



The Regulation and  
Quality Improvement  
Authority

## SECONDARY INSPECTIONS

**Inspection Number:** 17577, 17725, 18172 & 18668

**Establishment ID No:** 12082

**Name of Establishment:** The Heathers Supported Living Services, Armagh

**Dates of Inspections:** 7, 11, 20 March 2014 & 27 May 2014

**Inspectors' Names:** 7 & 11 March 2014 - Jim McBride & Rhonda Simms  
20 March 2014 - Briege Ferris & Joanne Faulkner  
27 May 2014 - Joanne Faulkner

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**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>	07540049329
<b>E mail Address:</b>	manager.heathers@oaklee.org.uk
<b>Registered Organisation / Registered Provider:</b>	Inspire Wellbeing Limited Miss Rose Anne Reynolds
<b>Registered Manager:</b>	Mr Dirk Peter Halfenberg
<b>Person in Charge of the agency at the time of inspections:</b>	Ms Joyce Comings, Team Leader, 7 March 2014 Mrs Diane Taylor, 11 March 2014 Mr Dirk Halfenberg, Registered Manager, 20 March 2014 Ms Emma Taylor, Deputy Manager, 27 May 2014
<b>Number of service users:</b>	18
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 4 July 2013
<b>Date and type of inspections:</b>	Unannounced, 7 March 2014, 6:20 pm - 8:30 pm Announced, 11 March 2014, 9:30 am - 1:00 pm Announced, 20 March 2014, 10.00 am - 6.00 pm Unannounced, 27 May 2014, 10.00am -11.00am
<b>Name of inspectors:</b>	Jim McBride (Care Inspector), 7&11 March 2014 Rhonda Simms (Care Inspector), 7&11 March 2014 Briege Ferris (Finance Inspector), 20 March 2014 Joanne Faulkner (Care Inspector), 20 March 2014 Joanne Faulkner (Care Inspector), 27 May 2014

## **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 three inspections carried out to assess aspects of the quality of services being provided.

## **1.1 PURPOSE OF THE INSPECTIONS**

The inspections were carried out to follow up on specific concerns that had been highlighted in a Serious Adverse Incident Report received by RQIA on 19 February 2014, relating to an incident that had occurred on 6 and 7 September 2013.

The aim of the inspections was 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 (Revised 2011)

## **1.2 PROFILE OF THE SERVICE**

The Heathers Supported Living Service, Armagh (The Heathers) provides domiciliary care (supported living) to eighteen people with a learning disability, some of whom live in houses located alongside the agency office, while others live in houses elsewhere in the community.

The area manager confirmed during the inspection on 7 March 2014 that care is provided by 52 care staff and can include assistance with personal care, activities of daily living, maintaining a tenancy, involvement in the local community, with the overall goal of promoting independence and enhancing quality of life.

Both the Southern HSC and Belfast HSC Trusts commission care for service users of The Heathers.

The service users have a tenancy with Oaklee Housing. Until 10 March 2014, the domiciliary care service was provided by Oaklee Care and Support Services. From that date onwards, the domiciliary care has been provided by Inspire Wellbeing Limited, a joint venture between Oaklee and the Northern Ireland Association for Mental Health.

Reference is made throughout the report to the registered manager and the area manager. The registered manager is Mr Dirk Halfenberg and Ms Diane Taylor is the area manager, with responsibility for the management of The Heathers on a daily basis. It should also be noted that Mr Dirk Halfenberg was also the registered manager of The Heathers domiciliary care agency prior to Inspire Wellbeing Limited assuming responsibility for this service.

### **1.3 INSPECTION PROCESS 7, 11, 20 March 2014 & 27 May 2014**

The specific focus of the unannounced inspection of 7 March 2014 was to examine staffing arrangements and care practices within the agency.

The inspectors in attendance were concerned to note that on reviewing staff rotas, there was significant difficulty in deciphering the information and therefore assessing whether the delivery of staffing was appropriate for the needs of the service users.

Consequently a further visit to The Heathers was scheduled for 11 March 2014 to examine related aspects of arrangements for providing care.

Following the inspections of 7 & 11 March 2014, inspectors remained concerned about staffing levels, the adequacy of staff training; possible inappropriate charging of service users and concerns that service users' safety and freedom from abuse could not be assured. These concerns were shared with the Southern HSC Trust (SHSCT). Apparent staff shortages were hard to confirm owing to the complexity of staff rota records.

As a result of the outcomes of the first two Inspections of The Heathers, RQIA liaised with the host trust, SHSCT, in order to relay concerns relating to the care of individuals referred by the Trust and a meeting took place on 11 March 2014 to discuss the issues. Following the meeting, the SHSCT provided RQIA with documents and correspondence in respect of expected staffing levels to meet the needs of service users supported by The Heathers Supported Living Service, as this was a key concern arising from the two visits to the scheme by RQIA inspection staff.

The information provided by the SHSCT detailed the expected staffing levels within each house served by The Heathers Supported Living Service, broken down to detail the number of staff who should be on duty across the various shift patterns, in the different locations at which care was provided. At a further meeting between an RQIA senior manager and a senior manager of the SHSCT held on 20 March 2014, the SHSCT confirmed the spreadsheet information as an accurate statement of service to be delivered to meet service user needs.

A decision was taken by RQIA to arrange a third inspection of The Heathers to examine in more detail the arrangements for the provision of appropriate levels of staffing, based on the information contained within the spread sheet, outlining the assessed needs for staffing support provided by the SHSCT above.

The third Inspection of the agency took place on 20 March 2014, with both care and finance inspection staff in attendance.

All visits to the homes of service users occurred after they had given the inspectors permission to visit their homes.

**Areas examined during the inspection visits:**

1. Care practices, including
  - Care plans
  - Risk assessments
  - Referral information
  - Restrictive practice assessments
  - Medication procedures/training
  - Quality monitoring visits (monthly)
  - The impact of aspects of the physical environment of The Heathers on service users
  - Exploration of the potential provision of day care within the grounds of The Heathers and an examination of any associated costs to service users
  
2. Staffing arrangements, including
  - An examination of adequate staffing levels
  - The supply of staff from another domiciliary care agency
  - Staff training
  - Supervision records
  
3. Service users' finances, including
  - Arrangements for service users to pay their utility bills
  - Service users' financial agreements and financial records
  - Transport arrangements in place for service users

### Timeline of Inspection Process

Date	Comments
19 Feb 2014	Investigation report on Serious Adverse Incident received by RQIA from Southern HSC Trust
4 March 2014	Meeting held between RQIA and Designated Responsible Officer (identified by HSC Board)
7 March 2014	Unannounced Inspection of The Heathers Supported Living Service
11 March 2014	Follow up inspection of The Heathers Supported Living Service
11 March 2014	Meeting between RQIA and Southern HSC Trust representatives
20 March 2014	Follow up inspection of The Heathers Supported Living Service
20 March 2014	Meeting between RQIA and Southern HSC Trust representatives
13 May 2014	Meeting between RQIA and Inspire senior management to discuss RQIA's serious concerns about the service
14 May 2014	Meeting between RQIA and Inspire representatives at which representatives presented additional staffing information
23 May 2014	Intention to issue failure to comply notice meeting held between RQIA and Inspire representatives. RQIA decided not to issue notices
27 May 2014	Follow up inspection of The Heathers Supported Living Service

