

Primary Announced Care Inspection

Name of Agency:	Kilcreggan Homes Ltd
RQIA Number:	11335
Date of Inspection:	20 November 2014
Inspector's Name:	Joanne Faulkner
Inspection ID:	20489

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	Kilcreggan Homes Ltd
Address:	Elizabeth Avenue Carrickfergus BT38 7UY
Telephone Number:	02893360111
Email Address:	damian@kilcreggan.org.uk
Registered Organisation / Registered Provider:	Damian Patrick Cassidy Kilcreggan Homes Ltd
Registered Manager:	Damian Patrick Cassidy
Person in Charge of the Agency at the Time of Inspection:	Damian Patrick Cassidy
Number of Service Users:	19
Date and Type of Previous Inspection:	6 March 2014 Announced Primary Care Inspection
Date and Time of Inspection:	20 November 2014 10:00-16:30
Name of Inspector:	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	2
Relatives	2
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	13	4

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 and two recommendations have been assessed as being fully met.

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.

7.0 Profile of Service

Kilcreggan Homes is a supported living type domiciliary care agency located in Carrickfergus. The agency offers domiciliary care and housing support to service users with a learning disability or a diagnosis of autism.

The registered office is located adjacent to the service users' homes.

The accommodation consists of single occupancy and shared bungalows by and single occupancy flats. Service users have a tenancy with Oaklee Housing Association.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good health and maximising quality of life.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

The tenants have access to an urban farm adjacent to the accommodation, which is also managed by Kilcreggan Homes.

8.0 Summary of Inspection

The announced inspection was undertaken on 20 November 2014 at the registered office, located adjacent to the service. The inspector was supported throughout the inspection by the registered manager, Mr Damian Cassidy.

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

The inspector viewed a number of care records which outlined the care and support provided to individual 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 four staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to two members of staff on duty during the inspection and has incorporated their comments within this report.

8.1 Staff Comments

- "I feel supported in my role"
- "Happy working here"
- "Service users are supported to live as independent as possible"
- "Service users can access all areas of their homes at all times"
- "We bring our own food"
- "Service users are given choice and respect"
- "I get supervision and appraisal"

The returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Staff have received Human Rights training
- Staff have received training on handling service users' monies
- Service users have in place individual service agreements
- Staff are aware of the whistleblowing policy

Records viewed by the inspector support the above statements. 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 in the review process with the HSC trust.

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 review meetings involving the HSC trust or the agency's staff.

Service users could describe the care and support they receive and are aware of any charges paid to the agency for services received. The service users informed the inspector that their views and wishes were respected.

Comments

- "Staff are good at helping you"
- "I go out alone"
- "I get help with budgeting"
- "I spend my money on what I want"
- "I know my keyworker"
- "Staff help me cook"
- "I can come and go as I please"
- "Staff are very nice"
- "I have my own key"
- "I have a job"
- "I always wanted my own place"
- "I am given choice, we can do what we want"

8.3 Service User Representative

The inspector spoke to relatives of two service users who stated that service users are supported to live as independently as possible; they stated that they are invited to review meetings.

Comments

- "I am kept informed of any changes"
- "I have no complaints"
- "My relative thrives here"

- “My relative is not prevented from doing anything”
- “No review with the trust has occurred”
- “No concerns at all”
- “Staff are incredible”
- “Staff are very nice”
- “I am invited to the review meeting completed by the agency”

The inspector would like to thank the service users, their representatives, the registered 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 “substantially compliant” in this theme.

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

- Service user guide/agreements
- Financial care and support plans

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

Service users stated that they are aware of charges made to the agency; the relevant HSC trust commissions the care provided by the agency for two service users. The manager stated that the remaining service users are not in receipt of care funded by a HSC trust; they stated that service users are assessed prior to admission and any charges for services agreed.

The agency’s office is located adjacent to service users’ home; service users do not contribute towards the cost of the agency’s office.

Service users currently pay for their food and utilities individually. Service users described to the inspector the process for cancelling any services no longer required from the agency.

