



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Four Oaks SLS
Agency ID No: 11978
Date of Inspection: 10 March 2015
Inspector's Name: Rhonda Simms
Inspection No: 020852

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Four Oaks
Address:	1 Drumnakilly Road Omagh BT78 0JN
Telephone Number:	028 8225 9868
E mail Address:	carol.quinn@westerntrust.hscni.net
Registered Organisation / Registered Provider:	Ms Elaine Way
Registered Manager:	Mrs Paula McCarron
Person in Charge of the agency at the time of inspection:	Carol Quinn
Number of service users:	16
Date and type of previous inspection:	Primary Announced Inspection 18 March 2014
Date and time of inspection:	Primary Announced Inspection 10 March 2015 9.50am-5.00pm
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	4
Staff	4
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	14	11

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 nine requirements and three recommendations stated at the previous inspection of 18 March 2014 was assessed. The agency had achieved compliance with all nine requirements and reached the minimum standards in relation to all three 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

Four Oaks is a domiciliary (supported living) service providing care and support to sixteen service users with enduring mental health needs. Accommodation is provided by Helm Housing Association in thirteen single flats and two shared flats. Service users have a separate tenancy with Helm Housing. Care and support is provided by fifteen staff (eight nurse qualified and eight support workers) employed by the Western HSC Trust. Services provided can include assistance with personal care, social support, maintaining a tenancy and social inclusion with the overall goal of promoting good mental health and enhanced quality of life.

Summary of inspection

The inspection took place at the agency's registered office, Four Oaks, Omagh on 10 March 2015. During the course of inspection the inspector met with Carol Quinn, registered manager, three staff, and four service users. The inspector spoke with two relatives and two HSC Trust professionals.

The inspector obtained staff feedback through nine staff questionnaires completed and during interview with three staff on the day of inspection.

Staff feedback indicated that they had received training in the protection of children and vulnerable adults and human rights. Staff showed awareness of the supported living ethos and provided examples of consideration of human rights. Comments included:

'Be respectful of the service user's own home'

'We promote choice, involve the service user in decisions, there are no restrictive practices'

'Each tenant leads an independent life, has human rights- equality, taken into account'

'Promoting independence, integration into community living, recovery and maintaining good mental health'

'Promoting independence through information, choice and choosing collaborative working within Four Oak.'

In the course of the inspection the inspector spoke with two HSC Trust professionals. The professionals gave positive feedback regarding the quality of care provided by the agency, effective working relationships, and appropriate communication. A professional described how some service users had sustained recovery in relation to their mental health and the development of independent living skills. Professionals noted that the agency is able to respond to service users' changing needs in a person centred manner.

The inspector met with four service users and was invited into the homes of two service users. Service users' homes were personalised to reflect individual tastes and interests. Service users were able to describe clearly how the service at Four Oaks had enabled their recovery and promoted their independence. The inspector received positive feedback from service users regarding the quality of care provided by staff and the improved quality of their lives as a result.

Service users' comments included:

'If I wasn't living here I don't know where I'd be. I have not had any hospital admissions since I came here'

'The staff here saw something in me and believed in me'

'The staff show me the highest of respect'

'I have my own money, I can go about when I want, and I have more independence'

'They have helped me to be more independent...I am proud of my achievements'

'Everything is up to standard, the staff are very good. The staff are valued by the clients'

'The staff know me well and understand me well'

The inspector spoke with two relatives who expressed satisfaction with standard of service provided at Four Oaks. Relatives described an improvement in their relatives' quality of life and increase in their independent living skills.

Relatives' comments included;

'I can talk to the staff, they are approachable'

'(Relative) has freedom here'

'It's a lovely place, the staff are very nice'

'Four Oaks is the best move in (relative's) life'

'It's a chance to be as independent as possible with support'

'I've never seen (relative) as well'

'(Relative) is treated with respect by staff'.

Detail of inspection process:

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

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

The inspector viewed a range of documentation including HSC Trust assessments, financial policies, financial agreements, financial support 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 documents examined by the inspector showed systems to record and reconcile transactions made on behalf of service users. The inspector saw robust governance arrangements regarding the handling of service users' monies.

