from the Trust highlighting the name of their appointee on file.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The agency has in place service user agreements, financial agreements and care and support plans detailing the support required by individual 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 manager stated that number of service users' finances are managed by the Office of Care and Protection and that the HSC Trust is appointee for a number of service users. The agency retains details in individual service users care records of their appointee and financial capacity assessments; service users are supported to manage their monies as previously agreed.</p> <p>Service users and their representatives who met with the inspector stated that they have been involved in</p>	Compliant

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.

The agency has in place cash ledgers for each individual 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, weekly by the senior, quarterly by the assistant manager. 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 OCP or HSC trust representative to request additional monies if required. The agency retains receipts for all transactions made on behalf of service users.

Service users have had financial capacity assessments carried out; the agency retains documentation detailing the outcomes. A number service user's monies are managed by the office of care and protection; the inspector viewed the records in relation to this arrangement and noted that procedures for staff supporting service users to access their money are outlined.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<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>
<b>Provider's Self-Assessment</b>	
<p>Ardaveen Manor Supported Living service has 2 safes for the storage of monies/valuables which is in line with the Trust procedures for the management of tenants' finances in Supported Living. the first safe stores service user's money and the budget float for groceries and bills, the second safe stores service user's passports, ATM cards etc. Each service user has their financial needs documented in their care/support plan. A daily reconciliation of monies in the safe occurs and is signed and dated by 2 staff. Any discrepancy is alerted to management and is handled in accordance with the PVA procedures.</p>	Substantially compliant

Inspection Findings:	
<p>The registered manager informed the inspector that the agency provides two safes for the storage of service users' valuables; they are located in the agency's office and are managed in accordance with the agency's finance policy and procedures. The manager stated that one of the safes can only be accessed by the registered or assistant manager. The inspector viewed the records maintained by the agency and noted that a record of all safe contents is maintained and reconciled twice daily. The manager stated that a financial audit is completed weekly and monthly by senior staff.</p> <p>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, the purpose of the transaction and available balance. The ledgers were signed by two staff members and numbered receipts are retained. The inspector identified that on a number of occasions staff were not recording their full name. A requirement has been made.</p> <p>The agency has in place a list of staff signatures; this was viewed by the inspector; it was noted that correction fluid had been used. A requirement has been made.</p> <p>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.</p> <p>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.</p> <p>Staff informed the inspector that they have received finance awareness training and 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.</p> <p>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.</p>	Substantially compliant

**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

<p>(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;</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>	
<b>Provider's Self-Assessment</b>	
<p>The Trust provides 2 cars for tenant use at Ardaveen Manor and the Trust has devised a new transport policy for the use of the car. Tenants can use the car at the documentated rate or can use a taxi/public transport if they wish to opt out. Transport charges to tenant is based on the mileage used by each individual or the mileage is divided between the number of tenants on the journey. Records are kept of each journey and the tenants involved and this is reconciled each month and charged to each tenant for the miles used..</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The agency provides a transport scheme for service users in the form of two trust vehicles; service users have the option to avail of this service. The support required by the service users to avail of transport is detailed in their individual support plans; the inspector viewed the support plans for two service users.</p> <p>The agency has in place individual financial support agreements for each service user; the inspector viewed two agreements and noted that they do not detail any charges to the service user for use of the transport service. A requirement has been made.</p> <p>The service user guide details that service users have the choice to opt in or out of this service. The manager stated that the charges are reviewed annually and service users are notified of any change to cost.</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; the service users name and the miles travelled. It is signed by the staff member and service users. The manager stated that service users are billed for usage on a quarterly basis.</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. The inspector noted that staff recorded all checks completed on the vehicle. The agency retains a copy of the insurance certificate.</p>	Substantially compliant

Service users who met with the inspector were aware of costs related to using the transport service and stated that they could use taxis if they preferred.	
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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
	Not compliant



THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users' current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Each service user as a Care/Support plan which details their current needs and risks. The care/support plan is discussed at the annual review or more frequent, if required and these contain the views of service users and their representatives. Staff record on a daily basis the outcome of the service provided. Service user's care/support plan reflects all interventions to be used in meeting the assessed needs of the tenants. All care/support plans reflect human rights and are discussed at the annual review or more frequent if required.	Moving towards compliance
<b>Inspection Findings:</b>	
<p>The manager stated that prior to admission the agency receives a range of multi-disciplinary assessments from the referring HSC Trust. The registered manager stated that the trust representatives forward copies of any updated assessments to the agency; these are retained in the service users care records. The inspector viewed the care records of two service users and noted that they contained a range of assessments detailing the needs of the service users and any identified risks. Records viewed contained individualised care and support plans and detailed the care and support required by the service user.</p> <p>The manager informed the inspector that risk assessments are reviewed at least annually. The inspector viewed risk assessments in place which had been signed by trust representatives and reflected in the individual care and support plans.</p>	Compliant

Staff informed the inspector that care and support plans are reviewed and updated weekly or as required; service users and their relatives informed the inspector that they are encouraged to participate in the development of their individual care and support plans. It was noted by the inspector from records viewed that the care plans had been signed by the service user and their representative and outlined the consideration of the relevant human rights.