Staff provide their own food whilst on duty in a service user’s home.

The agency provides each service user with the agreed support required to manage their finances; this is clearly recorded in the service users’ individual care and support plans. 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.

Service users have a facility in their individual homes to store valuables and monies; the agency provides them with the agreed support required.

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 the agency does not have in place a list of staff signatures. A requirement has been made.

The agency does not provide a transport service; service users are provided with the necessary support to avail of appropriate public transport, and are supported to obtain appropriate benefits.

The inspector viewed the agency's finance policy.

One requirement has 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 "moving towards compliance" in this theme.

The manager stated that prior to admission the agency received a range of assessments from the referring HSC trust for two service users; these assisted staff in developing individual care and support plans in conjunction with each service user. The remaining service users have had an assessment of need completed by agency staff.

The manager stated that a number of service users are not in receipt of care commissioned by the relevant HSC trust do not have involvement of HSC trust representatives. A recommendation has been made in relation to the registered manager exploring with the service user that value of availing of the HSC trust's services.

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 informed the inspector that they are involved in developing their care and support plans and that their choices are reflected; it was noted that care and support plans are signed by service users. Agency staff record daily the care and support provided to each service user.

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 six monthly or as required.

Regular monitoring of care practices occurs to ensure that any practice deemed as restrictive is identified. Service users have full access to all areas of their homes at any time and are provided with a key. There is presently a restrictive practice in place in relation to one service user; the agency has in place relevant documentation relating to the restriction; the service user stated that they have been consulted and are in agreement with present arrangements.

From records viewed 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.

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, care planning and restrictive practice, person centred support planning. Staff informed the inspector that they receive individual supervision four monthly and annual appraisal.

The agency maintains a record of 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 ranges of services provided; and make appropriate reference to restrictive practice.

Staff could describe practices which could be deemed as restrictive and were aware of the agency's whistleblowing policy.

One recommendation has been made in relation to this theme.

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 "compliant" in this theme.

Service users have in place individual service user agreements and care and support plans; they detail the amount and type of care provided by the agency to each individual service user; they are updated annually or as required.

The agency has in place referral information provided by the relevant referring HSC trust prior to admission for two service users who receive care commissioned by the HSC trust. The agency retains assessment of needs documentation for all service users.

Service users could describe the amount and types of care provided by the agency and were aware of charges for services provided by the agency; they described a range of activities that they participate in, with the support of the agency's staff. Two service users are in receipt of care services funded by the HSC trust.

The registered manager and staff could clearly describe the amount and type of care provided to individual service users.

From documentation viewed and discussion with service users, the inspector noted that care and support plans are reviewed six monthly or as required in conjunction with the service user, their representative and their allocated keyworker within the service.

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; service users stated that a review is completed six monthly. A copy of the review documentation is retained by the agency.

The service user guide outlines the process for service users wishing to opt in/out or cancel services.

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 relevant HSC trust commissions the care provided by the agency for two service users. Service users have in place financial support plans which detail the amount of support required to be provided by the agency to enable them to manage their monies.

8.5.2 Statement of Purpose:

The agency's statement of purpose was read by the inspector; it outlined 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 In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

Records viewed by the inspector identify that services users have received an annual review involving agency staff. Service users informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views. The inspector identified that review documentation had not been signed by attendees. A requirement has been made.

8.5.4 Monthly Quality Monitoring Visits by the Registered Provider

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a board member. From the documentation viewed, the views of service users, their families and professionals had been recorded on some of the visits; it was identified by the inspector that the agency has recently sought consent from service users in relation to accessing the views of their relatives or professionals. The documentation contains detail of any incidents or safeguarding concerns and contains an action plan.

