



The Regulation and  
Quality Improvement  
Authority

## **SECONDARY INSPECTION**

**Inspection No:** 20520  
**Establishment ID No:** 12082  
**Name of Establishment:** The Heathers Supported Living Service  
**Date of Inspection:** 2 September 2014  
**Inspectors' Names:** Audrey Murphy  
Joanne Faulkner

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**GENERAL INFORMATION**

<b>Name of agency:</b>	The Heathers Supported Living Services
<b>Address:</b>	39 Ballynahonemore Road Armagh BT60 1JD
<b>Telephone Number:</b>	028 37522209
<b>E mail Address:</b>	manager.heathers@oaklee.org.uk
<b>Registered Organisation / Registered Provider:</b>	Inspire Wellbeing Limited Prof Peter McBride
<b>Registered Manager:</b>	Mrs Irene Millar (acting)
<b>Person in charge of the agency at the time of inspection:</b>	Mrs Irene Millar
<b>Number of service users:</b>	19
<b>Date and type of previous inspection:</b>	7, 11, 20 March 2014 & 27 May 2014 Secondary Inspection
<b>Date and time of inspection:</b>	2 September 2014 09:00 – 17:00
<b>Name of inspectors:</b>	Audrey Murphy Joanne Faulkner

## **1.0 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 domiciliary care agencies. A minimum of one inspection per year is required.

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

## **1.1 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. 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.

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 (2008)

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

## **1.2 METHODS/PROCESS**

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

- Discussion with the acting manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

## **1.3 INSPECTION FOCUS**

The inspection sought to assess progress with the issues raised during and since the previous inspection

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **PROFILE OF SERVICE**

The Heathers Supported Living Service (The Heathers) is a domiciliary care agency which provides care and housing support to individuals with a learning disability who reside in Armagh. Many of the current service users previously resided in the Heathers residential home which de-registered in 2012.

The agency's registered office is located on the site of the previous residential home and a number of service users also rent accommodation on this site. The agency also provides care and housing support to individuals who live at three other addresses within the Armagh area.

Both the Southern HSC and Belfast HSC Trusts commission care for service users of The Heathers and the agency receives funding from the Northern Ireland Housing Executive's Supporting People programme in relation to the housing support provided to individuals.

There has been a change in the management of the agency since the previous inspection visits and Mrs Irene Millar was in the process of applying to RQIA to become the registered manager of the agency. Agency staff consists of the acting manager, an area manager, deputy manager, team leaders and support staff. Agency staffing remains in excess of fifty staff.

The agency's provider organisation 'Inspire Wellbeing Limited' became registered with RQIA on 10 March 2014. Inspire Wellbeing Limited is part of the Northern Ireland Association for Mental Health (NIAMH) group.

## SUMMARY

The unannounced inspection was undertaken on 2 September 2014, 09:00 – 17:00 at the agency's registered office, 39 Ballynahonemore Road, Armagh. The focus of the inspection was to assess the agency's compliance with the eighteen requirements and two recommendations made following the inspections of 7, 11, and 20 March 2014 & 27 May 2014.

Since the previous inspections, RQIA have engaged with the provider organisation and with the HSC Trust in relation to the concerns arising from the inspections. RQIA have also brought these matters to the attention of the Northern Ireland Housing Executive's Supporting People programme and to the HSC Business Services Organisation (BSO).

On arrival at the service, inspectors were made aware of the circumstances of a service user who had been unsettled during the previous days and was in receipt of close supervision and support throughout the period of the inspection. Inspectors spoke with the service user and observed agency staff engaging with the service user in a professional manner. Agency staff were also noted to have engaged with HSC Trust in relation to the service user's needs and several Trust staff visited the service user on the day of the inspection.

It was concerning to note however that the acting manager advised an inspector that she had little knowledge or experience of working with individuals with a learning disability.

There were nineteen service users receiving a domiciliary care service from the agency on the day of the inspection and inspectors met with three service users and with three agency staff. As the inspection was unannounced, there were no opportunities for inspectors to meet with service users' relatives during the inspection.

Inspectors examined a range of documentation maintained by the agency and sought an update from agency staff in relation to progress made towards full compliance with the 18 requirements and two recommendations stated following the previous inspection. During the course of this inspection additional concerns arose in relation to the fitness of staff, staff induction and records maintained by the agency. These matters and subsequent actions taken are outlined in the Additional Areas section of the report.