The inspector examined the arrangements in relation to a pay as you eat scheme. This scheme provided choice to service users by providing up to two meals per day on a flexible basis, provided opportunity for service users' to express their views, and did not financially disadvantage service users. The arrangements for staff to purchase one meal per day were clearly defined and payments documented.

There are no requirements or recommendations stated in relation to Theme 1.

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

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

A range of care and support plans which incorporated service users’ needs from assessments and reviews completed by the HSC trust were viewed by the inspector. 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.

The inspector noted that the agency had reviewed and accordingly amended the care and support plans of service users following the RQIA inspection of 18 March 2015. The inspector noted that service users were not in receipt of unnecessarily restrictive or institutional care practices.

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. Service users and their representatives reported to the inspector that agency staff have an in-depth knowledge of service users and know how to meet their needs. The inspector noted that human rights implications were considered in care and support plans.

The managers 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.

There are no requirements or recommendations stated 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 ‘compliant’ in relation to Theme 3.

The inspector viewed a range of care and support plans which were completed in a person centred manner, individualised, reflected the assessment of the HSC Trust and the needs and preferences of the service user. Service users had an understanding that staff were available to meet their needs when required.

The inspector viewed written agreements which stated the amount of care and support provided by the agency, charges payable, and was signed by the service user.

The registered manager confirmed that all service users had annual reviews from 1 April 2013 – 31 March 2014.

Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users. The inspector was advised that reviews can be arranged with the HSC Trust when required.

There are no requirements or recommendations stated in relation to Theme 3.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

Reports of monthly quality monitoring were viewed by the inspector. The reports reflected the views of service users, staff, relatives and professionals. The inspector noted that the reports provided assurance of monitoring the quality of the service, and commented appropriately on quality improvement measures.

The inspector noted that the quality of monitoring reports has improved and been sustained since the previous inspection of 18 March 2014 when requirements were made in relation to monthly quality monitoring reports.

Charging Survey

At the request of RQIA, the acting registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection. The charging survey was discussed and confirmed with the registered manager. The survey recorded that no service user lacks financial capacity, the agency does not act as appointee for any service user, and that no service user pays charges for personal care.

Care reviews

The registered manager was asked to complete and return 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 registered manager confirmed that in the survey period all service users received reviews involving the HSC Trust. Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users.

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, including appropriate reference to restrictive practices.

Staffing Levels

The inspector discussed staffing levels with the registered manager and reviewed a sample of staff rotas. The registered manager stated that the necessary number of staff to meet the assessed needs of service users is available on each shift.

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	16 (2) (a)	<p>(2) The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement refers to training in managing service users' finances.</p>	<p>The registered manager showed the inspector evidence of training in handling service users' money which was provided in September 2014. The inspector saw evaluation of participants' understanding of the training which was completed at the end of training.</p> <p>The inspector was advised that this training will be repeated at least yearly.</p>	One	Fully met
2	16 (4)	<p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p>	<p>The inspector saw supervision records which showed that employees receive appropriate formal supervision, in line with the agency's supervision policy. The registered manager assured the inspector that all supervisors have appropriate training. The registered manager discussed an 'open door' policy to facilitate informal supervision.</p>	One	Fully met
3	15 (10)	<p>The registered person must ensure that the induction checklist includes awareness training on restraint or the management of challenging behaviour.</p>	<p>The induction checklist viewed by the inspector includes awareness training on restraint or the management of challenging behaviour. The hand-out information given to participants was seen by the inspector.</p>	Two	Fully met

4	14 (e)	<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— (e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement refers to night time checks undertaken by agency staff.</p>	<p>The inspector viewed the assessment, review and care plan of service users in receipt of night time checks.</p> <p>In cases where night time checks are undertaken, the review involved the service user, agency and HSC Trust. The care plans and reviews seen by the inspector were signed by the service user, the agency, the HSC Trust and the representative if appropriate.</p>	One	Fully met
5	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— (a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or</p>	<p>The inspector viewed care plans which were consistent with the HSC Trust assessment, specified the service users’ needs and how these should be met. Care plans examined included service users who required input from staff at night, identified risks to relation to access to personal property, and fire safety needs.</p> <p>In the course of inspection the inspector received feedback from a service user who clearly expressed their wish to have night time checks and had been involved</p>	One	Fully met

