

PRIMARY ANNOUNCED CARE INSPECTION

Name of Agency:	Slievegrane
RQIA Number:	11334
Date of Inspection:	28 November 2014
Inspector's Name:	Rhonda Simms
Inspection ID:	20843

**The Regulation And Quality Improvement Authority
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General Information

Name of Agency:	Slievegrane
Address:	2A Ardglass Road Downpatrick BT30 6JG
Telephone Number:	02844839959
E mail Address:	janet.clarke@setrust.hscni.net
Registered Organisation / Registered Provider:	Mr Hugh Henry McCaughey
Registered Manager:	Mrs Janet Clarke
Person in Charge of the Agency at the Time of Inspection:	Mr Tony Cheetham
Number of Service Users:	21
Date and Type of Previous Inspection:	11 November 2013 Primary Announced Care Inspection
Date and Time of Inspection:	28 November 2014 9.15am – 4.45pm
Name of Inspector:	Rhonda Simms

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

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

Consultation Process

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

Service users	5
Staff	6
Relatives	2
Other Professionals	2

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

Issued To	Number issued	Number returned
Staff	16	8

Inspection Focus

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

The following four quality themes were assessed at this inspection:

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

Review of Action Plans/Progress to Address Outcomes from the Previous Inspection

The agency's compliance towards one requirement and two recommendations stated at the previous inspection of 11 November 2013 was assessed. The agency was assessed as achieving compliance with one requirement and two recommendations.

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

The South Eastern Health and Social Care Trust service at Slievegrane provides a supported living type domiciliary care service in partnership with Helm Housing Association. The service is based on the Ardglass Road in Downpatrick and provides a 24 hour supported housing service for persons with a severe and enduring mental illness.

A team of eight staff, led by the registered manager Janet Clarke, aims to provide an individualised, safe, supportive, therapeutic environment using a Recovery Model approach. Support is provided to up to 22 service users who live in seven houses, either on their own or with other service users, ranging from two to six people living together in a house.

Floating support is also provided to 15 service users in the community who require assistance with personal care (i.e. supervision/ assistance with medication). Services include assessment of independent living skills, strengths and needs, motivation and assistance with household tasks, management of medications and support to integrate with the local community.

The agency benefits from the part time services of an occupational therapist employed by the South Eastern Health and Social Care Trust, who contributes to aspects of the care and support plan.

Summary of Inspection

The inspection took place on 28 November 2014 at the agency's registered office at Slievegrane, 2A Ardglass Road, Downpatrick.

During the inspection a range of policies and procedures, care and support plans, service user agreements and other documentation was examined. The inspector spoke with Marty Caldwell, Community Mental Health Services Manager, Tony Cheetham, Deputy Manager, four support staff, five service users, two relatives and two professionals from the Community Mental Health Team.

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

'To support the person in their home'

'Help and support each person to achieve their personal goals'

'Try to build on each person's journey to independence'

'To give support and guidance to the service user to enable them to live as independent a life as possible and to value their existing strengths, objectives and goals'

'I feel the service being provided is of an exceptional standard, always putting the client and their needs first'

Staff who spoke with the inspector confirmed that they had received training appropriate to their roles and the needs of service users. Staff commented on the strengths of the registered manager and spoke positively of the support they received from other team members. Staff valued the regular involvement of the HSC trust Community Mental Health Team.

Relatives who spoke with the inspector gave positive feedback regarding the service provided and the lifestyle their relative experienced at Slievegrane. Staff were described as having a

good understanding of service users' needs and actively engaging service users in a process of promoting independence.