The agency has fully met 12 of the 18 requirements stated during the previous inspections and partially met a further four requirements and these have been restated, along with two requirements which have not been met.

The agency has partially met one of the previously stated recommendations in relation to the service users' care records containing references to their human rights (Minimum Standard 1.1 *(The values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice)*).

The inspector was concerned to note that this recommendation had been made during two previous inspections. Some progress had been made in this area and the area manager and acting manager gave inspectors an undertaking to develop these records further.

In accordance with RQIA's Enforcement Policy and Procedures, an Enforcement Decision Meeting was held on 6 October 2014 to consider the agency's failure to fully meet this minimum standard. At this meeting it was decided that this recommendation should be restated for a third time and that further non-compliance in accordance with the timescale of 25 November 2014 will result in escalated enforcement action. The registered person is required to write to RQIA on or before 25 November 2014 to confirm full compliance with this minimum standard.

The agency's policy on the administration of PRN medication continues to require a review by the registered person and this recommendation has been restated.

**FOLLOW-UP ON PREVIOUS ISSUES**

<b>NO.</b>	<b>REGULATION REF.</b>	<b>REQUIREMENTS</b>	<b>ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION</b>	<b>INSPECTOR'S VALIDATION OF COMPLIANCE</b>
1.	14 (f)	The registered person must ensure that care is delivered in a manner that reflects the choices and chosen lifestyles of individual service users. This requirement relates to the need for care to be individualised.	Inspectors were advised of a range of measures in place to ensure that service users experience individualised care. The service users who participated in the inspection provided evidence of receiving support care and support that reflects their choices.	Fully met
2.	14 (e)	The registered person must provide RQIA with written confirmation that the environment is maintained in a manner that supports the privacy of individual service users. This refers to the need to ensure that privacy in people's own homes is maintained by appropriate use of internal window coverings and elimination of a window in an entrance hall that overlooks private living areas.	Following the previous inspections, RQIA received written confirmation of the agency's arrangements to ensure that the service users' environment is maintain in a manner that supports their privacy  On the day of the inspection, an inspector was invited by service users to visit the homes of two service users and noted that there were adequate measures in place to ensure that service users' privacy is maximised	Fully met
3.	14 (d)	The registered person must also liaise with the landlord to ensure the homes of service users are appropriately equipped to provide them with privacy and security. This refers to the presence of inappropriate external swing doors in one service user's home.	Following the previous inspection RQIA were advised of discussions that had taken place with the HSC Trust in relation to the appropriateness of swing doors in a service user's home. It was evident during the inspection that while these doors were still in use, the service user's private accommodation could be secured by them and that the service user was in control over who has access to their accommodation.	Fully met



4.	14(c)	<p>The registered person must ensure that care is delivered in a manner that reflects the choices and chosen lifestyles of individual service users. This requirement relates to the need to support individual service users in personalising their own homes.</p>	<p>Several service users invited an inspector to visit them in their home and during these visits it was evident that service users had been encouraged to personalise their accommodation.</p> <p>In one of the homes of service users however this was less evident and inspectors were advised of a planned meeting with service users to discuss their preferences in relation to the decoration of communal areas.</p> <p>This requirement will remain under review and has been partially met.</p>	Partially met
5.	16 (1)(a)	<p>The registered person shall provide RQIA with written assurance that arrangements have been put in place to regularly evaluate the competence of all agency staff to ensure that they are adequately skilled for the tasks which they are to perform, that an initial evaluation of competence of all staff has been carried out, and that any identified competence gaps have been addressed.</p>	<p>At the request of RQIA following the previous inspection, the agency provided written assurances in relation to the supervision and performance management systems being put in place with the Heathers.</p> <p>The arrangements in place to evaluate competence were discussed at length and the inspector examined the records of a number of competency assessments that had been undertaken since the previous inspections. These records provided evidence of the assessment of competence of all staff who have supervisory roles within the agency. It was noted that one member of staff in a team leader role had not yet had an assessment of their competency. This was disappointing to note as RQIA had been given assurances in relation to staff competency assessments in a meeting the representatives of the registered person on 13 May 2014.</p> <p>This requirement will remain under review and has been partially met.</p>	Partially met