		<p>Health and Social Services Board 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> <p>This requirement refers to but is not limited to:</p> <ul style="list-style-type: none"> • Those service users who have night time needs that require input from agency staff • Those service users who have identified needs / risks in relation to access to their personal property • Fire safety and unsafe smoking 	<p>in the assessment and review of such checks.</p>		
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6	15 (5)	<p>(5) The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable—</p> <p>(a) ascertain and take into account the service user's, and where appropriate their carer's, wishes and feelings;</p> <p>(b) provide the service user, and where appropriate their carer, with comprehensive information and suitable choices as to the prescribed services that may be provided to them; and</p> <p>(c) encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services.</p> <p>This requirement refers to care practices which impact on the service users' human rights and includes night time checks.</p>	<p>The inspector viewed care plans and review records which showed the involvement of the service user and/or their representative in discussions regarding their care and how this should be provided. The care plans and reviews are written in a person centred manner which takes account of the persons' human rights.</p> <p>In the course of inspection the inspector met service users who reported that their views had been considered and they had been encouraged to make decisions regarding their care.</p>	One	Fully met
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7	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>	<p>The inspector viewed the records of monthly monitoring which have been maintained and include consultation with service users and their representatives.</p>	Two	Fully met
8	23 (2) (3) (4)	<p>2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided;</p>	<p>The monthly monitoring reports have been sent to RQIA as requested and are of a standard which fulfils the regulations.</p> <p>The reports includes the views of service users, their relatives, and HSC Trust professionals, responds to recommendations or requirements made by RQIA, and shows the monitoring of progress towards meeting action plans.</p>	One	Fully met

		<p>and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. (3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>			
9	13	<p>The registered person must ensure that recruitment records include an explanation for employment history gaps, a physical and mental health record, and a statement by the registered provider that the person is medically fit for the purposes of the work he is to perform.</p>	<p>The registered manager showed the inspector written information and a checklist from human resources which included an explanation for gaps in employment history and Occupational Health checks.</p>	Two	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	9.3	It is recommended that policies and procedures are centrally indexed and compiled into a policy manual.	The inspector viewed the policy and procedure files which have been indexed and compiled into policy manuals.	One	Fully met
2	1.4	<p>It is recommended that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This recommendation refers to action to be taken following feedback received by inspectors from a service user.</p>	The registered manager showed the inspector records of the response and resolution of comments made to inspectors by a service user.	One	Fully met

3	6.1	It is recommended that the agency participates in review meetings organised by the referring HSC Trust responsible for the service user's care plan.	<p>The inspector viewed a range of care plans which showed that the agency participates in review meetings with the HSC Trust. Trust professionals provided feedback that the agency participates in reviews.</p> <p>The registered manager showed the inspector records of reviews which had taken place for all service users, included attendance by the agency keyworker and WHSCT representative.</p>	One	Fully met
4	8.19	It is recommended that there is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice. These procedures should include the contact details of RQIA.	The whistleblowing policy was seen by the inspector, including whom staff can report poor practice to and contact details for RQIA.	One	Fully met
5	8.11	It is recommended that professionals who are involved in the care of service users are consulted in relation to their views of the quality of service provision.	The views of professionals were included in the reports of monthly monitoring viewed by the inspector.	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

