



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Agency:** Cedar Court Supported Living Service  
**Agency ID No:** 12083  
**Date of Inspection:** 11 February 2015  
**Inspector's Name:** Rhonda Simms  
**Inspection No:** 020851

**The Regulation And Quality Improvement Authority  
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**General Information**

<b>Name of agency:</b>	Cedar Court Supported Living Service
<b>Address:</b>	100a Bridge Street Downpatrick BT30 6HN
<b>Telephone Number:</b>	02844617260
<b>E mail Address:</b>	rhonda.robinson@setrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Hugh McCaughey
<b>Registered Manager:</b>	Mark Baker
<b>Person in Charge of the agency at the time of inspection:</b>	Mark Baker
<b>Number of service users:</b>	19
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 11 February 2014
<b>Date and time of inspection:</b>	Primary Announced inspection 11 February 2015 9.45am – 5.30pm
<b>Name of inspector:</b>	Rhonda Simms

## Introduction

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

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

## Purpose of the inspection

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

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

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

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

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

## Methods/process

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

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

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

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

- Evaluation and feedback

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

### Consultation process

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

Service users	3
Staff	4
Relatives	5
Other Professionals	2

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

Issued To	Number issued	Number returned
Staff	18	5

### Inspection focus

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

The following four quality themes were assessed at this inspection:

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

### Review of action plans/progress to address outcomes from the previous inspection

The inspector reviewed the agency's compliance towards one requirement and four recommendations made at the previous inspection of 11 February 2014. The agency has not achieved compliance with one requirement which will be restated for a second time. The agency has been assessed as complying with the minimum standards in respect of three recommendations, and partially achieving compliance towards one recommendation.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

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

<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

Cedar Court is supported living type domiciliary care agency providing a personal care service for older people and older people with dementia. Cedar Court is close to Downpatrick town centre and public amenities. The property is owned by Trinity Housing Association, and can cater for both those requiring self-contained single person accommodation and couples. There are 24 apartments in total. At the time of the inspection there were 18 apartments occupied by 19 tenants. There are a number of communal areas in the building available for the use of service users. The two storey building has been designed using best practice in dementia design principles. A number of types of assistive technologies have been designed as an integral part of the building, and each individual dwelling. These assistive technologies can be adapted to meet the needs of individual service users. Service users also have access to enclosed garden/patio areas. There was 13 staff providing a personal care service.

## Summary of inspection

The inspection took place in the agency's registered office, Cedar Court Supported Housing Facility, 100a Bridge Street, Downpatrick, on 11 February 2015. During the inspection a range of policies and procedures, care and support plans, service user agreements and other documentation was examined. The inspector met with Mark Baker, registered manager, and three support staff. The inspector met other support staff in the course of their daily routines. The inspector met three service users; observed service users in the course of their daily routines; and spoke with five relatives. The inspector received verbal feedback from two HSC Trust professionals.

Prior to the inspection, five staff returned questionnaires to RQIA. The inspector viewed the questionnaires, which stated that staff had received effective training in safeguarding vulnerable adults, human rights and the supported living model. Staff provided feedback regarding their understanding of the supported living ethos, which included comments regarding empowerment, choice, dignity, respect, and encouraging independence:

'To maintain the tenant's independence for as long as possible, support them, prompt in accordance to their needs, adhering to care plan and support plan.'

'To encourage and support the individuals to do as much as they can for themselves to maintain their independence.'

In the course of the inspection the staff commented on the benefits of the supporting living model for service users in terms of promoting independence, choice, and control over how they lived their lives. The staff provided examples of how service users can decide what activities they wish to do, choose the timing, or decline services.

The inspector visited two service users in their own homes, spoke with a further service user, and met other service users in the course of their daily activities. Service users who spoke with the inspector provided positive feedback regarding the standard of service provided to them and the quality of their lives at Cedar Court.

'The staff are lovely people, the staff are very good.'

'It's wonderful. I like to be independent.'

'The staff are very good.'

The inspector noted that the homes of service users visited reflected their personal interests and preferences. Service users discussed the activities they preferred to participate in, both inside their home, and in the local community. Service users commented favourably on the independence they experienced whilst living at Cedar Court, whilst having staff available to help meet their needs.

During the inspection, five relatives of service users spoke with the inspector. Relatives generally provided positive feedback regarding the standard of care provided by staff, and the quality of life enjoyed by their relative at Cedar Court. Relatives commented on the ability of staff to work effectively with their relative, respecting their individual needs and preferences.

'It's an ideal environment; it gives privacy and independence in their own home.'

'The staff are very high quality.'

'Having a front door promotes choice; you can let a visitor into your own home.'

'The staff are wonderful people, very caring.'

'The manager is interested and knows what's going on.'

Cedar Court 'gives independence and autonomy, there is an element of positive risk taking.'

The inspector spoke with two HSC Trust professionals who reported effective communication with the agency and commented positively on the standard of care at the agency.