6.	21 (1) Schedule 4	The registered person shall ensure that a clear and complete record of each instance of the supply of a domiciliary care worker is maintained in a format that is accessible. This relates to the need for clear rota records that support identification of the number and roles of staff provided at all times.	<p>The quality of the agency's records was noted to have improved significantly since the previous inspections and it was evident that considerable attention had been given to ensuring the accuracy of the records of each instance of the supply of a worker to work in the home of a service user.</p> <p>The inspector requested a register of all staff supplied or to be potentially supplied to work in the homes of service users. The agency's register had been updated in August 2014 however it did not include all of the individuals who had been supplied to work in the homes of service users. The inspector was advised that the register of staff included only those staff who were employed by Inspire Wellbeing Limited to work at The Heathers Supported Living Service. It was noted that there was a significant number of individuals employed by Inspire Wellbeing Limited and from another organisation whose details were not recorded in the register.</p> <p>It was also noted that the records had not been fully completed in all instances and that staff members' names had been shortened or their surnames omitted on some records</p> <p>This requirement has not been met and was discussed at a serious concerns meeting with representatives of the registered person at RQIA offices on 11 September 2014.</p> <p>This requirement will remain under review.</p>	Not met
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7.	14 (b) (d)	The registered person is required to provide written assurance to RQIA that they have undertaken a review of the management arrangements within the agency and ensured that the registered manager has appropriate oversight and monitoring in relation to reviewing the needs of service users.	<p>In advance of this inspection RQIA had received notification of the absence of the registered manager and an application from the acting manager to become the registered manager. RQIA had also received updates from the responsible person in relation to the management and quality monitoring arrangements.</p> <p>The acting manager advised inspectors of the review of the management arrangements within the Heathers and of the outcomes of this. The acting manager advised that she works at the Heathers on a full time basis and was in the process of recruiting an additional deputy manager and some support staff.</p>	Fully met
8.	16 (1)	The registered person shall provide RQIA with written assurance that at all times there is appropriate number of suitably skilled and experienced persons to meet the needs of the service users that have been identified by an HSC Trust.	The inspectors were advised of core staff teams for each of the homes of service users to ensure consistency of care. The agency's records reflected the expected and actual staffing levels across each of the service users' addresses and the composition of support and supervisory staff.	Fully met

9.	15 (9)	<p>The registered person is required to develop robust policies and procedures in relation to arrangements for staff to access food and drinks while on duty in a service user's home. The registered person is required to ensure that the policies and procedures directing appropriate practices are implemented and that there are arrangements in place for monitoring and implementation of these. The registered person is required to ensure that all staff have received training in the implementation of the policies and procedures outlined above. The registered person is required to provide written confirmation to RQIA that these measures have been taken.</p>	<p>Inspectors were advised by agency staff that staff do not eat any of the service users' food and that team leaders would monitor this during visits to service users' homes. Staff also advised inspectors that there is provision on the Heathers site for staff to avail of a kitchen area within the 'modular building'.</p> <p>Inspectors were advised of a NIAMH policy that had been implemented (MA7 – Staff and Volunteer Expenses) since the previous inspections.</p> <p>This policy was examined and inspectors raised concerns about the lack of clarity it affords staff when working in the service users' homes. The policy provides agency staff with a number of options, one of which is to have a meal with a service user and make a contribution. Inspectors were also advised that a local policy was under development in relation to staff meals however it was unclear when this would be implemented or how it would be monitored.</p> <p>This requirement has not been met and will remain under review.</p>	Not met
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10.	14 (d)	<p>The registered person is required to ensure that where a service user has been supported by agency staff on an outing; returned receipts clearly denote (1) the service users and the staff that went on the outing and (2) any food or drinks consumed by agency staff.</p>	<p>The agency's 'Management of Service Users' Finances Procedures' were examined and outlined the expectation that receipts are to be obtained in relation to any expenditure incurred by service users for food or drinks consumed by staff. The agency's policy sets out the amount of service user contribution towards staff subsistence when supporting service users.</p> <p>Agency staff reported that receipts of recent examples of such expenditure were held within service users' homes off site. However, an inspector was able to see within a service user's ledger the amount of the expenditure and what it referred to.</p>	Fully met
11.	15 (5) (a)	<p>The registered person is required to ensure that service users or their representatives are consulted with and fully involved in decisions impacting on proposed changes to (1) equipment necessary for supplying utilities or (2) financial arrangements for the payment of utilities supplying service users' homes.</p>	<p>Since the previous inspections RQIA have received written confirmation of the steps taken by the agency, in conjunction with the HSC Trust and the housing association to review the arrangements for the payments of utilities.</p> <p>The service users who live at one address were noted to continue to have some of their utility costs met by the landlord and make a contribution towards this.</p> <p>Other service users were noted to be in receipt of their own household utility bills and there were arrangements in place to support service users to budget for and pay these.</p>	Fully met