## 1.4 INSPECTION SUMMARY

In the course of the four inspections carried out between 7 and 27 May 2014, significant concerns were identified about the operation of The Heathers Supported Living Service. These included:

- Staffing levels: SHSCT managers identified to RQIA the expected staff levels necessary to meet the needs of the people using this supported living service. RQIA have analysed the staffing levels delivered at times since the service started operating and, on the basis of records available on inspection, established a consistent significant shortfall in staffing levels, at times showing a deficit of over 40% of the total expected staffing levels for care and support.
- Roles and responsibilities of staff in charge of the agency: there was an apparent lack of understanding of the roles and responsibilities of staff left in charge of the agency.
- Charging for care: Arrangements are in place to charge the users of this supported living service against disability-related benefits, which appears to be contrary to longstanding DHSSPS guidance.
- Agreed services: The agency could not demonstrate that service users received an identifiable service for payments that they were personally making.
- People's needs: Statements were made by agency managers that the needs of people using this service do not change. This is of concern, particularly because a number of people accessing this service have moved out of long term hospital care.
- Privacy and dignity: The arrangements for delivery of care did not adequately reflect consideration for the privacy and dignity of people living in their own homes. This was particularly evident in one person's home where an observation window overlooked the lounge. This window was in a shared hallway where the entrance to the office was situated. In two persons' homes, living areas had no window coverings.

The inspectors have identified a number of areas that the registered person needs to review and make changes. A number of requirements have been outlined within the quality improvement plan attached to this report.

This inspection has highlighted serious areas of concern about the safety and quality of this service. A number of these concerns have been raised with relevant HSC Trusts and DHSSPS.

It should be noted that responsibility for this service was only assumed by Inspire Wellbeing Limited on 10 March 2014, during the sequence of inspections that led to this report. For this reason, and on the basis of assurances provided by the registered person, RQIA has decided not to issue Failure to Comply Notices to the provider at this time.



## 1.5 INSPECTION FINDINGS

### Inspection Focus 1: Care Practices

#### Inspection of 7 March 2014

The inspectors noted that care plans in place for each service user described the type and amount of care required in line with their initial assessment and referral information provided by the HSC Trust; this was also verified by the team leader on duty.

The inspectors noted that each care plan included:

- The number of care hours allocated to each individual
- The care needs/requirements of each individual

The inspectors noted that risk assessments were in place for the three service users whose care plans were examined. It was also noted that review records were in place and included action plans recorded for each individual.

It was noted by the inspectors that the HSC Trust referral information was in place for the three service users whose care plans were examined. This was also verified by the team leader and staff, who stated they were aware of the service users' care needs and had the information necessary to care and support individual service users.

It was noted by the inspectors that restrictive practice procedures in place were as specified within the HSC Trust assessments.

This was verified by the team leader on duty who also stated "All assessments are being updated and reviewed by the agency in light of the new documentation in place from the new provider organisation". Some records reflected completion of updated assessments using the Inspire Wellbeing Limited templates, while others were still to be completed using the new documentation.

The inspectors discussed with staff whether they considered that the restrictive measures in place for some individuals were the least restrictive and most suitable to the care and support needs of individuals whilst also ensuring their safety and wellbeing. The staff stated that current practices were appropriate and specifically described the practice in place for one individual and the reason restrictions were in place to ensure their wellbeing.

Information provided by staff about care needs was consistent with the individuals' care plans provided by the HSC Trust which were examined by the inspectors. The team leader stated "We take the referral information and devise a care plan in line with information provided".

The inspectors discussed with staff members whether there was any current service user for whom any restrictive practice might be necessary to ensure the safety of him/her or that of others, but not be currently in place. Staff interviewed stated that they did not think that there were any situations where an additional restriction would

be necessary. Staff members were clear about how they would highlight any change in a service user's needs to a senior staff member.

The administration of medicine procedure was read by the inspectors who noted that it was last reviewed on 29 February 2012 and not due to be reviewed before 1 March 2015.

During discussions with the inspectors, one new staff member stated "I do not administer medication as yet, as I have not received training". Other staff interviewed stated they do administer medication and that they have received training and competency assessments.

The administration of PRN medication procedure was read by the inspectors who noted it was last reviewed on 31 December 2010 and was due to be reviewed before 31 December 2013.

**Recommendation 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.**

The issue of staff training is addressed later in the report as part of the staffing arrangements.

#### **Inspection of 11 March 2014**

The inspectors reviewed a number of records including those related to:

- staff training, including online training provision
- staff supervision
- staffing levels for the agency on the day of inspection and the forthcoming weekend and
- monthly quality monitoring

The inspectors examined monthly quality monitoring records dating from August 2013 to March 2014.

The inspectors evidenced the following within the records:

- Discussion with service users
- Discussion with relatives
- Discussion with the HSC Trust
- Action plans

The inspectors noted that aspects of the care plans reflected an institutional model of care and lacked a holistic person centred approach. This was discussed with the team leader who stated that "All care and support plans are under review and will be less medical looking."

**Recommendation 2 is listed in the QIP in respect of this finding.**

One member of staff discussed with the inspectors their inability to provide one to one care and support to individual service users as directed by the HSC trust care plan. The staff member expressed concern that the care approach focuses on meeting needs of the group as a whole, rather than on the needs of individuals.

**Requirement 1 is listed in the QIP in respect of this finding.**

The remaining matters referred to above are addressed in a subsequent section of the report under Inspection Focus 2: Staffing.

**Inspection of 20 March 2014**

Discussion between one of the inspectors and the area manager revealed that a number of the service users were at home at the time of the visit. The inspector enquired if permission could be obtained from the service users to visit their homes as she would like to speak with some of the service users. The area manager obtained consent from the service users in two of the houses within The Heathers scheme and subsequently the inspector visited and spoke with a number of service users in their homes.

**Visit to Blossom Cottage**

One of the inspectors visited the home and noted that the entrance was shared between The Heathers' office and the main door to the service users' home. The home is shared by four service users. The inspectors observed three staff on duty and spoke to two service users during the visit.

On entering the building, the inspector observed a window in the entrance hall (which was shared with the scheme office), which permitted full visibility into a service user's lounge. The inspector noted a sheer curtain was in place however this did not provide adequate privacy for the service user from those entering or exiting the building, either to visit service users or the scheme office. The area manager confirmed the window had been designed to enable staff to observe the lounge, however, stated it was not used for this purpose.

The inspector advised that alternative arrangements should be introduced to ensure the privacy of those using the lounge in their own home.

**Requirement 2 is listed in the QIP in respect of this finding.**

On entering the service users' home, the inspector noted that there were swing doors to the left which lead to one service user's living area: these doors did not appear to be lockable. The inspector observed an overhead tracking hoist in place; however on discussion with the area manager, it was confirmed that due to the decrease in the care needs of the service user this was no longer required.

The inspector was concerned that the swing doors did not provide adequate security and privacy within the service user's home and that equipment that was no longer required was still in place.

**Requirement 3 is listed in the QIP in respect of this finding.**

The inspector was shown two lounges: one of which was noted to have only a few pieces of furniture and no evidence of any personal items. The inspector noted that the window had no curtains in place, the hall was also sparsely decorated and walls did not appear to have any decoration or personalisation.