<p>Provider's Self-Assessment</p>	
<p>In Four Oaks written agreements are in place with regard to the services provided, as evident in the collaborative care , support plans and tenancy agreements .Individual aggrements are drawn up for the following which states the amount payable for the service user i.e. PAYE and heating.The service users have a choice to opt in or out of Pay AsYou Eat system, All clients pay for heating,electricity is paid for directly by the service user.Any sevices e.g telephone in Flats are paid for and supplied by the Service user. Where the service user has been assessed as requiring support regarding their finances this is documented /evident in their collaborative care/support plan.</p> <p>The service user do not pay any personal care cost</p> <p>All cost are listed within the Four Oaks service users handbook..</p> <p>Any increases in charges are discussed with the Service user and signed accordingly.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>The inspector viewed the service user guide and a range of finance agreements which showed the amounts service users pay, the terms and conditions and method of payment. These documents are signed by the service user. Service users do not pay for personal care, and no service user pays for care services additional to the HSC Trust plan. The service user guide states the written notice period of four weeks in respect of any changes in charges.</p> <p>The inspector examined a range of finance support plans which state the arrangements for assisting service users with their finances, in accordance with agency policy. The inspector was informed that the agency assists three service users to manage their own finances, in accordance with their assessed needs and wishes.</p> <p>The service user agreements seen by the inspector set out utility costs. Service users agree to pay a proportion of heating and utility costs which excludes communal and staff areas.</p> <p>The arrangements for an optional pay as you eat scheme are stated in the service user guide seen by the inspector. Staff and service users pay the same set amount for a main meal provided daily. In addition, service users can chose to purchase a light meal. The food which staff can purchase is limited to the main meal which they can choose to pay for on a daily basis.</p>	<p>Compliant</p>

The written guide states that service users pay meal charges weekly, and can be reimbursed if they do not avail of a meal. The inspector saw records of weekly payments made by service users, and records of staff payments which are made daily.

The inspector discussed arrangements for involving service users in choice regarding meals with the registered manager, the cook, and service users. The inspector was advised that service users have a choice of meals daily and can request particular foods. A range of menus displayed in the dining area showed a range of daily food choices and invited service users to make further suggestions. Service users who spoke with the inspector expressed satisfaction with the food arrangements and standard of meals available to purchase. The registered manager informed the inspector that staff are not involved in the choice of food included in the pay as you eat scheme.

The registered manager advised the inspector that service users are supported to individually purchase and prepare all other food outside of two meals daily which they can chose to pay for through the pay as you eat scheme. The inspector was advised that staff have a separate staff area in which to store their own food. The inspector was satisfied that the arrangements for the pay as you eat scheme provided service users with choice and that governance arrangements were in place to protect service users from financial disadvantage.

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 service users within Four Oaks have personalised/collaborative care /support plan which outlines their assessed needs capabilities and support, if required to be able to manage their own finances..All staff providing support to service users with regard to finance have to adhere to the WHSCT protocol for the management of residents monies in supported accomadation(2011,)WHSCT cash handling policy (2011)and the guidelines for management of monies within Four Oaks (2014.)</p> <p>The agency records all monitory transactions between the agency and the service user.</p> <p>The service user have their own bank accounts where their benefits are lodged by social security and service users can access their monies at all times.</p> <p>BSO carry out an annual financial audit..</p> <p>Monies are reconciled on a daily basis by 2 members of staff, one of which is the safe key holder.</p> <p>The Registered Manager does a 3 monthly reconcilliations on the recording sheets in addition the manager reconciles bank statements when they come in on a 6 monthly basis.</p> <p>There are no nominated appointees in Four Oaks</p> <p>Where there is evidence of a service user becoming incapable of managing their finance and property they would be referred for a M.D.T. review.</p>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>The inspector viewed HSC Trust assessments of need which stated the capabilities and needs of service users in relation to management of their finances. The inspector noted that service users' financial agreement are signed by an HSC Trust representative.</p> <p>The inspector was advised by the registered manager that three service users are supported to manage their money, as stated in the financial support plan. Service users are supplied with a safe locked place to store their property and sign an agreement, as seen by the inspector, regarding the key arrangements.</p> <p>The inspector viewed the records maintained by the agency in respect of all transactions made on behalf of service users, including payments for food and utilities. Records showed that a system is maintained which includes appropriate details and is signed by the service user and a member of staff. Where staff purchase goods on behalf of a service user, most commonly groceries, appropriate recording and receipts are maintained.</p> <p>Records of financial transactions examined by the inspector showed daily reconciliations completed by two staff, and three monthly and random reconciliations by the registered manager. Service users who have an assessed need for assistance managing their money have signed an agreement consenting to the registered manager carrying out a twice yearly check of their bank statements. The registered manager advised the inspector that the audits are completed randomly by the agency, and by an independent accountant. Service users who keep money in the agency safe may access it at any time through the key holder on duty.</p> <p>The inspector was advised that the agency does not act as nominated appointee or operate a bank account for any service user. The registered manager advised the inspector that in the case of any service user becoming financially incapable, a request for capacity assessment can be made to the HSC Trust.</p>	<p>Compliant</p>