12.	14 (e)	<p>The registered person is required to ensure that agency staff are informed that it is no longer acceptable to document the calls which service users make on landline telephones in their own homes.</p> <p>The registered person is required to provide RQIA with written assurance that they have ceased recording details of telephone calls made by service users.</p>	<p>The service users' access to a telephone were discussed at length and it was apparent that many service users have their own person mobile phones which they use without restriction.</p> <p>However, some service users continue to rely on a landline within their home. The arrangements in place for service users to pay their share of the landline bill were discussed and it was evident that agency staff no longer record in detail the calls made by service users.</p> <p>It was acknowledged by inspectors that these service users continue to require support to calculate their phone expenses and that the use of itemised bills is the most appropriate method.</p>	Fully met
13.	15 (9)	<p>The registered person is required to ensure that a calculation is performed which details the amount of payments made by service users to the agency linked to DLA and SDP social security benefits. The registered person is required to secure repayment of the identified sums to each service user. The registered person must provide a record of repayments made to RQIA.</p>	<p>In advance of this inspection RQIA received from the registered person details of the calculation undertaken in respect of the DLA and SDP payments made by service users to the agency.</p> <p>RQIA had also been made aware of discussions between the HSC Trust and the registered person in relation to these matters.</p> <p>The registered person has not provided evidence of securing repayments of the identified sums to each service users.</p> <p>This requirement has not been fully met and will remain under review.</p>	Partially met

14.	6 (1) (b)	<p>The registered person must ensure that a clear agreement is in place between each service user, or if necessary their representative, and the agency specifying the nature and amount of any service for which the service user is charged. This requirement refers to the provision of any additional services not funded by an HSC Trust or other body, including provision of any transport service.</p>	<p>Several service users' financial agreements were examined and included transport agreements which had been signed by agency staff and by some service users.</p> <p>The agency's records provided evidence of service users' journeys being documented in detail and included the reason for the journey. However, service users had not yet been charged for any travel that had been provided to them and inspectors raised a concern in relation to the accumulation of these expenses. Inspectors were advised that while records had been maintained for some time, calculations for individual service users had not been made. Inspectors were further advised that service users would only be charged for travel undertaken since April 2014 and that monthly invoices would be issued following the first payment. A timescale for these calculations and charging arrangements to commence was not available.</p> <p>The agency's 'Service Users Transport Procedure' states that 'service users shall receive an invoice for the appropriate sum each month or bi monthly'. As service users had not received any invoices for travel expenditure, the agency's compliance with this requirement could not be fully assessed.</p> <p>This requirement has not been fully met and will remain under review.</p>	Partially met
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<p>15.</p>	<p>6 (d)</p>	<p>The registered person is required to ensure that a standard financial ledger format is used to clearly and accurately detail every transaction for each service user. Each transaction should be supported by receipts and signed by two persons. If a receipt is not available, the reason for this should be recorded. Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry.</p> <p>The registered person should ensure that staff recording entries in the financial ledgers are clear on the distinction in use between the communal ledger for each house and individual service user ledgers, training should be arranged for staff, if necessary.</p> <p>The registered person should introduce arrangements to mitigate the risk of delays in updating financial ledgers in the event of staff sickness or annual leave commitments.</p>	<p>On the day of the inspection agency staff were facilitating auditors from the provider organisation to undertake an unannounced financial inspection.</p> <p>An inspector took the opportunity to examine a number of service users' financial records in the company of the auditors and noted significant improvements in the quality of these. In particular, separate ledgers were in place for individual service users and were separate from household ledgers; transactions were recorded in a timely manner and signed by two agency staff; ledgers and balances were reconciled on daily basis by two staff; errors were appropriately identified on the ledger with a line through the entry and the staff signature entered below.</p> <p>Service users' individual receipts were stored in the individual's wallet and could be attributed to the entry in the ledger.</p> <p>Agency staff had received training in the implementation of the agency's finance procedures.</p>	<p>Fully met</p>
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16.	14 (d)	<p>The registered person should ensure that reconciliations of the monies/valuables held on behalf of service users are performed, recorded, signed and dated by two persons at least quarterly.</p>	<p>The inspectors were advised of the agency's financial audit procedures. It was evident during the inspection that service users' individual balances were being checked on a daily basis by agency staff and signed by two staff. The inspectors did not visit the service users who live at other addresses however agency staff advised that the same daily reconciliations are undertaken at these addresses and that this practice is monitored by agency management.</p> <p>The provider organisation's auditors were on site on the day of the inspection and had previously undertaken an audit in March 2014.</p>	Fully met
17.	14 (d)	<p>The registered person should ensure where cash has been deposited with the agency for safekeeping by or on behalf of a service user, there are arrangements to store each service user's money separately.</p> <p>Where the agency requests a drawdown of monies from balances held with HSC trusts or the Office of Care and Protection, there should be suitable arrangements in place to ensure that these requests are made in a timely manner to mitigate the risk of the service user having a low or zero balance of funds for expenditure.</p>	<p>Since the previous inspections, service users have been provided with separate storage of their money within their homes. The records pertaining to these arrangements clearly identified the individuals' money and there were separate tins and wallets in use for the storage of money and receipts.</p> <p>The area manager described the arrangements in place for monitoring service users' balances and advised inspectors that these include regular balance checks and timely requests for funds. Inspectors were advised of the agency's arrangements with the HSC Trust in relation to thresholds for expenditure and the authorisations to be sought from the HSC Trust.</p> <p>Inspectors were also assured by the area manager that service users' funds are not used to subsidise other service users in the event of a low or zero balance.</p>	Fully met