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	23(1)(5)	<p>The service registered person shall establish and maintain a system for evaluating the quality of the service 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 need to seek the opinions of service users' representatives during monthly monitoring visits.</p>	<p>The agency has in place records relating to monthly quality monitoring; they were viewed by the inspector.</p> <p>The records viewed contained feedback from service users; in addition opinions of service user representatives are recorded.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	6.1	The agency participates in review meetings organised by the referring HSC trust responsible for the service user's care plan.	Two serviced users are in receipt of services commissioned by the HSC trust; the agency retains documentation relating to the reviews of the service users these were viewed by the inspector. This recommendation has been assessed as being fully met.	Once	Fully met.
2	13.5	It is recommended that staff have recorded appraisal with their line manager to review their performance against their job description and agreed personal development plans in accordance with procedures.	The inspector viewed appraisal documentation in place; it was noted that staff receive annual appraisal and a copy of the documentation is retained by the agency. This recommendation has been assessed as being fully met.	Once	Fully met.

10.0 Inspection Findings

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

Provider's Self-Assessment	
<p>Kilcreggan staff members do not carry out personal care tasks for service users. If on-going personal care is required by a service user, this is arranged by referring the person to the HSC trust for assessment and the provision of a care package by the Trust. There are currently two service users with a care package in place and the packages are funded by the Trust with no additional cost to the service user.</p> <p>Kilcreggan does not use service users' homes to carry out agency business other than to provide the necessary support. Kilcreggan staff do not use phones, utilities, or space in service users' homes to carry out agency business. Staff do not prepare/eat their meals in service users' homes and staff provide their own food if sharing a meal with service users in the communal area.</p> <p>There are service level agreements in place for the four service users who have been assessed as being vulnerable in managing their daily finances. Three of these have a voluntary agreement with Kilcreggan which the service user can end if they wish. The fourth agreement is a result of a multi disciplinary risk assessment which is reviewed regularly..</p> <p>There is a policy/procedure in place for staff supporting service users to manage their finances. Agency staff do not carry out financial transactions on behalf of a service user. The service user will be supported to carry out the financial transaction where required.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed the theme with the registered manager who stated that the HSC trust commissions the care received by two service users. The inspector discussed the theme with the manager who stated that the remaining service users are not in receipt of care funded by a HSC trust; they stated that service users are assessed prior to admission and any charges for services agreed.</p> <p>From the records viewed, service users have in place a service user agreement which detail services provided and any related charges; they are signed by the service users. 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 for their individual food and utilities; the agency's office is located in a separate building and all utility costs are met by the agency; the manager stated that service users do not pay charges in relation to the agency's office.</p> <p>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.</p> <p>The inspector viewed the agency's finance policy; it outlines the procedures for staff involved in supporting</p>	Substantially compliant

service users to manage their money.

The service user guide and agreement records the process for service users in relation to cancellation of services for which they are charged.

The inspector viewed correspondence which had been forwarded by the agency to all service users informing them of the revised charges.

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

Statement 2:

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

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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
Provider's Self-Assessment	
<p>The Trust provides an assessment of need which includes the level of support required by the service user in managing their finances eg CC, JS.</p> <p>Records are kept of the amounts paid in by the four service users who have a service level agreement with the agency. Two staff and the service user are involved in any monies being paid into their cash tin for personal spending. These service users have access to their monies except between 10.30 pm and 8.30 am when only one staff member is available. In an emergency the on call staff would be available to allow the monies to be accessed.</p> <p>The agency does not receive any allowances/income on behalf of any service users. Benefits are paid directly into individual service users' accounts. Service users are supported to make purchases themselves and purchases are never made on their behalf.</p> <p>Monies kept on behalf of four service users are reconciled at least twice daily when staff handover the keys. Senior staff also reconcile the monies with service users' bank statements monthly.</p> <p>Staff members do not act as appointees/agents for service users and do not operate bank accounts on behalf of service users.</p> <p>Should a service user become incapable of managing their finances this will be reported immediately to the Trust.</p>	Compliant
Inspection Findings:	
<p>The agency has in place service level 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>	Compliant

Service users and their representatives who met with the inspector stated that they have been involved in discussions and agreements in place in relation to their monies. Service users informed the inspector that they can access their money at any time and choose how to spend their money; they described to the inspector the process of safely storing their monies in their individual homes.