'It's a great service'

Relative 'has made progress' and 'is a different person'

'The service is fantastic'

Relative 'enjoys independence'

During the course of the inspection, five service users spoke with the inspector and one service user showed the inspector their home. Service users provided positive feedback regarding the service provided to them and the quality of their life at Slievegrane. Service users described making choices about their routines and activities. Several service users reported that they had developed more independent living skills through the support at Slievegrane:

'The staff are very helpful'

'The staff are great'

'The staff are very good to me'

'The staff counsel, motivate and encourage me'

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

Detail of Inspection Process:

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

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

The inspector viewed a range of documentation including HSC Trust assessments, tenancy agreements, financial policies, financial support agreements, financial support plans, utility payment schedules, individual budget plans, ledgers and receipts in order to assess compliance with Theme 1.

The terms, conditions and amounts paid for services were stated in financial agreements. The information booklet for tenants and families states that housing benefit is paid to cover the cost of rent. The registered person should ensure that this information booklet provides accurate information regarding costs service users may expect to pay, including charges for rent.

The documents examined by the inspector showed robust systems to record and reconcile all transactions made on behalf of service users. Service users who chose to keep money in the office safe were aware of how to access their money. Service users who participated in the inspection were able to describe their costs and any assistance they receive to manage money. The registered manager acts as appointee for one service user and the arrangements for this were seen by the inspector.

The deputy manager assured the inspector that staff purchase their own food for consumption whilst on duty. It is recommended that the registered person should provide a written explanation of the arrangements for staff food for service users.

There is a recommendation regarding provision of four weeks written notice in advance of changes to charges.

Subsequent to the inspection, the registered manager provided verbal assurance that the agency had made progress towards compliance with these recommendations.

There are three recommendations in relation to Theme 1.

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

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

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

Documentation and feedback from staff, service users, relatives and HSC trust professionals showed that the agency responds to the changing needs of service users, reviews care practices, and adapts care and support plans accordingly.

The inspector noted that human rights implications were considered in care and support plans.

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

The registered person must ensure that the Statement of Purpose and Service User Guide make appropriate reference to restrictive practice.

The inspector noted that some service users’ files contained recently completed former versions of the tenancy contractual agreement, which do not fully reflect the service users’ status as a tenant or their rights within the supported living setting. Some files have not been updated with new agreements. The registered manager should ensure that documentation used in service users’ files reflects the current nature of service provision and tenancy contractual agreement.

One service user at Slievegrane is subject to a restriction regarding informing staff of their movements, which is stated in the care plan but not evidenced in an HSC trust needs assessment. The registered person must ensure that an assessment of needs and risks by the HSC trust is completed prior to the implementation of any restrictive practice, the nature and parameters of restrictive practices are outlined in care and support plans, and should ensure that human rights are appropriately considered.

Subsequent to the inspection, the registered manager provided verbal assurance that the agency had made progress towards compliance with these requirements.

There are three requirements and two recommendations in relation to Theme 2.

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

The agency has achieved a compliance level of 'substantially compliant' in relation to Theme 3.

The range of support and care plans examined by the inspector was consistent with care commissioned by the HSC trust. Care and support plans were completed in a person centred manner, individualised and reflected the needs and preferences of the service user. Service users and relatives had an understanding of the amount and type of care provided by the agency. It is recommended that service users of the floating support service receive written agreements specifying the number of care hours available to them.

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

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

There is one recommendation made in relation to Theme 3.

Additional Matters Examined

Monthly Quality Monitoring Visits by the Registered Provider

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

The reports had been regularly completed and included consultation with service users and staff. The registered person must ensure that the views of relatives and professionals are included in reports of monthly quality monitoring.

Reports included quality improvement measures and monitoring of standards in the service.

Statement of Purpose

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

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

The registered person should ensure that the Statement of Purpose provides appropriate references to any restrictive practice.

Charging Survey

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

The charging survey was discussed with the deputy manager who confirmed that the agency acts as appointee for one service user, and that one service user is assessed as financially incapable. There was documentation in place which stated the arrangements regarding the name of the appointee.