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>All staff who have access to the Agency Safe are aware of the safe storage of monies and valuables . All items stored in the safe are recorded in the safe register and are signed in and out by 2 members of staff All staff that have finance responsibility have finance management training. The service users personal monies are not kept in the unit safe All service users in Four Oaks have locked flats and an individual safe in their flats All service users who have cash folders have access to these whenever the require. All service users have a yearly financial risk assessment completed and on the basis of this, those service users who have an identified need, financial collaborative support plan is completed and signed by the service user and those involved .All service users that staff are supporting(as indentified from assessed</p>	Moving towards compliance

<p>need) in relation to their finance have their money reconciled daily by two members of staff.</p>	
<p>Inspection Findings:</p>	
<p>The inspector was advised of the agency arrangements to provide a safe place for the storage of service users' money or property. The agency safe can be accessed at any time by a key holder on duty. The inspector examined clear, up to date records of transactions which are signed by two members of staff, or by the service user and one member of staff.</p> <p>Service users are aware of the arrangements regarding accessing the safe contents, as evidenced by the transaction records and in discussion with service users. The registered manager advised the inspector that no one has restricted access to their money.</p> <p>The inspector viewed evidence of range of financial checks including daily reconciliations by support staff, three monthly checks by the registered manager, and random checks completed by the registered manager. The inspector was advised that errors would be handled by safeguarding procedures.</p> <p>The inspector was advised that a yearly financial assessment would highlight any changes in financial needs which would be appropriately incorporated into the care and support plan. No service user currently experiences restrictions in relation to access to their monies.</p>	<p>Compliant</p>

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

Statement 4:

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

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

COMPLIANCE LEVEL

<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. 	
<p>Provider's Self-Assessment</p>	
<p>Four Oaks has a Trust vehicle attached to the unit, it is use by staff for unit business and by service user if they need to be supported to any community activity ie appointments,shopping etc . There is no cost attributed to the service user when they avail of this transport. The running costs and the maitainence of the vehicle are managed by the Transport Department in the Western Health and Social Care Trust. Staff do not use their personal vehicles in relation to unit activities..</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector was advised that service users have use of an agency vehicle without incurring any cost.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

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

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>The service users needs and risks are identified in the following documents, referral forms , risk assessmnet PQC (2012) Assessment tools and supporting people needs and risk assessments, Collaborative support and care plans are developed from such assessments of need in partnership with the service user ,their relative or choosen representatives and key worker and signed by the service user and those involved.Reviews are carried out quartely or more frequently as dictated by presenting factors,evidence in service user file. .</p> <p>Key workers from the WHSCT are involved in the service user review process. and the service commisioned into Four Oaks.</p> <p>Human rights guidance for service users and staff is evident in the following --Human rights Collaborative care plans and staff training records,service users and staff handbooks and information is displayed on notice board.Policies and procedures are in place for incident reporting datix and vulnerable adult both regional and unit specific.</p>	<p>Moving towards compliance</p>