The agency has in place individual ledgers for a number of service users; they were viewed by the inspector; it was noted they detail any 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 twice daily by agency staff; an annual audit is completed by the agency's finance department.

The agency has in place a finance policy which details the procedure for staff handling service users' monies; this was viewed by the inspector.

The manager could describe the procedure for referral of a service user for a capacity assessment.

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>Personal spending money is stored by agreement for four service users. These monies are in individual locked cash tins, in individual lockers, with the keys to the lockers/tins kept in a locked key cabinet. Record books are kept showing the running balance and all monies paid in/out signed by two staff members. One staff member is key holder for each shift and the monies are counted and reconciled by two staff each time the keys are handed over.</p> <p>Depending on the value of the monies/items, anything deposited by a service user for short term safe keeping will either be stored in their locker and recorded by two staff, or will be held in the safe in the admin office and recorded by two staff. When the monies/items are returned two staff and/or the service user will sign for it.</p>	Compliant

<p>Currently no service users are assessed as being vulnerable in respect to the safety and security of their property but where this becomes necessary individual arrangements will be put in place.</p> <p>One service user currently has restricted access to his monies and this is in response to a multi disciplinary risk assessment which is reflected in his support plan.</p>	
<p>Inspection Findings:</p>	
<p>The agency has safe facilities located in the office; a record of the contents was available for the inspector to view and is reconciled twice daily or following each transaction.</p> <p>Staff stated that service users are encouraged to keep their valuables safe within their individual homes and are provided with the required support to manage their monies. Individual care and support plans detail the support required by service users to manage their money.</p> <p>The manager stated that one member of staff on duty is allocated to hold the key for the safe; staff informed the inspector that a reconciliation of monies held by the agency is completed twice daily by two staff members and could describe the procedure if a discrepancy was identified. The inspector viewed the ledger for monies held on behalf of two service users and noted that they detail any transactions and available balance and that the service user and two staff signed for all transactions. The inspector noted that the agency does not have in place a list of staff signatures. A requirement has been made.</p> <p>Service users stated that they can access their monies at any time.</p> <p>Staff informed the inspector that they had received finance training during induction.</p>	<p>Substantially 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

<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"> • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>Kilcreggan Homes does not operate a transport scheme on behalf of service users. In some cases depending on the activity undertaken the costs of staff mileage may be passed on to a service user. In most cases service users independently use public transport or taxis.</p>	Not applicable
Inspection Findings:	
<p>The agency do not provide a transport service; staff informed the inspector that service users stated that they are supported to access appropriate public transport and given the necessary support to access appropriate benefits.</p> <p>The registered manager stated that occasionally staff are required to use their personal vehicle for business use; the agency requires that staff submit the necessary documentation on an annual basis; staff submit mileage claims and are reimbursed by the agency. The agency maintains a record of any occasion that staff are required to transport service users. The service level agreement details any related charges.</p> <p>The agency has a policy detailing the procedure for staff using personal vehicles to transport service users; it was viewed by the inspector.</p>	Compliant

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS

Statement 1:

COMPLIANCE LEVEL

The agency responds appropriately to the assessed needs of service users

- 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.

Provider's Self-Assessment

- The agency maintains a clear statement of the current needs and risks of individual service users and this includes a Support Plan, a Person Centred Plan, risk assessments.
- Needs and Risk assessments contain the views of service users and their representatives e.g. Service user who has been assessed by a Multi Disciplinary Team as not having the capacity to manage his daily finances due to alcohol abuse. His support plan, risk assessments and person centred plan reflect this and the measures put in place to implement it. As previously highlighted the HSCT has not informed many service users of their named social worker & assessments therefore do not always reflect Trust input.
- Agency staff record the outcome of the service provided in a variety of ways, including daily contact sheets and reviews of both support plans and risk assessments. Individual PCPs include an "Action Plan". This is reviewed after 6 months by the service user, key worker and Manager, to assess whether the actions and targets agreed on are being carried out and met appropriately and to the service user's satisfaction.
- Service users' support plans reflect a range of interventions to be used in relation to individuals. Kilcreggan Homes does not use any type of physical restraint and these interventions generally take the form of, for example, emotional support by staff or activities that can support the service user to work through difficulties
- Service users' support plans have been prepared by the service user and key worker. Individual support plans include a statement on Human Rights.