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

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

Care Reviews

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

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

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

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	6 (1) (b)	The registered person must clarify how much the agency pay towards the office utility costs to ensure that the payment is a fair and proportionate amount.	The deputy manager showed the inspector evidence of calculations made by the HSC trust which indicate that service users are paying a fair and proportionate amount towards utility costs. Financial support agreements viewed by the inspector state the amount paid in utility costs. Currently all bills are initially paid by the Trust finance department across the supported living service. All service users pay the same amount to the Trust, which represents an underpayment across the service, with the Trust paying the shortfall. The Trust has retained this model as a single service user could be living in a house with several bedrooms, leaving them with a higher bill. Service users pay a sum of £65 per month for utilities.	One	Fully met

No.	Minimum Standard Reference	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	The deputy manager showed the inspector human rights information given to each service user. The inspector viewed care and support plans which explicitly outlined the service user's human rights.	One	Fully met
2	14.10	It is recommended that the registered person ensures that staff receive awareness training in the protection of children and young people at least every two years.	The inspector viewed the agency training matrix which showed that staff have received training in protection of children and young people within the last two years.	One	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.

COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>The tenants have a service user guide which includes any payments made in respect of the tenants utility bills. The payments are taken out of tenants bank accounts by standing order set up by them or their family, others pay directly to the cash office and others are paid directly through their account in the cash office. Tenants are provided with payments schedules and know exactly what date payments are made. Currently no service user pays for additional personal care. We have a process of developing shared costs for tenants for electric and oil where by each house pay for the amount they use and any increase in cost is notified to the tenant at least 4 weeks prior to any adjustment or increase. All costs associated with staff accommodation are paid by the trust. Staff are responsible for providing all of their own meals and breaks and these are taken away from the tenants in the staff room which is separate from tenants living areas. Where staff support tenants with managing their finances this is recorded in the tenants support plan. Staff have access to finance and property policies to help them to support tenants with their finances. An assessment of the staff capability in the management of client finance is completed annually and recorded in their individual staff file as part of supervision and is part of Slievegranes quality measures for good practice. Helm housing association informs tenants of any increase in rent within the appropriate time frame.</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector viewed a range of finance agreements, utility payment schedules, finance support plans, individual budget plans, and care and support plans which showed the amounts service users pay, the terms and conditions and method of payment. These documents are signed by the service user and/or their representative.</p> <p>The information booklet for tenants and families states how the charges for utility bills are devised. This information booklet states that housing benefit will cover the cost of rent. The deputy manager recognised that this would not always be the case. The registered person should ensure that the information booklet for tenants and families provides accurate information regarding costs service users may expect to pay, including charges for rent.</p> <p>The inspector was advised that no service user pays for personal care, or for care services additional to the HSC trust plan.</p> <p>The deputy manager showed the inspector calculations of utility costs which showed that the HSC trust pays for all staff areas and any costs associated with voids.</p>	Substantially compliant

The deputy manager assured the inspector that staff are responsible for purchasing their own food whilst on duty. It is recommended that the registered person should provide a written explanation of the arrangements for staff food for service users.

The inspector examined a range of finance support plans and budget plans which state the arrangements for assisting service users with their finances, in accordance with agency policy.

The deputy manager was not able to show the inspector evidence that service users will receive four weeks notice in writing of any increase in charges payable. The registered person should ensure that the agency notifies each service user in writing, of any increase in charges payable, with at least four weeks' notice.