18.	14 (c)	The registered person in conjunction with the HSC trusts should risk assess service users' ability to manage a personal bank account independently. Structures should be put in place to support the service user to manage their bank account.	From discussion with agency staff and examination of agency records it was evident that the agency had engaged with the HSC Trust in relation to service users' ability to manage their personal bank accounts. Agency records confirmed that most service users have had their financial needs reassessed by the HSC Trust and financial support plans reflected the outcome of the assessment.	Fully met
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**FOLLOW-UP ON PREVIOUS ISSUES**

<b>NO</b>	<b>MINIMUM STANDARD REF.</b>	<b>RECOMMENDATIONS</b>	<b>ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION</b>	<b>INSPECTOR'S VALIDATION OF COMPLIANCE</b>
1.	Standard 9.4	The registered person should ensure that their medication policies and procedures are reviewed and revised as appropriate.	<p>The agency's medication policies and procedures had been reviewed in May 2014.</p> <p>The procedures for the administration of PRN medication (2010) were discussed and it was apparent that while these had been subject to some review in 2012, the revised procedures had not been issued to staff or implemented.</p> <p>This recommendation has not been met and will remain under review.</p>	Not met
2.	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records when necessary.	<p>Inspectors examined a range of care records, some of which contained general references to the service users' human rights.</p> <p>The inclusion of service users' human rights within care records was discussed with agency staff who agreed that some of the records did not accurately reflect the human rights legislation or link it directly to the specific care practices being undertaken</p>	Partially met

## **ADDITIONAL AREAS EXAMINED**

### **Fitness of domiciliary care workers supplied by the agency**

During the inspection the staffing arrangements were examined.

The records in relation to the fitness of staff reflected gaps and inconsistencies in relation to the information specified in Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The records of the use of agency staff from another organisation were examined and it was evident that 21 staff from this organisation had been supplied to work in the homes of The Heathers service users since February 2014.

The other organisation is not a registered domiciliary care agency.

The agency had been supplying individuals employed by Inspire Wellbeing Limited in another service to work in the homes of service users of The Heathers. There were no records in relation to the fitness of these staff retained at The Heathers Supported Living Service and the inspector was advised that these records would be available on request from Inspire Wellbeing Limited. The inspector was concerned to note that there was no mechanism in place for the person in charge to verify the identity of these staff prior to their supply to work with service users.

In accordance with RQIA's enforcement procedures. RQIA advised the registered person of the intention to issue notice of failure to comply with this regulation. A meeting was held with representatives of the registered person on 11 September 2014 and the agency was issued with a notice of failure to comply with Regulation 13 on 12 September 2014.