The inspector spoke to one of the service users who stated that they enjoyed living at The Heathers. The service user also said they were supported to do their own washing and ironing and were involved in preparation of their own meals.

The registered person should review the adequacy of their arrangements to support and encourage service users to decorate the walls and rooms with colours and soft furnishings of their choice to enable a more homely atmosphere to be developed.

**Requirement 4 is listed in the QIP in respect of this finding.**

#### Visit to Primrose

The inspector observed one staff member on duty and spoke with two service users. One of the service users was sitting in a small lounge and was being supported to do ironing, another service user was sewing in their flat. Both of the service users who spoke with the inspector, stated that they enjoyed living at The Heathers.

The inspector noted curtains hanging on a coat hanger in the lounge but no curtains were in place on the windows. The service user whom the inspector spoke was unable to confirm who the curtains belonged to. The lounge could be viewed from the parking area at the front of the building and by those entering or exiting the building.

The inspector was concerned that service users were not being assisted to put measures in place that would support their right to privacy, dignity and family life.

**Requirement 2 is listed above the QIP in respect of this finding.**

#### Sunshine Club

The inspectors visited the "Sunshine Club", a separate building located on the same site as service users' houses within The Heathers complex. The area manager informed the inspectors that the facility which had been in operation for five weeks, (between the hours of 09:30 and 12:30), was for the use of the service users who resided in Blossom Cottage and Willow Cottage only.

The area manager also stated that there were plans for the main scheme office to be relocated to this building in the near future. The inspectors noted the building had one room presently used for craft activities, and a larger room with a table and chairs which the area manager stated had been used for a party recently. She also stated that she was keen to explore opportunities to organise dance classes.

The inspectors observed a fully equipped kitchen and noted a medicine fridge in place. The inspectors queried the purpose of the fridge and were informed by the area manager that the fridge was broken and not in use.

The inspectors were informed by the registered manager that Oaklee had built the Sunshine Club. The registered manager stated that the SHSCT had stipulated that day care provision would not be made by the trust for the eight new service users within The Heathers who had been resettled from long term hospital placements. The registered manager clarified that it had been made clear by the SHSCT that it was the responsibility of the agency to provide day care services for these eight service users.

He also stated that the initial service users of The Heathers supported living service, who had previously been residents in The Heathers residential care home, attend Appleby Social Education Centre. Inspectors were advised that these service users do not access the Sunshine Club.

The inspectors highlighted that the term “day care” had been recorded in the financial ledgers by staff, which appeared to contrast with the area manager’s earlier statement that the Sunshine Club was an activities centre and not day care provision.

The area manager stated that this related to the Sunshine Club; however she remarked that that she consistently reminded staff about the terminology used (i.e.: day care) when describing the Sunshine Club.

In contrast to the remarks by the registered manager, the area manager informed the inspectors that the Sunshine Club was not a day care facility and described it as an “activities centre”, which service users could visit if they chose to. It was evident that the registered manager and the area manager did not have a consistent understanding of the nature of the service being provided to service users of The Heathers by the Sunshine Club.

The inspectors queried the cost to the service users for utilising the Sunshine Club and were informed by the area manager that the eight service users only pay for their own individual craft materials, and that no other charges are incurred.

A review of the individual financial ledgers for service users evidenced payments for “box and wipes for day care”, and “out for Sunshine Club float”, £3.00-£6.00 per service user. The area manager confirmed that these charges related to the purchase of craft materials for the service users for their individual use. She also stated that these amounts would be used to purchase cups, plates and cutlery for use within the Sunshine Club by the service users. Inspectors were concerned to note that service users could be funding the provision of equipment for use within the Sunshine Club building.

The financial ledgers also detailed charges in respect of “taxis to the Sunshine Club”. As noted above, the Sunshine Club building is in the grounds of The Heathers Supported Living Service agency office. The area manager clarified that these charges related to a former time when the Sunshine Club was located in the agency’s previous office premises in the Armagh business park, and therefore service users had to travel by taxi to attend. It was unclear whether there had been any discussion or agreement with service users or their representatives in respect of

the associated costs with attending the former Sunshine Club, located within Armagh Business Park.

Given the lack of clarity about the nature of the Sunshine Club, a further RQIA inspection was carried out on 4 June 2014. This inspection has determined that the Sunshine Club is operating as an unregulated day centre. The provider will be required to either apply to register this service, or to cease providing day care.

## **Inspection Focus 2: Staffing arrangements**

### **Inspection of 7 March 2014**

The inspectors interviewed five of the support staff and the team leader in charge of the service on the day of inspection.

A range of documents were examined during the inspection including:

- Staffing rotas for the 7, 8 and 9 of March 2014
- Care plans in place relating to three service users
- Risk assessments relating to three service users
- Referral information relating to three service users
- Restrictive practice assessments in place relating to two service users
- The administration of medicine procedure
- The administration of PRN medication procedure

The inspectors discussed with staff the arrangements in place for staffing the agency over the upcoming weekend. On the basis of the information about staffing levels and service users' needs provided by staff, the inspectors concluded that the arrangements in place for staffing within the service appeared adequate to meet the immediate needs of service users.

The inspectors discussed the arrangements for senior cover in emergencies across the locations where the service is delivered. Staff confirmed that the team leader on duty would go to where the crisis had occurred; however staff members expressed a concern that in these circumstances, other service users may not have adequate staffing provision.

The inspectors noted that the rota detailing the number of permanent staff was in place for the period discussed. The rota included one member of staff provided by another domiciliary care agency. During the inspection, the team leader advised the two RQIA inspectors that she and five support workers were on duty. Subsequently at a meeting with RQIA staff on 14 May 2014, Inspire representatives advised that there had been eight support workers on duty. This contradicted the inspectors' findings.

It is of concern that the inspectors' findings and staffing information provided at different times cannot be reconciled.

The staffing information initially provided by the SHSCT indicated that the staffing complement for the time that the inspection was carried out should have been 12.5

members of staff across the scheme. This would indicate a significant shortfall in the provision of staff.

The use of domiciliary care staff from another agency was explored. The inspectors concluded from both a review of staff rotas and discussion with staff members that use of staff from another domiciliary care agency was limited within The Heathers. It was noted that full and satisfactory information was in place for staff from the other domiciliary care agency, including induction and identity records as required; this was also verified by the team leader. The inspectors discussed the arrangements for training with staff on duty. One member of staff supplied by another domiciliary care agency advised the inspector that they had found online social care training inadequate as a form of training delivery. Use of online training delivery was explored in more depth by the inspectors during the visit to the agency on 11 March 2014, as detailed below.

### **Inspection of 11 March 2014**

The Area manager of the service and two of the support staff on duty were interviewed.

A range of documents were inspected during the inspection including:

- Staff training logs for four staff
- The staff rota for the 11 March 2014 and the following week
- Supervision records

The inspectors also examined the online training records of four staff which evidenced that the following training had been completed:

- Challenging behaviour
- Protection of vulnerable adults
- Medication capacity assessments

The manager stated that online training is only used as part of training in core competencies, records relating to which were examined by the inspectors. The manager also stated that staff must now have an achievement level of 75% from online training. The competency statements in these training areas were found to address key practice areas within these topics.