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>	
<p>Provider's Self-Assessment</p> <p>Tenant support plans state if a service user can manage their own finance.</p> <p>Almost all tenants require minimal support with their finances in Supported housing, in the majority of cases the tenant will keep their own receipts for their purchases, but there will be occasions when a larger amount of money is spent and the receipt may be kept in the individual tenants finance file as per trust policy.</p> <p>Should a formal capacity assessment be required this is carried out by their consultant Psychiatrist</p> <p>Service users who have a PPI account will have records of income sent to the service manager every month which will be checked by the manager for any discrepancies.</p> <p>Staff keep daily ledgers of tenants money held in the safe, this is checked daily by two staff as per trust policy, it is also checked at least weekly by the registered manager and evidenced as such.</p> <p>Staff do not operate bank accounts on behalf of tenants.</p> <p>A BF58 is completed for any tenant who requires an appointee.</p>	Moving towards compliance
<p>Inspection Findings:</p> <p>The inspector examined HSC trust referrals and assessments of need which described the capabilities of service users and level of support required to manage finances. The deputy manager discussed how these assessments are incorporated into finance support plans seen by the inspector.</p> <p>Financial support plans viewed by the inspector noted the arrangements and method of payment used by service users to pay for utility and food costs. The inspector was advised that three service users choose to keep money in the office safe. In addition 'float money' paid in by service users for groceries and replacement items are kept in the safe. The inspector was advised that staff assist service users with group</p>	Substantially compliant

grocery shopping in the largest house at Slievegrane. Service users gave feedback that this is a flexible voluntary arrangement which they can choose to opt in or out of. The deputy manager showed the inspector records maintained of all income received and transactions made on behalf of service users. The inspector noted that each service user has a named ledger sheet where transactions are noted, which is signed by the service user and a staff member, or two staff members. The inspector saw the signature sheet signed by the service user and staff member when the service user removes their bank card from the safe, or returns it. Records of receipts are maintained and were seen by the inspector.

The inspector was advised by the deputy manager that a key holder is always on duty and that service users can access their money at any time. Service users who spoke with the inspector confirmed that there were no restrictions on their access to their money. Staff who spoke with the inspector described the service user's money as their own to access when they wished. The arrangements for the service user subject to appointee arrangements are stated in their financial support plan and in documentation from the Office of Care and Protection seen by the inspector.

The inspector was advised that two agency staff complete checks on monies stored in the safe on a daily basis. The agency maintains a record of the safe contents. In addition the registered manager completes random checks and independent audits are conducted periodically. Evidence of reconciliation was viewed by the inspector.

The inspector was advised by the deputy manager that the agency does not operate a bank account on behalf of any service user. In the event of any service user becoming financially incapable, a referral can be made to the HSC trust which has close working relationships with the service.

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	
<p>Slievegrane has a safe for the storage of tenants monies and valuables, the safe is kept in the locked store in the office, the key is kept at all times by the person in charge. Individual tenants monies are checked and recorded daily. When money or valubles are kept for tenants this is always recorded, an additional monthly reconcilliation is completed with the saff and the manager on a monthly basis.</p> <p>Service users are aware of the arrangemts for safe keeping of their valubles or money.</p> <p>Two members of staff always sign the ledger when moneys are withdrawn from floats or fror tenants personal use, when at all possible staff will ask the tenants to sign the ledger for their money as it is being removed from the safe.</p> <p>All aspects of the tenants ability to manage their finances is identified in the tenants own specific support plan</p>	Substantially compliant

<p>and they have access to this and have signed for their agreement to the same as per trust policy. Any error or deficits will be handled in accordance with the trust VA policy and procedure.</p>	
<p>Inspection Findings:</p>	
<p>The inspector was advised of the arrangements to provide a safe place for service users to keep money. The safe is situated in the agency office and can be accessed at any time by a senior member of staff on duty. The inspector examined clear, up to date records of transactions which are signed by the service user and one member of staff, or two members of staff. A record of the safe contents is maintained by staff.</p> <p>The inspector viewed individual agreements reflecting the service user's assessed needs and preferences regarding handling money and bank cards. Service users are aware of the arrangements regarding accessing the safe contents, as evidenced by the transaction records and verbal feedback from service users.</p> <p>The deputy manager advised the inspector that no one has restricted access to their money. The inspector saw records where service users have agreed to receive a certain amount of money daily in order to facilitate budgeting. The deputy manager described this as a voluntary agreement which can be changed by service users in accordance with their wishes.</p> <p>The inspector viewed evidence of daily reconciliations by support staff, and random reconciliations completed by the registered manager. The inspector was advised that errors would be handled by safeguarding procedures.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**Statement 4:****COMPLIANCE LEVEL****Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:**