Staff informed the inspector that they record daily the care and support provided to each individual service user.

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.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<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>Staff receive training on an ongoing basis to meet the identified individual needs of service users. Staff attend both mandatory training and service user specific training, where identified such as Challenging behaviour, human rights training, human rights linked to completing support plans, Through the human rights training, staff are aware of restrictive practices and the potential human rights implications for such practice. Staff liaise with members of the MDT on an ongoing basis to identify any changes to an individual's needs. Staff are aware to report any issues of poor practice to their line manager or if it is their line manager, to go to their line manager.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>The agency maintains a record of all staff training; it viewed by the inspector. From those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, management of epilepsy, 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.</p>	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 one to one 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 senior staff

The manager stated that training in relation to the recently updated finance policy is planned for November 2014.

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

Staff could describe practices which could be viewed as restrictive and the impact for 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 HSC 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><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>All aspects of the service provided is discussed at the annual review or more frequently at MDT meetings with service users and their representative and this is documented in the service's statement of purpose, which at present does not have any restrictive practice identified for the service. Documentation for the service states that service user's can decline aspects of the support service on offer. The format of the care/support plan will be explored to develop a format that meets the needs of each individual service user.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>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.</p> <p>The inspector discussed this theme with the registered manager, who 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.</p>	Compliant

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 service users and noted that reference was made to the impact of the restrictive practice on them.

The manager stated that regular review of any restrictive practice occurs to ensure that it is still appropriate; this is done in conjunction with the HSC Trust representative.

Service users who met with the inspector stated that they are involved in the development of their care and support plans; they stated that they are encouraged to express their views and make their own decisions; they stated that they are provided with a copy of their care and support plans. Service user representatives who spoke to the inspector stated that they are invited to input into review meetings and receive copies of relevant care and support plans.

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><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 tenant's are individually assessed to identify any risks and need and any restrictive practice is discussed at a Multi disciplinary meeting which also includes the tenant representative to agree the least restrictive practice and the decision making process is recorded and then documented and in the tenant's Care/Support plan for staff to follow. The restrictive practice is reviewed by the service and the MDT on an ongoing basis. There is no physical restraint or seclusion in operation in the scheme.</p>	Substantially 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 registered 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 viewed detailed discussions with the multi-disciplinary team members; agreed outcomes and options considered are clearly recorded; they record detail of 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 and to protect the human rights of the service user.</p> <p>Staff who spoke to 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>	Compliant

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
	Compliant



THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p><b>Statement 1</b></p> <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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Each service user has a care/support plan detailing the care /support on offer to the service user and the time associated with the individually documented care/support tasks as discussed with the commissioner. The service's documentation highlights that care/support plans are developed to meet the individual needs of each service user and is agreed at the annual review with the service user and their representative. work is required to ensure that care/support plans are in an accessible format to meet individual needs.	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector viewed two individual service user agreements and care plans; they detail the amount and type of care provided to the service user by the agency staff and any related charges. Service users and their representatives who met with the inspector could describe the care received by the agency and informed the inspector that they were involved in the development of their individual care and support plans.</p> <p>The manager stated that the HSC Trust provide the staff to deliver the care and support received by service users; this was confirmed by service users who met with the inspector.</p> <p>Staff who spoke to the inspector could describe the care and support provided to each individual service user; they described practices which were specific to the needs of individual service users. Staff informed the inspector the importance of ensuring that service users are consulted in relation to all aspects of their</p>	Complaint

care and support, and the need to consider the human rights of service users. Staff stated that they promote the independence of the service users whilst providing them with the agreed care and support.

From the documentation in place and discussion with service users and their representatives it was noted that care plans are agreed with the commissioning trust and are reviewed at least annually.

<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>	
Service users and their representatives would be aware of the care/support delivered by the service as per the agreed care/support plan with the commissioner. Service users do not pay for additional care/support hours from their income on a normal basis. However, Service users do pay additional costs for their care/support on short breaks. Service users going on short breaks are responsible for staff costs above the staff's contracted hours and these costs are obtained from the Trust's management accounts department and shared with the service user for approval to proceed	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector viewed two service user and finance agreements; it was noted that any charges made to the service user by the agency was clearly detailed. The manager informed the inspector that the HSC Trust provide the staff to provide the care to the service users; the type and amount of care to be provided to each service users is detailed in their care and support plans.</p> <p>Service users and their representatives who met with the inspector could describe the type and amount of</p>	Substantially compliant

care they received from the agency; they were aware that the care provided by the agency was funded by trust; records viewed by the inspector did not indicate that service users were being charged by the agency for personal care.