The inspectors interviewed two staff who confirmed they had received training and induction. These staff described their previous training and also stated that:

- They had worked with the service users before and felt prepared for the work
- Induction lasted one day shadowing two other Heathers staff
- They do not work with service users alone or administer medication until they are fully trained
- They do not rate online training highly
- One staff member from another agency would like to complete RESPECT and MAPA training (in restrictive practices), recognising that the appropriateness of

using these methods of restraint was in line with some service users' assessed needs.

The inspectors examined records which demonstrated that supervision had taken place for all staff covering the period 1 September 2012 to 30 September 2013 and 2 December 2013 to January 2014.

Discussion with the area manager confirmed plans that from 1 April 2014, the supervision of staff will move from three monthly to six weekly and will include new documentation. It was noted from current supervision template that staff are asked: "Do you feel you retain your core competences for your role?" in relation to:

- Medication
- Infection control
- Vulnerable adults
- Food hygiene
- First aid
- Service users money
- RESPECT training

While the inspectors noted that this was a tick box section in the supervision document, the area manager confirmed that staff had the opportunity to discuss further training if required. Inspectors noted that there did not appear to be an arrangement in place for the area manager to assess staff competence in a number of these areas.

**Requirement 5 is listed in the QIP in respect of this finding.**

Discussions with the area manager confirmed that on 11 March 2014, The Heathers currently had:

- Six support workers and one team leader on annual leave
- Two staff on maternity leave
- Two staff on sick leave

The area manager advised that shifts were being covered both by their own staff and staff from another domiciliary care agency. She further stated there were enough staff to meet the needs of service users. It should be noted that this evaluation of staff provision is in contrast to the records provided during the inspection of 20 March 2014, but was consistent with staffing information provided by Inspire representatives during a meeting with RQIA on 14 May 2014.



**Inspection of 20 March 2014**

The inspectors met with the registered manager and area manager and were provided with a range of staffing records. Inspectors were told that these records represented the delivered staff rota. It should be noted that the Domiciliary Care Agencies Regulations (NI) 2007 require that a record is retained in the agency premises of the details of each supply of a domiciliary care worker to a service user.

Subsequently, in meetings held with RQIA on 13 and 14 May 2014, Inspire representatives presented different information which they advised represented more accurate staffing information.

The area manager advised the inspectors that the staff on duty on 20 March 2014 at 15:30 (late shift) comprised 10 support staff. Subsequent cross-referencing of this with staffing information provided by the SHSCT indicated that the staffing complement for this time of day should have been 12.5 members of staff across the scheme. This indicates a significant shortfall in the provision of staff. It was unclear whether the 10 staff on duty at this time included a team leader.

Inspectors reviewed a sample of staff rotas and noted that specific working hours for each individual staff member are not reflected in the staff rotas; reference is made only to a complex set of abbreviations to detail shifts worked by staff.

**Requirement 6 is listed in the QIP in respect of this finding.**

**Analysis of Staffing Information Provided to Inspectors**

The inspectors discussed staff rotas with the registered manager and area manager, who provided full access to all of the necessary documents. The area manager advised during this discussion that rotas were prepared two weeks in advance.

In order to assess the level of staffing being delivered against expected levels, the inspectors selected several periods across the life of the scheme to sample the adequacy of staffing levels:

<b>2012</b>	<b>2013</b>	<b>2014</b>
17/09/12-23/09/12	12/08/13-18/08/13	17/02/14-23/02/14
24/09/12-30/09/12	19/08/13-25/08/13	24/02/14-02/03/14
01/10/12-07/10/12	26/08/13-01/09/13	03/03/14-09/03/14
08/10/12-14/10/12	02/09/13-08/09/13	10/03/14-16/03/14
-	09/09/13-15/09/13	17/03/14-24/03/14

The inspectors requested and were provided with what was described as copies of staff rota information for these periods.

The RQIA inspectors compared this staff rota information with a spreadsheet provided by the SHSCT that set out staffing level expectations for this service. Inspectors were concerned to note a high number of instances where the hours of care delivered by staff within The Heathers appeared to fall substantially short of expected levels set out within the spreadsheet detailing the SHSCT's expectation of care delivery to meet the needs of these service users.

Table 1 sets out a selection of days when the information provided by Inspire on 20 March 2014 suggests that shortages in delivery of care and support hours occurred, together with total shortage figures for the weeks reviewed.

Inspectors were concerned to note an apparent increase in shortages between September 2013 and March 2014.

A number of assumptions were made in interpreting the staff rota:

1. All staff time is devoted to providing personal care rather than support.
2. A team leader on shift represents 0.5 full time equivalent domiciliary care worker provision (confirmed to RQIA by the area manager by telephone on 4 April 2014). This contradicts information provided by a member of staff to an RQIA inspector on 7 March 2014, who stated that the team leader on duty is supernumerary.
3. The agency's record of a "float" member of staff represents 1 full time equivalent
4. The area manager informed the inspector by telephone on 26 April 2014, the term DC on rota represented Day Care (sunshine club), and stated 15hrs per week (Monday to Friday 09:30 -12:30) was delivered by one support worker; however the inspectors noted the rota records the total hours as 13.75hrs per week. These hours have not been included in RQIA's analysis of staffing.

The inspectors discussed the detail of the staffing information provided by the SHSCT, which was in spreadsheet form, with both managers. In the course of the inspection on 20 March 2014, the area manager confirmed that the actual staffing levels were determined by the detail on the spreadsheet provided by the SHSCT. In discussing the basis for the information detailed in the spreadsheet, the area manager stated that she was not privy to the calculations that established the number of hours to be delivered but confirmed that the hours on the sheet represented the trust's expectations of provision.

She also stated that all service users paid the same for services. In addition, the area manager commented that the spreadsheet represented a business agreement, the amount agreed by the trust at the time that some service users took up tenancies in these houses.

The inspectors noted that this document dated back to the commencement of the service and may therefore not reflect the level of care/support which the service users currently required at the time of the inspection. The inspectors queried whether there had been any review of the service users' needs and how the spreadsheet would reflect any increase or decrease in the needs of service users. The area manager stated that the staffing information on the spreadsheet might not be flexible enough to meet the needs of the service users.

The registered manager stated that no reassessment of individuals' staffing needs had occurred and that the hours were not individualised. He stated that this arrangement was a block contract from the trust and that it would be difficult for him to say with precision the amount of hours being provided.

The inspectors were also concerned to note the registered manager's further comment that the service users' needs would not change and that they would continue to need the same level of care. The inspectors asked the registered manager to reflect on the circumstances of one service user whom one of the inspectors had met earlier during the inspection. The area manager had previously confirmed that the needs of this service user had greatly diminished during their time as a tenant in The Heathers and that this individual was now significantly more independent.

**Requirement 7 is listed in the QIP in respect of this finding.**

The inspectors reviewed the hours detailed on the spreadsheet for another service user which confirmed that an allocation of 21 hours of care and support should be provided to the service user per day. The inspectors queried whether this service user was availing of this amount of care and support. The area manager stated that she was unclear about this and that at times this service user does not receive 21 hours service provision. However, the area manager stated that at times this service user would need this level of care to meet their needs.

The inspectors asked the area manager, who managed staff rotas for the agency, whether the rotas of hours delivered would reflect the hours detailed on the spreadsheet. The area manager stated that it did reflect the hours delivered, although on some days it might not if a staff member phoned in sick.