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

(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;	
<ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
Tenants in Slievegrane all use public transport and taxi's : there is no shared transport provision in the supported housing service.	Not applicable
Inspection Findings:	
The inspector was advised that Slievegrane does not operate a transport scheme.	Not applicable

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>As a minimum, a formal review of tenants will take place once a year. More frequent reviews may be required in response to changing circumstances or at the request of service users or other persons, including carers, or agencies involved in their care.</p> <p>All tenants needs and risks are identified in the support plan, service users views are sought and they and their family are given the opportunity to attend this review / risk assessment meeting.</p> <p>Tenants individual support plans show where there is a clear link between their assessed care, risk and support needs.</p> <p>We provide an opportunity for the tenant and their carer to attend a review and have their individual input into their personalised support meeting with a personalised support manager .</p> <p>All service users are involved in planning their support and care needs and when completed and agreed with their key worker, they may sign their support plan</p> <p>Each support plan is evaluated on a timed basis that responds to the service users needs.</p> <p>Support plans reflect individual tenants needs and reflect and consider the tenants human rights.</p> <p>Staff complete a daily note on each tenant and carry out an evaluation of their needs every three months or sooner if required. files are audited and recorded on a six monthly basis to ensure all information on their file is correct.</p>	Substantially compliant

Monthly monitoring visits by the service provider give tenants the opportunity to discuss any issues they may have in relation to their support or care in the supported housing environment.	
Inspection Findings:	
<p>The inspector examined a range of documents including HSC trust needs and risk assessments, care and support plans and review records, which demonstrated that the agency maintains a clear statement of the service users' current needs and risks. Care and support plans and review records are signed by service users.</p> <p>Care and support plans and ongoing progress notes viewed by the inspector showed evidence of regular evaluation, review and update. Care and support plans reviewed by the inspector were completed in a person centred manner, reflected a range of interventions, and recorded the service users' preferences.</p> <p>Staff who participated in the inspection provided feedback that care and support plans were up to date. HSC trust involvement was reflected through risks and needs assessments, review records and verbal feedback to the inspector from HSC trust professionals.</p> <p>Care and support plans reviewed by the inspector showed an appropriate consideration of human rights.</p>	Substantially compliant

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	
<p>Training and development is on going for all staff and is relevant to their job of work. A training matrix is updated and recorded for all staff training. Supervision is carried out as per trust policy. Staff competencies are carried out in relation to managing tenants finances and medication on an annual basis. The agency has a policy on responding to service users needs and monthly monitoring visits take place from the provider to evaluate all support and care provided and to review and audit trends in incidents, complaints etc, this is then forwarded to RQIA as a standard requirement, tenants are always given the opportunity to express their views on the service they receive during these visits.</p> <p>All staff are either registered with NMC or NISCC and have the required hours of training to meet their registration requirements. Staff are aware of their obligations to raise any concerns regarding poor practise. Staff are aware of the trusts vulnerable adults reporting procedure.</p> <p>Tenants support, risks and care needs are frequently discussed at multi professional meetings.</p>	Substantially compliant
Inspection Findings:	
The deputy manager discussed the training system and records with the inspector. The inspector noted that	Substantially compliant

staff had received training in mandatory and other areas relevant to their roles. Staff who participated in the inspection reported having received appropriate training through a variety of methods. Some staff prefer face to face training in areas where discussion and group learning can be facilitated. Staff feedback confirmed that staff receive appropriate formal and informal supervision and peer support.