Compliant

Inspection Findings:	
<p>The inspector discussed the theme with the registered manager and viewed the agency's care records for three service users; it was identified that prior to admission the agency received a range of multi-disciplinary assessments from the referring HSC trust for two service users; they outline the assessed needs of service users and highlighting identified risks. The manager stated that in most instances a multi-disciplinary meeting which involves the service user will take place. The agency has in place risk assessments for the remaining service users detailing their needs; this is completed by agency staff prior to admission.</p> <p>Prospective service users are encouraged to visit their home and meet the existing tenants; service users who spoke to the inspector stated that agency staff consult with them if a new tenant is considering accepting a tenancy and that their opinions are sought.</p> <p>From care plans viewed the inspector noted that the information outlined a range of interventions and reference was made to the consideration of the individual service user's human rights.</p> <p>Service users who met with the inspector stated that they are involved in developing their care and support plans and that their choices are reflected. The inspector observed that care plans were signed by the service users and are reviewed at six monthly or as required. Staff stated that they complete a daily record for each service user; detailing the care and support provided; this was viewed by the inspector.</p> <p>Service users who spoke with the inspector were able to identify their individual keyworker in the service; they informed the inspector that they meet regularly with their keyworker to discuss their care and support needs. One service user could identify their trust representative and stated that they received regular contact from them. Service users informed the inspector that their needs are discussed at a review meeting in conjunction with agency staff.</p> <p>The manager stated that a number of service users are not in receipt of care commissioned by the relevant HSC trust do not have involvement of HSC trust representatives. A recommendation has been made in relation to the registered manager exploring with the service user that value of availing of the HSC trust's services.</p> <p>Staff who met with the inspector could describe the process for developing care and support plans in conjunction with the service users and their representatives and described to the inspector the significance of the recording daily the care and support provided for each service user.</p>	<p>Moving towards compliance</p>

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	
<ul style="list-style-type: none"> •Recruitment criteria includes experience in working with vulnerable people and awareness of their needs and to have gained or to complete an NVQ/QCF Level 3 in H & SC. Support staff currently hold or are working towards this qualification. Regular training is provided on relevant topics. Regular supervision provides discussion and guidance on work practice and helps to identify individual training needs. •The effectiveness of training and guidance on the implementation of specific interventions is evaluated through discussions at staff meetings, during staff supervision, through the development of individual support plans and their review, during each individual Person Centred Plan and review of the Action Plan. •Staff members have received training in the Protection of Vulnerable Adults/Human Rights, Autism Awareness and Deprivation of Liberty Safeguards. •The Tenants' Needs Assessment Policy & Procedure is reviewed in response to changing legislative/contractual requirements and at least every three years. The policy includes procedures for involving tenants. •The agency has recently assessed two service users as having significant changes in their care/support 	Compliant