**Requirement 8 is listed in the QIP in respect of this finding.**

Using assumptions based on the records retained in the agency and inspected on 20 March 2014, RQIA calculated high levels of apparent staff shortfall, for example in one week the shortage reached 410 hours with some days reflecting only 50% of the identified staff requirement.

Significantly different staff rota information was provided by Inspire on 13 and 14 May 2014.

On the basis of the conflicting information, RQIA is unable to conclude whether the staffing levels were adequate during the period considered. The records retained in the agency detailing the supply of domiciliary care workers were inadequate and misleading.

The inspection of the sunshine club on 4 June 2014 has raised concerns that an indeterminate amount of staff allocated to provide care and support within service users' homes has been used within the unregistered day care service. It is unclear whether this practice compromises arrangements for meeting people's assessed needs within their own homes.

Taking into consideration the difficulties in confirming staffing arrangements, RQIA has requested the Southern HSC Trust consider the possible under staffing of this service as potential neglect with adult safeguarding arrangements.

## **Developments since 20 March 2014**

A serious concerns meeting took place on 13 May 2014 between RQIA and representatives of the registered person to address RQIA's concerns about staffing levels. At this meeting, representatives of the registered person presented significantly different staffing information. It was agreed that a further meeting would be held the following day to discuss staffing information and explore the agency's own analysis of any staffing shortfalls conducted to that point.

During this meeting, representatives of the registered person provided RQIA with copies of what was described as the accurate rotas of staffing provided for February and March 2014.

An analysis of these rotas for March 2014 identified that there was no team leader cover on a late shift on 18 March 2014. The area manager advised that she had worked this shift as a Team Leader, although she acknowledged that this was not recorded on the "hours delivered" rota information sheet. This meant that an instance of the supply of a domiciliary care worker had not been recorded.

During the same meeting, rota information for 7 March 2014 was also examined. A staff member was recorded as having been on duty on a late shift at Willow Cottage. However, during the inspection on 7 March, the Team Leader advised the RQIA inspectors that this staff member had been working in Mullinure Road. Again, the details of the supply of a domiciliary care worker staff had not been adequately recorded.

As a result of these concerns, representatives of the registered person were invited to a meeting with RQIA on 23 May 2014, where two potential failure to comply notices were discussed.

During this meeting, representatives of the registered person outlined arrangements to re-assess the competency of the team leaders working in The Heathers. It was noted that new methodology had been developed and was already being implemented to facilitate these re-assessments. During this meeting, RQIA were provided with assurances that the initial competency re-assessments of the team leaders working in The Heathers would be completed by Friday 6 June 2014. It was also agreed that representatives of the registered person would inform RQIA in writing on or before Friday 6 June 2014 to advise that this process had been completed.

At this meeting, representatives of the registered person outlined proposed documentation to contemporaneously and accurately record the details of each supply of a domiciliary care worker to a service user. It was agreed that this record should detail the names of individual domiciliary care workers and their role, the locations where they have worked and the times during which they have been on duty.

Representatives of the registered person provided RQIA with an undertaking that this documentation would be operational within the service before the close of business on Friday 23 May 2014.

## **Inspection 27 May 2014**

An unannounced inspection of the service was carried out on 27 May 2014. At this inspection, the inspector noted that updated team leader shift handover documents were in place within the service from the evening of 23 May 2014. This documentation clearly identified staff on duty for each shift and the services users' home they were allocated to. The deputy manager informed the inspector that staff come on duty and report to the team leader. She added that there are occasions when the staff are required to move from their allocated area in order to suit the requirements of the service and meet the needs of the service users and that this is recorded.

The table below details additional information provided by the agency to RQIA following the inspections of the service on 7, 11 and 20 March 2014. Significant revisions have been made in respect to information on the role and duties of the team leader and to the assumptions around the use of a spreadsheet used to determine staffing levels within the agency.

Additional information was presented or referred to during meetings between representatives of the registered person and RQIA in May 2014, which was not presented or referred to in any previous correspondence or discussions.

The failure of agency management to provide clear and consistent information has raised concerns about the competency of senior staff and management within the service and has weakened RQIA's confidence in the leadership of the service.

Information	The role and duties of the team leader	The use of the staffing/dependency spreadsheet
7 March 2014	Inspectors informed by team leader that the role of the team leader was supernumerary	
20 March 2014		<p>The area manager confirmed that the actual staffing levels were determined by the detail on the spreadsheet provided by the SHSCT.</p> <p>Representatives of the Southern Trust met with RQIA and confirmed that the spreadsheet accurately reflected their expectations of staffing requirements within the service.</p>
26 March 2014	<p>The area manager informed the inspectors by telephone that that team leader represented</p> <p>“0.5...was the lead on shift and may assist in the property (they were) allocated to”</p>	
4 April 2014	<p>The area manager informed inspectors by telephone that the team leader was</p> <p>“supernumerary to a point but counted as 0.5 for the numbers”</p>	
14 May 2014	During the meeting held with representatives of the registered persons on 14 May 2014 the area	During the meeting held with representatives of the registered persons on 14 May 2014 the

	<p>manager stated that the team leader was not supernumerary and represented one full-time equivalent i.e.: “0.5 in one house and 0.5 in another house”</p> <p>The area manager also provided new information in this meeting in relation to additional documents used to record staffing in The Heathers. It was noted that inspectors had not been provided with this information until 14 May 2014.</p> <p>The area manager stated that:</p> <p>The rotas which were provided to RQIA must be considered alongside another document used by the team leaders in the service. The area manager stated that this document was called a “team leader allocation sheet” and was used to ensure that there was sufficient staff on duty at the beginning of each shift. The area manager did not bring an example of this document to the meeting. This document had not been made available during the previous inspections of the agency.</p> <p>The area manager provided new information about the abbreviations used on the staff rotas provided to RQIA. This conflicted with information which had previously been provided by the agency to RQIA.</p>	<p>area manager stated that the staffing required according to the spreadsheet should be adjusted to reflect any tenant vacancies in the service.</p> <p>This conflicted with information which had previously been provided by the agency to RQIA.</p>
<p>29 May 2014</p>	<p>During the meeting held with RQIA on 29 May 2014, representatives of the registered person stated that the team leader accounted for</p>	<p>During the meeting held with RQIA on 29 May 2014, representatives of the registered person stated that during a recent meeting held with</p>

	“one whole time equivalent but that the agency would be moving away from this in future”	Southern HSC trust, representatives of the Southern trust had agreed that the Trust would expect the hours to be pro-rata to the number of residents and their needs.
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### **Inspection Focus 3: Supporting Service Users to manage their money**

#### **Inspection of 20 March 2014**

The inspectors discussed with the registered manager and area manager the support provided by the agency to enable service users to manage their finances.

Inspectors noted that one service user's support and tenancy agreement had been "witnessed" by a HSC trust representative and a representative of Oaklee Care and Support Services. There was no evidence available to inspectors that service users' capacity had been assessed in relation to their ability to sign their support and tenancy agreement.

Inspectors also noted that service users had a financial support plan in place, which the area manager confirmed was reviewed internally every six months and reviewed annually by the commissioning HSC Trust. Inspectors evidenced the budget plan for one service user which detailed income, anticipated expenditure and disposable income, and noted that this had been signed by the service user, their representative and the service user's HSC Trust care manager.