Service users described to the inspector the support that they received in relation to shopping, meal preparation and attending social activities in the community. The inspector noted that the support required was detailed in the service users individual care and support plans viewed.

Service users could describe to the inspector the process for cancelling any services provided by the agency which they no longer required. Records viewed by the inspector identified that service users have in place a signed service user agreement; It was noted that that the service user guide did not detailed the process for cancelling services. A requirement has been made.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<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>	
The Trust care manager arranges reviews on an annual basis and this includes input from the service user/their representative and staff from the service but these can be arranged more frequently to meet the individual needs of each service user. Finance and the support service is discussed at the meeting.	Substantially compliant
<b>Inspection Findings:</b>	
<p>Prior to the inspection the agency were requested to forward to RQIA details of service users' annual reviews. The records viewed by the inspector and discussion with staff and service users identified that all service users have received an annual review involving the commissioning HSC trust.</p> <p>Service users informed the inspector 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. Service users informed the inspector they can request a review if they have any concerns relating to the care and support they receive. Relatives of service users who met with the inspector stated that they were involved in the annual review held in conjunction with their HSC trust representative.</p>	Compliant

A copy of the review documentation is retained by the agency. The inspector viewed review documentation for two service users and noted that it had been produced in an easy read form to meet the needs of one individual service user; records read indicated involvement of trust representatives and were signed by attendees.

The inspector noted that care and support plans are reviewed weekly 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 reviewed and updated weekly and annually following the review with the relevant HSC trust representative or as required. Staff stated that they are encouraged to participate in the annual review of the service users and are required to prepare a report prior to the inspection in conjunction with the service user.

The inspector noted from the documents examined that the agency have in place care and support and finance agreements which clearly record charges for services to the service user; these were signed by the service user and updated annually.

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
	Substantially compliant

## **11 Any Other Areas Examined**

### **11.1 Complaints**

The registered manager stated that the agency has had no complaints 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.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Anthony Martin, 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.

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**





## Quality Improvement Plan

### Announced Primary Inspection

**Ardaveen Manor**

**13 October 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Anthony Martin, 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)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home. Service users must be reimbursed monies owed in respect of food eaten by staff purchased by service users prior to the 11/7/13, and the proportion of the utility bills used by the office.</p>	Twice	<p>Arrangements are currently being progressed with in the Trust to reimbursed tenants by the end of March for food consumed by staff. The Director has written to RQIA some time ago re: use of utility and office facilities. A reply from RQIA remains outstanding.</p>	<p>Four months from the date of inspection: 13 February 2015.</p>

2.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's staff record their full signature on all finance documentation.</p>	Once	To safeguard service users against abuse or neglect and to ensure the safety and security of service users property including their homes agency staff will record their full signature on all financial documentation.	Five months from the date of inspection: 13 March 2015.
3.	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 records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the document i.e.: a clear line crossed</p>	Once		Five months from the date of inspection: 13 March 2015.

		<p>through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used.</p> <p>This relates to the list of staff signatures maintained by the agency.</p>		<p>the list of staff signatures reflect the current staff team in Ardaveen. Service users records are legible and any mistakes will be appropriately dealt with on the document. Records will continue to be reviewed by management to ensure recording is legible, &amp; where errors have occurred appropriate action is taken as per RQIA requirement. Correction fluid will no longer be used.</p>	
4.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include –</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate.</p> <p>This requirement relates to the registered person ensuring that the service user guide and the service user finance agreement details of charges relating to the agency's transport service.</p>	Once	<p>Details regarding the charges for the agency's transport have been included in the service users guide and the financial agreement (FSA)</p>	<p>Five months from the date of inspection: 13 March 2015.</p>

5.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include –</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate.</p> <p>This requirement relates to the registered person ensuring that the service user guide details the process for service users choosing to cancel services provided by the agency.</p>	Once	Details of the process for the service users choosing to cancel services provided by the agency is documented in the service users guide.	Five months from the date of inspection: 13 March 2015.
6.	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 monthly quality monitoring record maintained clearly records the views of relevant professionals.</p>	Once	The monthly quality monitoring record will record the views of relevant professionals.	Five months from the date of inspection: 13 March 2015.

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	HAZELN.SOMERVILLE
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	MICEAL CRILLY on behalf of Mairead McAlinden

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Joanne Faulkner	31/03/15
Further information requested from provider			