The actions required for compliance and the timescale for completion have been set out in the notice and the agency's on-going compliance with this regulation will remain under review.

### **Staffing**

The arrangements for the induction of staff were examined. It was evident that a significant number of staff who had been supplied by Inspire Wellbeing Limited had not been provided with an induction. It was also evident that four staff supplied by another organisation had not received an induction either.

In accordance with RQIA's enforcement procedures, RQIA advised the registered person of the intention to issue notice of failure to comply with Regulation 16 (5) (a) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A meeting was held with representatives of the registered person on 11 September 2014 and during this meeting RQIA were provided with a full account of the actions taken in relation to compliance with this regulation.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Irene Millar, acting 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.

Where the inspection resulted in no recommendations or requirements being made the provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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:

**Audrey Murphy**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Unannounced Secondary Inspection

#### The Heathers Supported Living Services

2 September 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 acting manager, Mrs Irene Millar 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(c)	<p>The registered person must ensure that care is delivered in a manner that reflects the choices and chosen lifestyles of individual service users. This requirement relates to the need to support individual service users in personalising their own homes.</p> <p>The agency must forward to RQIA details of their strategy to promote service users' participation and choice in personalising their accommodation.</p>	Two	<p>A meeting has been held with families, SHSCT staff, The Heathers staff, Service Users and an Independent Advocate on 18<sup>th</sup> September, 2104 regarding the personalisation of The Willows. Service users from the Willows House at the Heathers, their families/carers and SHSCT staff have been involved in the planning, choosing and purchasing of items for their home and individual choice has promoted in all cases.</p> <p>Inspire strategy to promote service participation and choice in personalising their accommodation is attached (Appendix 1 Service User Participation and Involvement Policy and Procedure).</p> <p>Inspire Procedure for the Personalisation of Service Users' Home Environment is also attached (Appendix 2)</p>	Two months from the date of inspection – 28 October 2014