#### **Service Users' Food Shopping and Utility Payments**

The inspectors enquired about the processes in place within the agency to support service users to purchase their shopping. The area manager informed the inspectors that service users plan a menu on a weekly basis and compile a shopping list from this plan. She also added that staff support service users to travel to the local shops and supermarkets to purchase their shopping. The area manager stated that, in most cases, the money for grocery shopping is obtained from a fund, which the service users in each house contribute to.

The inspectors enquired as to whether there were guidance documents or procedures in place in relation to staff meals whilst on duty. The area manager confirmed that no separate provision is in place by the agency to permit staff to store or heat their food in a separate location from service users' food. The area manager stated that staff bring their own food with them, and ask service users permission to store and heat their food.

The inspectors noted that the agency have no policy and procedure in place for staff in respect of meals/drinks consumed while on duty or use of service users' facilities to store and heat food.

**Requirement 9 is listed in the QIP in respect of this finding.**

The inspectors noted that the agency's "management of service users' finances procedure" detailed the policy in place for service users to contribute to the cost of staff drinks/meals while staff were supporting the service user on outings.

The area manager highlighted that staff are uncomfortable with this arrangement; and that it is not a regular occurrence. The inspectors later evidenced a receipt dated 1 February 2014, when a number of service users had gone out for tea to a local hotel with three members of staff. The area manager produced the receipt which did not clearly denote the service users or the staff that had gone on the outing.

**Requirement 10 is listed in the QIP in respect of this finding.**

On discussing how service users paid for their utilities (such as electricity and gas) the area manager confirmed that all of the houses within The Heathers, with the exception of Blossom Cottage, had an electricity top-up meter installed. Inspectors were informed that in respect of Blossom Cottage, a decision had been taken by Oaklee to remove the electricity meter from the house in January 2014. The area manager explained that the reason for this was because of excessive electricity costs for the house, for which Oaklee could not determine the cause.

Inspectors queried what the arrangements now were for service users to pay for their electricity usage in Blossom Cottage, as they had previously been familiar with using the top-up meter. The registered manager suggested that it might be helpful for one of the inspectors to speak with a representative of the landlord who may be better placed to explain the arrangements.

The inspector spoke with the member of staff on the telephone who explained that an agreement had been put in place between Oaklee and Inspire Wellbeing Limited, whereby each of the service users in Blossom Cottage would pay a flat rate of £15.00 per month for both gas and electric, irrespective of the actual usage of gas and electricity for the Cottage. It was explained that should the gas and electricity bills exceed £15.00 per service user per month, any excess would be payable by Oaklee.

The registered manager acknowledged that service users had not been consulted and accepted that this change should not have happened without discussion and agreement with the service users and their representatives.

**Requirement 11 is listed in the QIP in respect of this finding.**

In discussing how the remaining service users in homes supported by The Heathers pay their gas bills, the inspectors were informed by the area manager that when the gas bills are received by The Heathers, these are forwarded to head office for payment. In turn, each service user receives an invoice from Inspire Wellbeing Limited for their respective share of the cumulative gas bill received, which the service users then arrange to pay individually.

Inspectors discussed the arrangements for service users to make phone calls and noted that there was a combination of arrangements in place. It was noted that some service users had mobile phones and this was evidenced in the financial ledgers as expenditure on mobile phone top-ups had been recorded for service users.

The area manager confirmed that a landline was also installed within each house. The area manager described a process whereby each time a service user used the landline; the details of the call were recorded by staff in a book kept by the phone. She went on to describe how, when bills are received, the call charges are allocated to each service user.

The inspectors were concerned that the process of recording each landline telephone call made by service users was impacting on the services users' Article 8 (Human Rights Act 1998) which provides the right to respect for one's private and family life, home and correspondence.

**Requirement 12 is listed in the QIP in respect of this finding.**

### **Office costs**

The inspectors noted that there are two offices used by the agency located within The Heathers scheme. The registered manager confirmed that utility bills associated with the team leaders' office and the manager's office were received separately from the service users' utility bills and were paid for directly by Inspire Wellbeing Limited.

### **Charges to service users for assessed care needs**

The visit to the agency on 11 March 2014 evidenced an agreement between the agency and a service user which detailed that the service user was contributing their DLA care component plus their Severe Disability Premium for "domiciliary care" to the agency.

During the visit to the agency on 20 March 2014, the inspectors discussed the issue of payments being made to the agency by service users. The registered manager confirmed that all Inspire Wellbeing Limited service users pay a cost of £112.50 per week to the agency. This consists of the care component of Disability Living Allowance (DLA) plus Severe Disability Premium (SDP). This was verified by inspection of individual service user agreements and also information provided by the Southern HSC Trust. The registered manager also advised that one of the HSC Trusts had required that these charges not be made to any new service users commencing a tenancy in The Heathers.

Inspectors reviewed the individual financial agreements between three service users and the agency and noted that, within the sample reviewed, agreements had been signed by the service user, and/or a carer representative and/or a HSC trust representative. Of the three agreements examined, the inspectors noted that one agreement had been signed by a representative of the HSC Trust and annotated "hospital appointee".

The inspectors were provided with a list of the service users' names and the details of the nominated appointee i.e.: the person with responsibility for receiving and managing the service user's social security benefits. From the list provided, inspectors evidenced that the Belfast HSC Trust is acting as nominated appointee for one service user and the Southern HSC Trust is acting as nominated appointee for ten service users. Inspectors examined correspondence which evidenced that the respective HSC Trusts had made arrangements on behalf of the service users for the charge of £112.50 to be paid directly to the agency from the personal monies held in bank accounts managed by the trusts.

The inspectors noted that charge against DLA and SDP appears inconsistent with the 1999 HSS Executive document "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

“...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services.”

Inspectors sought clarification on what the service users could expect to receive for this payment to the agency. The registered manager stated that he was unsure of how many hours the weekly payment from the service user would equate to and that he was unable to provide any information, but reiterated that all service users were paying the same amount of £112.50 per week. He stated that no organisation had informed Inspire Wellbeing Limited of the hours needed for each individual service user.

The area manager produced a spreadsheet which showed that the service user being discussed was contributing their DLA care component and SDP for 7.45 hours of care/support.

The inspectors noted that service users were paying for provision of personal care in their own homes, which seemed inconsistent with DHSSPS guidance:

- The 2007 DHSSPS "Report on free personal care and alternative options" states (p.6) "Clients at home, however, do not have to pay for their personal care."
- The circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance" addresses charging (p.18):

“The Health and Personal Social Services (Northern Ireland) Order 1972 requires that a person is charged for personal social services provided in residential care or nursing home accommodation arranged by a HSC Trust. There is no such requirement, or authority, to charge for healthcare provided in the community, either in the service user's own home or in a residential care or nursing home. Consequently, all references to financial assessment and charging hereafter apply to the provision of personal social services in residential care or nursing home accommodation.”

**Requirement 13 is listed in the QIP in respect of this finding.**

Inspectors were concerned to note that the registered manager was unclear as to the amount of hours provided to the service user for the weekly charge being paid to the agency by the service user. It is important that a clear agreement is in place between each service user and the agency specifying the nature and amount of any service for which the service user is charged.

**Requirement 14 is listed in the QIP in respect of this finding.**

RQIA have referred these concerns to the Southern HSC Trust for review of the appropriateness of these charging arrangements and for consideration as potential adult safeguarding issues.