<p>needs. One service user has been referred to her GP and a specialist with regard to concerns about her memory and a second has been referred to the HSCT for a change to their personal care package.</p> <p>Staff training, the Protection of Vulnerable Adults policy and the Whistle Blowing policy clearly state staff obligations to raise concerns about poor practice and the procedure to follow.</p>	
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the registered manager and staff; the manager stated that all staff are required to attain NVQ level 3; staff are supported by the agency to achieve this qualification.</p> <p>The agency maintains training records for all staff; these were viewed by the inspector. From those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, medication management, deprivation of liberty and human rights.</p> <p>Staff stated that they had received induction at the commencement of their employment and further training during their employment. The manager stated that staff complete an induction within the service in the first three weeks of employment. Staff also stated that they receive supervision four monthly, and are encouraged to identify any training needs they may have. It was noted that staff have received r training relating to the specific needs of service users such as diabetes awareness.</p> <p>Staff stated that the agency has recently introduced an appraisal process; the stated that they are trained to carry out the requirements of their role, and feel supported by the manager.</p> <p>Staff outlined the process for highlighting any changes to service users' needs and described instances when they are in regular contact with one service users trust representative.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <ul style="list-style-type: none"> •Service users are not restricted in control, choice and independence in their own homes other than in the responsibilities of tenancy that are set out in the tenancy agreement. •The Statement of Purpose includes a reference to restrictive interventions, stating that these will be used as appropriate only after consultation with the HST and other relevant agencies. It also states that the agency will take into account the impact of any restrictive practices on the service users who do not require such restrictions. •Service users are advised of their right to decline aspects of the support provided by Kilcreggan. If a service user is deemed to lack capacity the assessment is completed by a multi disciplinary team and the appropriate action is decided on by that team. One service user has been assessed by a Multi Disciplinary Team as not having the capacity to manage his daily finances due to alcohol abuse. His support plan, risk assessments and person centred plan reflect this assessment and the measures put in place to implement the assessment. •Service users decide individually whether they will keep their support plans etc at home or whether they will 	Compliant

<p>keep them the staff office; they always have access to any of their assessments or reviews. Service users are aware that they can discuss their support plans with e.g. their social worker, family members etc.</p> <ul style="list-style-type: none"> •The Statement of Purpose states that the agency will take into account the impact of any restrictive practices on the service users who do not require such restrictions. 	
<p>Inspection Findings:</p> <p>The inspector viewed the agency's service user guide and statement of purpose; they outline the nature and range of services provided and the rights for service users to choose what services they require from the agency; they make reference to restrictive practices.</p> <p>Service users stated that they are encouraged to make their own decisions they informed the inspector that they are involved in the development of their individual care and support plans and are provided with a copy. Service users informed the inspector that they can opt out of any service they do not wish to avail of; they stated that there were no restrictive practices in place within the home; they stated that they had keys to their individual homes and could leave the house when they choose.</p> <p>The registered manager stated that presently one service user has restriction in place in relation to finances; from documentation viewed it was noted that this had been agreed in conjunction with the service users and the relevant HSC trust representative. The inspector viewed the care and support plan for the individual service user and noted that it detailed the level of support required by the service user to manage their monies.</p>	Compliant

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>Any restrictive support practices are only undertaken following a multi disciplinary team assessment that this is necessary. Any such practices can be justified, are proportionate and the least restrictive measure to secure the safety and welfare of the service user as deemed suitable by a multi disciplinary team. Support practices are in accordance with DHSSPS legislation and guidance.</p> <p>Kilcreggan does not use physical restraint but should this change in the future the relevant records, notifications and assessments will all be carried out as required.</p>	Compliant

Inspection Findings:	
<p>The inspector discussed this theme with the manager who stated that there is currently one restrictive practice in place relating to the finances of one service user; the service user informed the inspector that they have agreed to the arrangements in place and are involved in the review of the restriction. From records viewed it was noted that the agency has in place a risk assessment and care and support plan detailing the restriction.</p> <p>Agency staff stated that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified.</p> <p>Staff who met with the inspector could describe practices which could be deemed as restrictive; they described the process for engaging with service users' representatives in relation to any practices that may be deemed as restrictive.</p> <p>Service users who met with the inspector stated that they have a key for their home and can come and go as they choose.</p> <p>From the training records viewed and discussion with staff it was noted that staff have received training in human rights, autism training which included 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
	Compliant