In the course of the inspection, the inspector noted that staff could identify restrictive practices and the potential impact on human rights. Staff were able to identify restrictions on the movement of a service user which have resulted as part of a plan involving other agencies. Through questionnaires and verbal feedback, staff indicated an awareness of the promotion of human rights in a supported living setting.

It was evident from agency staff and HSC trust professional feedback that the staff are confident regarding their ability to respond to the needs of service users in a flexible way. Relevant policy and protocol to responding to the needs of service users was seen by the inspector.

Examination of care and support records demonstrated that the outcomes of care practices are evaluated and discussed with relevant professionals. HSC trust professionals described how the agency provides a flexible service which responds appropriately to the needs of service users.

Agency staff could describe how to respond appropriately to concerns regarding poor practice.

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> <p>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.</p> <ul style="list-style-type: none"> • 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	
<p>Any restrictive practise of a tenant is discussed with relatives and outlined in their support plan. The Statement of purpose and service user guide outlines the nature and range of services provided by supported housing.</p> <p>The statement of purpose includes information on restrictive practise.</p> <p>At tenants meeting staff make tenants aware of their right to decline aspects of care.</p> <p>At present all service users have the ability to consent.</p> <p>Service users are asked to sign and are given a copy of their support plan.</p>	Substantially compliant
Inspection Findings:	
<p>The Statement of Purpose referred to the nature and range of services; however it did not include appropriate reference to restrictive practice. The inspector was advised by the deputy manager that no service user was subject to restrictive practice until recently. The registered person must ensure that the Statement of Purpose and Service User Guide make appropriate reference to restrictive practice.</p>	

The inspector noted that service users sign up to a 'tenancy contractual agreement' which is kept in their records. There was evidence in some files that a previous version of the tenancy contractual agreement had been used recently, or had not been updated with the reviewed document. The previous version of the tenancy contractual agreement referred to 'residency', restrictions on the length of tenancy, and did not recognise the values and ethos of the supported living model. The registered manager must ensure that documentation used in service users' files reflects the current nature of service provision and the current tenancy contractual agreement.

The inspector noted that one service user is subject to a restriction in relation to informing staff of their movements outside their home. The practice is recorded in the service user's care and support plan. Theme 2 Statement 4 of the report contains further exploration of this matter.

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

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

The inspector was advised that no service user is affected by restrictions on another service user.

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	
<p>There is no use of physical restraint in supported housing in Downpatrick.</p> <p>The only type of use of restrictive practise is as a last resort and clearly outlined in the tenants support plan. The safety of the tenant is paramount and this will only be used in colaboration with the tenant in a case were it can ensure their safety or welfare ie an agreed timeframe for tenants to return home on winter nights or for identified PPANI arrangements.</p> <p>Any restrictive practise is constantly evaluated with the tenant /carer and is discussed at the MTD meeting.</p>	Substantially compliant

Inspection Findings:	
<p>The inspector noted that one service user is subject to a practice which appeared restrictive in relation to informing staff of their movements outside their home. The practice is recorded in the service user's care and support plan. An HSC trust professional and agency staff recognised the restrictive nature of the practice; the service user described the practice and did not describe it as a restriction. Agency staff discussed relevant Deprivation of Liberty issues in relation to the restriction.</p> <p>The inspector saw evidence of comprehensive risk assessment and review involving a multi-agency approach, but was not able to see evidence of the rationale which led to this restriction. The precise nature of the restriction and the expectations on staff in relation to consequences of the service user failing to adhere to the restriction were not clearly outlined in the service user's records.</p> <p>The registered person must ensure that an assessment of needs and risks by the HSC trust is completed prior to the implementation of any restrictive practice, the nature and parameters of restrictive practices are outlined in care and support plans, and should ensure that human rights are appropriately considered.</p> <p>The inspector was advised by the deputy manager that the restriction will be evaluated and reviewed with the service user's care and support plan through fortnightly multi-disciplinary assessment meetings, enhanced care planning review, and personalised care reviews.</p> <p>Subsequent to inspection the registered manager provided additional background information to the introduction of this practice, which was agreed between the agency, the service user and another agency. The registered manager provided verbal assurance that progress had made to review documentation to ensure compliance with Regulation.</p> <p>The monthly monitoring report completed on behalf of the registered person refers to the restrictive practice.</p> <p>The inspector was advised that the agency does not practice restraint.</p>	<p>Substantially compliant</p>