**Arrangements for transport**

The inspectors discussed the issue of transport used by service users. The inspectors were informed that staff cars were used to provide transportation for service users. The inspectors noted that agreement to using this transport provision was included in the individual service user agreements examined. The inspectors were informed that the agency maintained a record of all of the journeys made by service users; however it was noted that to date, the agency had not charged service users for any of the journeys taken since the commencement of the service. The inspectors queried the reason for this and were informed by area manager that the organisation had not developed an acceptable method for charging service users and that this was currently being examined by the agency.

The registered manager and area manager both advised the inspectors that there would not be retrospective charges to service users and that the cost of any transport services provided before the organisational transport policy was final would not be recouped from the service users.

Inspectors remained concerned that while service users/their representatives had signed up to use the transport provided by the agency, the charging system for transport had not been implemented some 18 months after the commencement of the service. In addition, inspectors were concerned that service users were being denied the opportunity to experience personal budgeting to use a service which has an associated cost.

**Requirement 14 is listed in the QIP in respect of this finding.**

The inspectors requested the financial ledgers (income and expenditure records) for the service users in one of the houses within The Heathers.

The inspectors were informed by the area manager that each house within The Heathers had a communal ledger, with each individual service user having their own ledger in addition.

The inspectors reviewed the ledgers and noted that entries in the individual service user ledgers had been replicated within the communal book. The inspectors were concerned to note that there was not a clear distinction in use between communal income (contributed by all of the service users for shared expenses, such as groceries for the house) and individual income which should have been recorded in

the individual service users' books alone. The inspectors also noted that joint expenditure and individual expenditure had been recorded in the communal ledger. It was concerning to note that the area manager was unable to clarify why the transactions had been recorded in this way.

Inspectors were also concerned to note that the ledgers were at times illegible, there were arithmetic errors and that entries recorded in individual ledgers had not been countersigned.

This indicated to the inspectors that the process of recording income and expenditure on behalf of service users was not being managed well by the agency.

**Requirement 15 is listed in the QIP in respect of this finding.**

On reviewing the individual ledger for one service user, the inspectors noted that the record had last been updated 10 days prior to the date of inspection. Inspectors queried this with the area manager as they had been advised that cash was balanced for each service user and recorded at the handover of each change of shift.

The area manager explained that the failure to update the service user's ledger was because the member of staff responsible for recording transactions for that service user was on annual leave. Inspectors highlighted that this was unacceptable and there should be adequate arrangements in place to record transactions when staff are sick or on annual leave.

**Requirement 15 is listed in the QIP in respect of this finding.**

In discussing the failure to update individual financial records for service users, the inspectors queried how the records could be reconciled (or matched) to the balances of cash held for service users at each handover of staff.

The area manager clarified that rather than service users having individual cash balances, service users' monies were pooled together. The area manager also went on the comment that the total balances of what was recorded in the individual ledgers should equate to the balance of cash held. The inspectors noted that this could not be correct as the inspectors had evidenced arithmetical mistakes in the ledgers which undermined their reliability. In addition, the failure to update the individual records meant that this individual ledger could not be relied upon to match the cash balance held as there could be income or expenditure in relation to the individual service user made to or from the cash balance which were yet to be recorded in the service user's ledger.

This indicated to the inspectors that the process of reconciling money deposited for safekeeping was not being well managed by the agency.

**Requirement 16 is listed in the QIP in respect of this finding.**

The inspectors examined the ledger for a service user and noted that there had been a recent period where the service user had accrued a negative balance of approximately £200.00. The inspectors noted that this negative balance had continued for a significant period of time.

The inspectors were advised by the area manager that the service user's HSC trust care manager had been contacted to seek a lodgement of cash from funds held by the Northern Ireland Courts; however there had been a delay in receiving funds. The inspectors queried as to what the interim arrangements were for the service user's day to day expenditure in the period before the money had been received.

The inspectors were advised that during this time, the service user's needs had been met from the balance of pooled funds held on behalf of other service users in that house.

The inspectors clarified that this was unacceptable and that in the period where the service user had no funds, their co-tenants had unknowingly been subsidising their expenditure.

The registered manager agreed that this should not have happened and referred to another service run by the agency where service users' monies were held separately. He also indicated that monies deposited for safekeeping by the service users in The Heathers should be held separately also.

**Requirement 17 is listed in the QIP in respect of this finding.**

In reviewing the sample of ledgers for service users, inspectors noted that there were numerous references to "money from St Luke's". The inspectors sought clarification on this from the area manager who confirmed that this related to a number of service users who travelled to St Luke's Hospital in Armagh to collect their personal monies which remained within a bank account managed by the Southern HSC Trust.

It was also noted that staff who supported these service users to make the weekly journey to the hospital had incurred parking charges and that these charges were recorded in the individual ledgers of the service users.

The inspectors discussed this issue with the area manager and registered manager and advised that it would be important to pursue an alternative means for the service users to access their money. The inspectors highlighted that in the pursuit of a normal way of life, service users should be encouraged to open and manage their own personal bank accounts. The agency, in conjunction with the HSC trusts should risk assess the service user's ability to manage the account independently and put arrangements in place to support the service user to manage their bank account.

**Requirement 18 is listed in the QIP in respect of this finding.**

## **QUALITY IMPROVEMENT PLAN**

The timescales for completion commence from the date of inspection.  
The registered provider / manager are required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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





## Quality Improvement Plan

### Secondary Unannounced Inspection

#### The Heathers Supported Living Services (Armagh)

7, 11 & 20 March 2014 & 27 May 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 Ms Joyce Comings, Team Leader, on 7 March 2014, Ms Diane Taylor on 11 March 2014 and Mr Dirk Halfenberg, Registered Manager, on 20 March 2014 either during or after 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.



<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</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.	Once	All Care and Support Plans will be reviewed to reflect a person centred approach. This will involve the service user and their representative and an independent advocate will be involved in the process.	Three months from the inspection date: 20 June 2014
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.	Once	Willow Cottage - A Venetian blind has been fitted to the window of the service users living area which overlooks the entrance to Willow Cottage. This ensures choice of privacy and the service user is able to indicate if she wishes the blind to be open.  Primrose Cottage - The lounge area has now been fully decorated with new furniture, soft furnishings and the curtains mentioned in the report by the inspector are now fitted to the window.  All aspects of the home environment will be included in the review of service users care/support plans to ensure a	Three months from the inspection date: 20 June 2014

				more person centred approach and more individualised plans.	
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.	Once	There is a lockable door beyond the swing door to ensure there is appropriate provision for the service users privacy and security. The swing doors were fitted following a recommendation made by the Trust for the area to be sound proofed. This was to reduce the impact of the service users behaviour on other service user. This particular matter will be further discussed in the service users review to ensure the views of all parties are considered and to ensure that the dignity, privacy and security of the service user is not compromised in any way.	Three months from the inspection date: 20 June 2014
4.	14(c)	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.	Once	Tenants Meetings will be held to consult with service users in relation to personalisation of their homes. Care Managers and Next of Kin will also be consulted regarding the possible risks, impact on other	Three months from the inspection date: 20 June 2014