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency's service user agreement is consistent with the care commissioned by the HSC trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users can describe the amount and type of support provided by the agency as demonstrated in the monthly committee checks and Tenants' Survey (2012).</p> <p>Staff understand the amount and type of support provided as shown in the support plans, risk assessments and PCP reviews carried out by staff.</p> <p>The Needs and Risk Assessment Policy/Procedure and Statement of Purpose clearly state how individual Support Plans, Person Centred Plans and risk assessments are completed.</p> <p>Any care provided by the Trust is detailed in an agreement/care plan between the individual service user and the Trust providers. Kilcreggan includes the details of this plan in the support plan for the individual service user but the Kilcreggan staff do not carry out the care tasks.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed this theme with the manager who stated that prior to admission all service users are assessed to identify the care and support required.</p> <p>Service users and their representatives who met with the inspector could describe the amount and type of care provided by the agency; they informed the inspector that they were involved in the development of their care and support plans.</p>	Compliant

Staff who spoke to the inspector could describe the care and support provided to individual service users; they demonstrated their awareness of the need to consult with service users in developing their care and support plans.

The service charge agreements and care and support plans viewed by the inspector detail the amount of care and support provided to individual service users.

The manager stated that two service users are in receipt of services commissioned by an HSC trust.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2 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. <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>Currently two service users receive care provided by the HSC trust. This is funded by the Trust and the service users can describe the care they receive.</p> <p>Service users are aware of the services that are not funded by Supporting People/Housing Benefit and that they can choose to pay for themselves. These services and costs are set out in a Service Level agreement signed by service users.</p> <p>Service users can choose to use the services that they will pay for - there are no set hours and service users are made aware before activities eg holidays that there will be a cost involved.</p> <p>Service users are informed that if they choose not to use the services for which they pay, their rights as a tenant will not be impacted.</p>	Compliant
Inspection Findings:	
<p>The agency has in place individual service user agreements; the inspector viewed two agreements; it was noted that they detail any charges made to the service user by the agency.</p>	Compliant

The manager informed the inspector that the relevant HSC trust commissions care for two service users. Service users were able to describe to the inspector the charges for services received from the agency; one service user was aware that care provided to them by the agency was funded by the relevant HSC trust.

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Representatives of the HSC trust are provided with an opportunity to review Support Plans, PCPs and service level agreements and to confirm that the Trust is in agreement with the support provided.</p> <p>Records and discussion with staff confirm that the agency contributes to the HSC trust annual review e.g CC, JS</p> <p>Kilcreggan staff can confirm that reviews have been convened as and when required e.g MP</p> <p>Records confirm that support plans etc are updated following reviews e.g MP.</p>	Substantially compliant
Inspection Findings:	
<p>Prior to the inspection 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").</p> <p>The inspector viewed the agency's return it stated that two service users had received an annual review</p>	Compliant

involving the relevant HSC trust representative; the registered manager informed the inspector that all service users receive a review six monthly completed by the agency's staff.

Service users stated that they attended a six monthly review within the agency and are given the opportunity to contribute their views and wishes. One service user described the contact they receive from their HSC trust representative.

The inspector viewed the care records for one service user and noted that reviews were being carried out six monthly and that the agency retains a copy of review documentation.

Staff who met with the inspector stated that the care and support plans are updated six monthly or as required and that following a review any agreed changes are actioned. Staff stated that they are encouraged to participate in the review meetings of the service users.

The inspector noted from the documentation viewed that the agency have in place service agreements which clearly record charges for services to the service user; these are 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
	Compliant

11.0 Any Other Areas Examined

11.1 Complaints

The agency has not received any complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and from records available for inspection at the agency.

12.0 Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Primary Care Inspection

Kilcreggan Homes Ltd

20 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 Mr Damian Cassidy, 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>This requirement relates to the registered person ensuring that the agency maintains a record of all staff signatures.</p>	Once	<i>A register of staff names has been completed & placed on file.</i>	One month from the date of inspection.

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.	3.7	Where the agency is acting in response to a self-referred service user, the registered manager explores with the service user the value of availing of the HSC Trust's systems.	Once	<i>This recommendation was implemented immediately following inspection.</i>	By 28 September 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	DAMIAN CASSIDY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	DAMIAN CASSIDY

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	J. Stambler	16/9/15
Further information requested from provider			