2.	16 (1) (a)	<p>The registered person shall provide RQIA with written assurance that arrangements have been put in place to regularly evaluate the competence of all agency staff to ensure that they are adequately skilled for the tasks which they are to perform, that an initial evaluation of competence of all staff has been carried out, and that any identified competence gaps have been addressed.</p> <p>The agency must forward to RQIA confirmation that all staff supplied to work in the homes of service users have received a competency assessment.</p>	Two	<p>Arrangements are now in place to regularly evaluate the competency of all agency staff to ensure that they are adequately skilled for the tasks which they are to perform. This is in the form of an initial profile from the Domiciliary Care agency and contains their profile, experience to date and their training to date, (Appendix 3). Where the Heathers continue to use the particular agency worker, an updated record will be provided from the Domiciliary Care Agency on a six monthly basis.</p> <p>The agency staff member then receives a three day on the job induction which is signed off by the management staff within the Heathers (Appendix 4).</p> <p>Evaluation of the competency of all staff is carried out:          -Initially through competency based interviews prior to employment and backed up by two current and relevant references which outline previous experience          -A detailed Induction which runs concurrence to their</p>	Two months from the date of inspection – 28 October 2014
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				<p>probationary period prior to confirmation of employment          -On the job training including mandatory training          -Regular supervision (4-6 weekly)          -Specific in house training tailored to individual service user needs i.e. speech and language training in managing risks for people who have swallowing difficulties          -The newly developed Performance Management System which is currently being rolled out within the Heathers.</p> <p>Any gaps identified in staff competency are addressed through planned training interventions and performance management targets ( Written evidence of the above interventions are contained in Appendix 5)</p>	
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3.	21 (1)	<p>The registered person shall ensure that a clear and complete record of each instance of the supply of a domiciliary care worker is maintained in a format that is accessible. This relates to the need for clear rota records that support identification of the number and roles of staff provided at all times.</p>	Two	<p>A register of all domiciliary staff either permanent or agency, working within the Heathers is accurately maintained, including the staff members full name, and is now in place. This register is clear and complete and in an accessible format.</p> <p>Allocation sheets and rotas now include the full name of the staff member, whether agency or permanent, and what home/area they are allocated to work within.</p>	Immediate and ongoing
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4.	15 (9)	<p>The registered person is required to develop robust policies and procedures in relation to arrangements for staff to access food and drinks while on duty in a service user's home. The registered person is required to ensure that the policies and procedures directing appropriate practices are implemented and that there arrangements in place for monitoring and implementation of these. The registered person is required to ensure that all staff have received training in the implementation of the policies and procedures outlined above.</p> <p>The registered person is required to provide written confirmation to RQIA that these measures have been taken.</p>	Two	<p>The Meals and Expensives Policy and Procedure has been developed and clear guidance has been provided in relation to the arrangements for staff to access food and drinks while on duty in a service users home. The registered manager have received training in this policy and this has cascaded to all staff within the Heathers (Appendix 6).</p> <p>The implementation of this policy will monitored by the management staff within The Heathers and reviewed in three months.</p>	Two months form the date of inspection – 28 October 2014
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5.	15 (9)	<p>The registered person is required to ensure that a calculation is performed which details the amount of payments made by service users to the agency linked to DLA and SDP social security benefits.</p> <p>The registered person is required to provide evidence to RQIA of all steps taken to secure repayment of the identified sums to each service user. The registered person must provide a record of repayments made to RQIA.</p>	Two	<p>The Registered Manager is working with the Director of Inspire and SHSCT staff to calculate the amount of payments made by service users to the Agency linked to DLA and SDP social security benefits.</p> <p>This matter has been discussed with carers and relatives at a meeting on 09.10.14 and will be individually documented in service user care and support plans.</p> <p>The matter of DLA and SDP charging to service users is currently the subject of discussion with the SHSCT who have raised the matter with the HSCB. The Heathers staff are awaiting advice from SHSCT as to the level of service which is to be commissioned should the payment of DLA and SDP cease as there are additional care hours paid for by the service users through their DLA and SDP contributions.</p> <p>On receipt of clear direction</p>	Three months from the date of inspection – 25 November 2014.
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				<p>from SHSCT as to what level of care service is required to support the service user needs and how this service will be commissioned, the Heathers will revise their charging policy in accordance with this instruction.</p> <p>On receipt of the above the Heathers will provide RQIA with receipts as to the amount of DLA / SDP repayment made to individual service users.</p>	
6.	6 (1) (b)	<p>The registered person must ensure that a clear agreement is in place between each service user, or if necessary their representative, and the agency specifying the nature and amount of any service for which the service user is charged. This requirement refers to the provision of any additional services not funded by an HSC Trust or other body, including provision of any transport service.</p> <p>This requirement refers to the introduction and frequency of charges for transport provision</p>	Two	<p>Service Users have received communication from Inspire explaining the process for travel charges. A clear agreement is in place with each service user that needs to be transported in a staff vehicle.</p> <p>Invoicing will be issued from 1<sup>st</sup> November 2014 with charges made retrospectively from 1<sup>st</sup> October 2014 for each month.</p>	Three months from the date of inspection – 25 November 2014

7.	13	<p>The registered manager shall ensure that no domiciliary care worker is supplied by the agency unless -</p> <p>(a) he is of integrity and good character;</p> <p>(b) he has the experience and skills necessary for the work that he is to perform;</p> <p>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>	One	<p>A detailed procedure has been written up to ensure that the person in charge of the Heathers has clear guidelines to ensure that any domiciliary care worker supplied to work in the Heathers all matters specified in Schedule are fully met.</p>	<p>In accordance with the timescale outlined in the failure to comply notice - FTC/DCA/12082/2014-2015/1 – 29 September 2014</p>
8.	16 (5) (a)	<p>Where the agency is actin otherwise than as an employment agency, the registered person shall ensure that –</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days;</p>	One	<p>All staff supplied to work at the Heathers are provided with appropriate structuredon the job induction training lasting a minimum of three full days. (Appendix 4)</p>	<p>Immediate and ongoing</p>

**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.	9.4	The registered person should ensure that their medication policies and procedures are reviewed and revised as appropriate.	Two	The medication policy and procedure was reviewed and revised. The registered manager received training on the revised policy on 24.10.14. The training has been cascaded to all staff within the Heathers.	Two months from the date of inspection – 28 October 2014
2.	1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records when necessary.	Three	All Service User files have been reviewed and The Heathers staff are working with care management staff from SHSCT to update all care and support records to reflect their Human Rights.	Three months from the date of inspection – 25 November 2014.  The registered person is required to write to RQIA on or before 25 November 2014 to confirm full compliance with this minimum standard.

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Irene Millar
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Peter McBride

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	✓	Audrey Murphy	21 November 2014
Further information requested from provider			