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 and/or their representatives, the agency, and a Trust representative.</p> <p>Care and support plans and ongoing progress notes viewed by the inspector showed evidence of regular evaluation, review and update. The registered manager described a system of regular three and six monthly reviews, with additional reviews arranged as required. 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 and agency staff.</p> <p>Care and support plans reviewed by the inspector showed an appropriate consideration of human rights. The registered manager discussed the agency's use of a human rights care plan, which is used as a basis for conversation regarding human rights with the service user.</p> <p>The inspector viewed a range of assessments and care and support plans which had been completed in compliance with requirements stated at the previous inspection of 18 March 2014, with regard to fire safety and night checks. These documents reflected the views of the service user and/or their representative, and the HSC Trust professional, taking into consideration the human rights of the service user. Service users who took part in the inspection confirmed that their views and wishes had been taken into account and that they consented to care practices.</p>	<p>Compliant</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	
<p>The Agency completes Staff Training, Appraisals, Supervision in line with Western Health and Social Care Trust and RQIA guidelines. In addition to this post training questionnaires are completed in managing service user finances in supported living.</p> <p>Staff have received training on human rights and restrictive practice /management of challenging behaviour. All service users have human rights care plans in place.</p> <p>Service users collaborative care plans are reviewed three monthly or as required by presenting need</p> <p>All clients have a annual Multi-DisiplinaryTeam review or again as dictated by presenting need this incorporates representatives from the WHSCT</p> <p>Staff in Four Oaks are aware of the policies in regard to Incident Reporting, Whistleblowing, Vulnerable Adult and complaints, this is evident from training files/staff meetings.</p>	Moving towards compliance

Inspection Findings:	
<p>The inspector discussed the training system with the registered manager and viewed training records. Records of mandatory training were up to date and it was evident that agency staff have access to a range of training opportunities relevant to their roles. The registered manager discussed methods of assessing the effectiveness of training, including training evaluation materials, supervision, observation and discussion with staff.</p> <p>Agency staff described receiving training appropriate to their roles and responsibilities, and reported having access to formal and informal supervision opportunities.</p> <p>It was evident from agency staff and HSC trust professional feedback that the staff have a detailed knowledge of service users and are confident regarding their ability to respond appropriately to the needs of service users. Relevant policy and protocol to responding to the needs of service users was seen by the inspector.</p> <p>Examination of care and support records demonstrated that the outcomes of care practices are evaluated and discussed with relevant professionals. The inspector noted that this was particularly evident in relation to areas included in the quality improvement plan as a result of the previous inspection of 18 March 2014.</p> <p>During the inspection, the inspector noted that agency staff were able to discuss practices which could be restrictive or impact on the privacy and control the service user has in their own home. Through discussion with agency and professional staff the inspector noted that agency staff had progressed in their ability to identify practices which could be regarded as restrictive or institutional, and to make appropriate changes in order to enhance the independence and privacy of service users.</p> <p>The inspector saw the agency's whistleblowing policy which informs staff who to identify and report concerns regarding poor practice.</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
Provider’s Self-Assessment	
<p>Four Oaks Statement of Purpose, operational policy and the Clients Handbook identify the range of services provided.</p> <p>All person centered Care and Support plans are drawn up from identification of assessment of need in collaboration with the Clients ,relative or significant other with the clients approval, key worker in four oaks and involvement of the key worker WHSCT this is evidence in service user file.</p> <p>All service user in four Oaks are deemed capable at present.</p> <p>Service users are made aware of the Advocacy provision by leaflets and information is also available on the notice board in the communal area. Advocacy service spoke person, has attended a Four Oaks tenants meeting to further increase a understanding of their role. Service users are offered a copy of their care and support plans. Staff and service users handbook and Four Oaks statement of purpose are accessible to all service users and staff</p>	Moving towards compliance

Inspection Findings:	
<p>The service user guide and statement of purpose make appropriate reference to the nature and range of service provision, including restrictive practice. The service user’s right to decline aspects of care provision is included in the statement of purpose. The registered manager advised the inspector that no service user lacks the capacity to consent to a care practice.</p> <p>The registered manager advised the inspector that no restrictive practices are currently implemented. The inspector did not note any evidence of restrictive practice in documentation, by observation, or in feedback from staff, service users, relatives or HSC Trust professionals.</p> <p>The inspector noted that since the previous inspection of 18 March 2014, the agency has responded positively to requirements made in relation to restrictive practices identified by the inspectors. The inspector examined records of reviews including service users and/or their representatives, HSC Trust professionals and agency staff which include an evaluation of risk and consideration of the service users’ needs, preferences and human rights. The outcomes of these reviews were appropriately carried forward to care and support plans. Some service users who spoke with the inspector were able to discuss how they had exercised choice in the provision of care practices to them, particularly in relation to night checks.</p> <p>Service users who spoke to the inspector confirmed that they could have a copy of their care and support plan.</p> <p>The inspector was shown information regarding advocacy services which was included in the service user guide.</p>	<p>Compliant</p>