				<p>service users and the financial implications of the personalisation.</p> <p>Costings were completed and forwarded to care managers for approval on 18/4/14. Meeting has been arranged with tenants of Willow Cottage to include families and advocate service on 18th July 2014.</p>	
5.	16 (1)(a)	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.	Once	<p>Niamh supervision and performance management systems are being introduced from April 2014. The content of training and systems to maintaining training records have been reviewed.</p> <p>A structural review has built in more managerial and clerical support to provide more time for supervision, coaching and direct observation of practice. This will ensure the ongoing competence of staff. An initial evaluation of competence of all staff left in charge of the scheme was completed by 20th June.</p>	Three months from the inspection date: 20 June 2014
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	Once	A revised rota produced was introduced from 12th May for rostered weeks beginning 26th	Three months from the inspection

		<p>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>		<p>May. This now includes a grid that identifies the role, the shift, shift hours and the property where staff are allocated to work.</p> <p>In addition a daily record to confirm hours worked was introduced on 23rd May 2014 to ensure there is a clear record of hours worked.</p> <p>The Agency will monitor hours worked and check this with payroll details. This will be audited periodically by the Finance Department and the Assistant Director.</p>	<p>date: 20 June 2014</p>
7.	14 (b) (d)	<p>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>	Once	<p>A review of the staffing and management arrangements was carried out by the Area Manager and Assistant Director. A outline business case was produced with recommendations to further strengthen the management arrangements and staffing cover. This will only be fully implemented when the number of places commissioned and funded by the Trust in the long term is confirmed.</p>	<p>Three months from the inspection date: 20 June 2014</p>

				The position of the Registered Manager has been reviewed and alternative arrangements will be put in place where the new Registered Manager will have more dedicated time to fully discharge the legal and professional responsibilities inherent in the role.	
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.	Once	The Agency can confirm that the scheme has sufficient staff and skill mix at all times to meet the needs of the service users. This was confirmed at a meeting with the Trust on 16th May where it was agreed that staffing was pro rata to occupancy levels. Staffing levels and skill mix have been reviewed and recommendations to strengthen staffing will be implemented subject to Trust commissioning intentions and the number of places in the scheme.	Three months from the inspection date: 20 June 2014
9.	15 (9)	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	Once	The Niamh policies and procedures (MA7-Staff and Volunteer expenses) which have provision for staff meals and drinks while working in a service users home was implemented week	Three months from the inspection date: 20 June 2014

		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. The registered person is required to provide written confirmation to RQIA that these measures have been taken.		commencing 2nd June 2014.	
10.	14 (d)	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.	Once	<p>Procedure SC 3-1 Service User's Finance Management has already identified how receipts should be recorded. Written guidance was issued to staff on the 30th May 2014 reinforcing the need to retain receipts which accurately details the amount spent and who was involved.</p> <p>The Niamh Financial Procedures was implemented week commencing 2nd June 2014.</p> <p>A review of all charging arrangements will be carried out by the Director by 31st July 2014 and revised guidance will be issued. This will then be detailed in individual service user agreements. Independent Advocacy will be used as part of this process (Cross</p>	From the date of inspection



				reference to requirement 14).	
<b>11.</b>	15 (5) (a)	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.	Once	A meeting with the Trust and Oaklee (landlord) was held on 15th May and it was confirmed that Oaklee had agreed to pay the total electricity and gas bills for Willow and Blossom Cottages and that Service Users would then pay Oaklee a £15.00 weekly contribution towards these costs. It was agreed at this meeting that moving forward the Service Users at Willow Cottage will pay the entire electricity and gas themselves as Oaklee had only agreed to pay these bills during the resettlement process until Willow Cottage had reached full occupancy. The electricity and gas bills at Blossom Cottage will continue to be paid by Oaklee and Service Users will continue to pay a £15.00 weekly contribution towards these costs. This is due to the design of Blossom Cottage and its use of underfloor heating and air circulation systems that require significant electricity to run	From the date of inspection
<b>12.</b>	14 (e)	The registered person is required to ensure that agency staff are informed that it is no	Once	Detailed records of calls made by service users will no longer	Three months from the date

		<p>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>be kept. The only record will relate to the number of calls made by or on behalf of a service user to enable the cost of the bill to be apportioned appropriately. The most appropriate use of telephone communications will be discussed and agreed with service users and their representatives as part of the review of care/support plans.</p>	<p>of inspection: 20 June 2014</p>
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>	Once	<p>The total care contributions paid by each Service User to OCSS/Inspire will be calculated. Meetings are planned with the Trusts to discuss repayment to Service Users and the financial implications of this. This matter is also being discussed at a senior level at Government Departmental level in view of the potential to de-stabilise the sector.</p>	30 September 2014
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</p>	Once	<p>The specific financial arrangements and payments by service users are being reviewed to ensure there are clear agreements in place. This will be included in the review of care/support plans and where necessary separate meetings</p>	30 September 2014

		Trust or other body, including provision of any transport service.		will be held to ensure all arrangements are clearly agreed and documented. Independent advocacy will also be used to strengthen and quality assure this process. This will be completed by 30th September 2014.	
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<p><b>15.</b></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>Once</p>	<p>The procedure SC 3-1 clearly instructs staff of how to record financial transactions for the service users. This policy has been reviewed and is being replaced by the Niamh Financial Procedures which was implemented week commencing 2nd June 2014..</p> <p>The individual ledgers for each service user have been introduced on a daily basis from the 26th May 2014.</p>	<p>Three months from the date of inspection: 20 June 2014</p>
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16.	14 (d)	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.	Once	A reconciliation of monies and valuables was undertaken on the 24th May 2014. This will be carried out on a quarterly basis by the Area Manager and Assistant Director. This will periodically be audited by our Finance Department.	Three months from the date of inspection: 20 June 2014 and at least quarterly thereafter
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>	Once	<p>Each service user now have their own purse/wallet which will be held securely in their own home.</p> <p>Budget plans for the service users receiving monies form the HSC Trusts have been checked to ensure that sufficient funds are available and any uplift will be requested via the Care Manager. The Trust representative liaises directly with the OCP on the service users behalf and agrees the release of funds. The Area Manager has been given access to the Bank Statement received by the service user under OCP. This allows the Area Manager to monitor the funds in the account and to alert the Trust</p>	<p>Three months from the date of inspection: 20 June 2014</p> <p>From the date of inspection</p>

				Care Manager in a timely manner of the need to transfer more funds from the OCP into the service users account.	
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.	Once	Care Managers have been contacted to provide the agency with a capability and subsequent risk assessment of service users ability to manage their personal bank accounts. This will be discussed in the review of the service users care/support plans and financial arrangements which will be completed by 30th September 2014.	30 September 2014

**Recommendations**

**These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), 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.	Standard 9.4	The registered person should ensure that their medication policies and procedures are reviewed and revised as appropriate.	Once	The medication policies and procedures was reviewed and revised guidance issued from 30th May 2014.	Three months from the inspection date. 20 June 2014
2.	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records when	Once	All Care and Support plans will be reviewed and updated by the 30th September 2014. This	Six months from the inspection

		necessary.		<p>will begin a process to work with service users to better understand their rights and to integrate these into care and support plans.</p> <p>(Cross reference to Requirements 1 and 4).</p>	<p>date. 20 September 2014</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Dirk Halfenberg
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	William Morrow

<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	Yes	Joanne Faulkner	9/7/14
Further information requested from provider	Yes	Joanne Faulkner	9/7/14