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

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially 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	
<p>Service users can describe the amount and type of care/support provided to them in Slievegrane. Staff are involved in support planning. Meetings are held with the senior support worker assigned to that area along with the unit manager and the personalised care manager, at these meetings each tenant's needs are discussed as to how best to meet their needs, the tenant has direct input into their ongoing support and care and can ask for a change in assistance if they feel this is necessary.</p> <p>There are also regular multi disciplinary reviews of tenants incorporating personalised care management and risk management reviews.</p> <p>All policies and procedures are updated within the specified time frame.</p> <p>Service Information guides are updated as is necessary and the service statement of purpose is reviewed on an annual basis to reflect the change of services provided.</p>	Substantially compliant
Inspection Findings:	
<p>Service users and relatives could describe the amount and type of care provided. Service users described staff as being available to meet their needs. For the supported living service, the type of care provided is stated in the care plan and the number of hours provided is stated in the financial agreement. Service users receiving floating support have a care plan which details the service being provided but does not state a fixed number of hours. Service users do not pay for this service. The deputy manager advised the inspector that this service is flexible, dependant on the changing needs of service users. A recommendation has been</p>	Substantially compliant

made in relation to specifying a number of care hours available of service users of the floating support service.

Staff feedback through questionnaire and on the day of inspection showed that staff understand the amount and type of care provided.

The inspector viewed the agency guidance on assessment and care planning. The Statement of Purpose describes how care and support plans are devised.

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

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	
<p>Staff have taken time to explain to service users the amount of care/support that they receive. In the tenants support plans this is broken down into hours of care and support. each tenant has an agreed copy of this document in their personal file. At present no tenant in Slievegrane is paying for additional hours.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector viewed finance agreements signed by service users which do not show a charge for care. The Charging Survey completed in advance of the inspection and confirmed by the deputy manager states that no service user pays for care. Service users have a written agreement stating the hours of care and support they receive, which is paid for by the HSC trust.</p> <p>No service user is in receipt of care and support hours additional to the HSC trust plan.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users understand that their support plans are reviewed every three months. Should a service users needs change a review can be arranged.</p> <p>Each tenant has an annual review of their support plan.</p> <p>Supplementary to this is a review undertaken by the personalised care manager who will also ask the tenant/family to take part in this process.</p> <p>Service users and their representative are always afforded an opportunity to attend each review, if they do not wish to or can not attend but have given feedback to the chaiperson, this is documented in the record of the review.</p>	Substantially compliant
Inspection Findings:	
<p>A report of care reviews commissioned by the HSC trust was returned to RQIA in advance of the inspection. The registered manager confirmed that all service users had annual reviews with the HSC trust from 1 April 2013 – 31 March 2014.</p> <p>The deputy manager explained that prior to this year; each service user had an annual review of their needs</p>	Compliant

and risks with the HSC trust and agency, with additional reviews convened as required. An HSC trust professional has been appointed to the care management team to convene and minute all annual reviews. The inspector viewed records of reviews which showed the involvement of the service user and their representative if appropriate, the agency, and the HSC trust. It was evident from examination of records and agency staff feedback that reviews are arranged as required.

The inspector viewed care plans which showed evidence of being updated following review. Agency staff confirmed that care and support plans are current and updated to reflect reviews.

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

Any Other Areas Examined

Complaints

The inspector reviewed records of one complaint received in the period 1 January 2013 – 31 December 2013. The complaint was of an environmental nature and could not be fully satisfied due to nature of the environment. No further complaints have been received.

Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

Slievegrane

28 November 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 **Marty Caldwell, Community Mental Health Services Manager and Tony Cheetham, Deputy Manager**, during the inspection visit.

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

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

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

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

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	23 (1)(5)	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the 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> <ul style="list-style-type: none"> The registered person must ensure that a system for evaluating the quality of services is maintained and includes consultation with service users and their representatives. 	One	A robust system has been established by the registered person for the evaluation of the service on a monthly basis. This will include the consultation of service users and their representatives.	28 February 2015
2	5 (1)	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as 'the statement of purpose') which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This refers to the revision of the Statement of Purpose to include appropriate reference to the use of restrictive practice.</p>	One	The Supported living service statement of purpose has been revised to include the appropriate reference to the use of restrictive practice.	28 February 2015
3	6 (1)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(a)The terms and conditions in respect of the</p>	One	The service user guide will be adapted to include: 1Terms and conditions of the service to be provided to service users	28 February 2015

		<p>services to be provided to service users</p> <p>The registered person must ensure that the Service User Guide makes appropriate reference to restrictive practice.</p>		<p>2 The guide will make appropriate reference to any use of restrictive practice in Supported housing.</p>	
4	15 (2)(a)(b)(c)	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ('the service user plan') is prepared which shall-</p> <ul style="list-style-type: none"> (a) Be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Boards or other person with responsibility for commissioning personal social services for service users; (b) Specify the service user's needs in respect of which prescribed services are to be provided; (c) Specify how those needs are to be met by the provision of prescribed services. <p>The registered person must ensure that an assessment of needs and risks by the HSC trust is completed prior to the implementation of any restrictive practice, the nature and parameters of restrictive practices are outlined in care and support plans.</p>	One	<p>An assessment of service user need and risk is carried out prior to the implementation of any restrictive practice. Any such practice will be detailed and outlined in the service user support plans.</p>	28 February 2015

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	1.1	<p>The values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <p>It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.</p>	One	The registered manager will ensure that the agency maintains a procedure and guidance for staff regarding meeting service users human rights through completion of support plans.	28 February 2015
2	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of the service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This refers to ascertaining the views of representatives, and professionals, in monitoring reports on a monthly basis.</p>	One	The registered person will incorporate the views of service users , their representatives and other professionals in the monthly monitoring reports	28 February 2015
3	2.2	The service user's guide contains information on the following:	One	The service user guide has been amended to include information on the:	28 February 2015

		<ul style="list-style-type: none"> • The amounts and method of payment for fees • The general terms and conditions for receipt of the agency's services <p>The registered manager should ensure that written guides contain up to date information regarding the terms and conditions of services delivered.</p> <ol style="list-style-type: none"> 1. This particularly relates to accurate information regarding the payment of rent. 2. The registered person should ensure that the agency notifies each service user in writing, of any increase in charges payable, with at least four weeks notice. 3. The registered person should provide a written explanation of the arrangements for staff meals. 		<p>1.payment of rent</p> <p>2 Increases in charges with a four week timeframe for notification.</p> <p>3 An explanation of the arrangements for staff meals.</p>	
4	4.2	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> • The terms and conditions of the service provision with reference to relevant policies <p>The registered manager should ensure that documentation used in service users' files reflects the current nature of service provision and tenancy agreement.</p>	One	All service user files have been updated with the current tenancy agreement.	28 February 2015
5	4.1	<p>Each service user and, if appropriate, his or her carer/representative is provided with a written individual agreement before the commencement of the service.</p>	One	All Floating support service users will be supplied with an individual written agreement stating the minimum number of	28 February 2015

		It is recommended that the registered manager ensures that support agreements for floating support specify the individually agreed minimum number of care hours available to the service user.		support hours available to them.	
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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	Janet Clarke
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brendan Whittle

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Rhonda Simms	30/1/15
Further information requested from provider			