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
<p>Provider’s Self-Assessment</p> <p>All service users collaborative care and support plans are drawn up from identified assessment of need in collaboration with the service user, relative or significant other with the service users consent, key worker four oaks and WHSCT representative .Some Individual service users have chosen to implement their own restriction with support from staff such as financial management.These care/support plans are all signed for consent.Care and support plans have been developed to meet individual needs whilst promoting</p>	Moving towards compliance

<p>autonomy and independence All care and support plan are reviewed on a three and six monthly basis or more frequently as dictated by presenting factors. M.D.T. reviews are carried out in an annual basis or more frequently as stated previously as dictated by presenting factors including involvement from key worker in WHSCT. Restraint is not used in this facility and this is evident in the monthly quality report incident reporting and care and support files</p>	
Inspection Findings:	
<p>The registered manager was able to show that any care practices which could be considered restrictive had been comprehensively considered in conjunction with the service user and/or their relative, and the HSC Trust. Some service users have checks during the night at a time and for a purpose which had been formally reviewed and discussed with them. Service users receiving night checks were clearly able to express their consent and wish to continue this practice.</p> <p>The inspector was advised that the agency does not use restraint.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<p>Service users and their representatives are aware of the care and support provided by the agency which is evident in Four Oaks statement of purpose and service users handbook. All Care and support plans are person centered and are drawn up from assessment of need /risk in collaboration with the service users and significant other with service users consent.</p> <p>Service users, key workers and support staff are involved in the assessment process, care and support planning and all documents are signed. The above are evident in the service users file statement of purpose and service users handbook.</p>	Moving towards compliance
Inspection Findings:	
<p>Service users and relatives described the amount and type of care provided in terms of staff being available to respond to service users’ needs. The inspector noted that the type of care provided is stated in the care plan.</p> <p>Staff feedback through questionnaire and on the day of inspection showed that staff understand the amount and type of care provided.</p>	Compliant

<p>The inspector viewed the agency guidance on assessment and care planning. The service user guide describes how care and support plans are devised.</p>	
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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>Service users and their representatives are aware that all care provided in the facility is funded by the WHSC Trust All service users and their representat are aware of the care and support that available to them as detailed in the care and support plan. Service users can retain a copy of these if they choose. Service users and their representatives are involved in the review processes This evidence is available in the service users file,</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector viewed finance agreements signed by service users which state all charges payable. The Charging Survey completed in advance of the inspection and confirmed by the registered 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. 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>All service User's have an annual multi disciplinary. review or more frequently as dectated by their need or at the request of the service user, unit manager or the WHSCT key worker..</p> <p>Service users assessments, agreements,care and support plans are reviewed at the multi disciplinary meeting and updated accordiingly. This information is evident in the service users file.</p>	Moving towards compliance
Inspection Findings:	
<p>The registered manager confirmed that all service users had annual reviews with the HSC Trust from 1 April 2013 – 31 March 2014. The inspector viewed records of reviews which showed the involvement of the service user and/or their representative, the agency, and the HSC trust. It was evident from examination of records and agency staff feedback that reviews are arranged as required.</p> <p>The inspector viewed care plans which showed evidence of being updated following changes in care and support needs. Agency staff confirmed that care and support plans are current and updated to reflect reviews.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

Any other areas examined

Complaints

The inspector viewed records of one complaint made in the period 1 January 2013 – 31 December 2013, which was satisfactorily resolved. According to agency records, no complaints were received in 2014.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Carol Quinn, 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:

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



The Regulation and
Quality Improvement
Authority

No requirements or recommendations resulted from the **primary announced** inspection of Four Oaks which was undertaken on 10 March 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: Elaine Way

NAME: ELAINE WAY
Registered Provider

DATE 2 April 2015

SIGNED: Carol Quinn

NAME: CAROL QUINN
Registered Manager

DATE 31/03/15.

Approved by: <u>Sharon Smith</u>	Date <u>10.04.2015.</u>