#### **Detail of inspection process:**

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

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

The inspector examined a range of documentation including financial policies, the service user guide, HSC Trust assessments, care and support plans, financial agreements, and receipt books in order to assess compliance with Theme 1.

Service users have a written agreement which sets out all charges and the terms and conditions of these. The needs of service users in respect of assistance to manage finances were stated in care and support plans viewed by the inspector. The inspector noted that in the case of five service users, their financial capacity was not stated in the HSC Trust needs assessment, however they were considered to lack financial capacity. The registered person must ensure that clarity regarding the financial capacity of service users is sought from the HSC Trust.

The registered manager advised the inspector that agency staff occasionally assist service users by purchasing small items on their behalf. The registered person must ensure that records of financial transactions are maintained, including signatures of the service user and one member of staff, or two members of staff.

There are two requirements in relation to Theme 1.

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

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

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

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

The inspector viewed up to date training records and discussed the system of training and evaluation with the registered manager. Staff reported that they had received training to equip them to carry out their roles. As a consequence of a requirement regarding handling service users’ monies made in Theme 1, the inspector noted that staff required a training update which the registered manager assured would be delivered within a two week period of the inspection date. A recommendation has been made in relation to training.

The inspector noted that a service user was receiving a care practice which infringed upon their privacy, and could be regarded as a restrictive practice. This practice did not reflect a risk and needs assessment and re-evaluation by the HSC Trust. The registered person must ensure that practices which could be restrictive are undertaken in consultation with service users and when risks and needs have been assessed by the HSC Trust.

The registered person must ensure that the ongoing assessment of any practice which could be considered as restrictive is included in the monthly monitoring reports.

The inspector noted that the statement of purpose and service user guide viewed on the day of inspection referred to the range and nature of services including use of assistive technologies, however did not advise that care practices could result in a restriction on the privacy or control the individual has in their own home. Subsequent to the inspection, the registered manager submitted amendments to the statement of purpose and service user guide which included appropriate consideration of any practices which could be considered to be restrictive.

There is one recommendation and four requirements in relation to Theme 2.



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

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

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

The inspector viewed agreements which stated the number of hours of care and support provided by the agency. Financial agreements stated all charges paid by service users and were signed by the service user and an agency representative.

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

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

### **Additional matters examined**

#### **Monthly Quality Monitoring Visits by the Registered Provider**

Reports of monthly quality monitoring were viewed by the inspector. The inspector noted that the agency was not using the most recent template as suggested by RQIA. The reports reflected the views of service users and staff. The views of professionals were recorded on three out of seven reports sampled. The views of relatives were noted on two out of seven reports sampled. On a number of reports the monitoring officer had noted that professionals or relatives were not in the building at the time of the monitoring visit.

The monthly monitoring reports reflect quality improvement measures and monitoring of standards in the service.

A requirement was included regarding monthly monitoring reports in the quality improvement plan from the inspection of 11 February 2014, which has not been met and will be restated. The registered person must ensure that the views of representatives, including families and professionals are included in the reports of monthly monitoring and that any factors impacting on the agency's ability to ascertain their views are noted.

The registered person must ensure that reports of monthly monitoring include an evaluation of the use of restrictive practice.

#### **Charging survey**

At the request of RQIA, the acting registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection. The charging survey was discussed and confirmed with the registered manager.

The registered manager confirmed that no service users are charged for care costs. The registered manager confirmed that the financial capacity of five service users was not clearly stated in the HSC Trust needs assessment. The agency does not act as nominated appointee or operate bank accounts for any service user.

The registered person must ensure that the status of the financial capacity of service users is clarified by the HSC Trust where the service user is considered to lack capacity, and no documentation has been supplied by the HSC Trust to this effect. The inspector noted that service users who require assistance with finance are provided with this by family members.

### **Statement of Purpose and Service User Guide**

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

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

Subsequent to the inspection, the registered manager submitted amendments to the statement of purpose and service user guide which included appropriate consideration of any practices which could be considered to be restrictive.

The registered person must ensure that the Statement of Purpose and Service User Guide are amended to show that the service user may choose their care provider.

### **Care reviews**

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

Feedback and examination of documentation during inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users.

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

**Follow-up on previous issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	23 (1) and (5)	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement refers to ascertaining views of service users' representatives in Monthly Quality Monitoring.</p>	<p>Seven reports of monthly quality monitoring were viewed by the inspector. The inspector noted that the agency was not using the most recent template as suggested by RQIA. The reports reflected the views of service users and staff. The views of professionals were recorded on three out of seven reports sampled. The views of relatives were noted on two out of seven reports sampled. On a number of reports the monitoring officer had noted that professionals or relatives were not in the building at the time of the monitoring visit.</p>	<b>One</b>	<b>Not met</b>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	4.2	It is recommended that the agency provides tenants with clear written information specifying the circumstances under which agency staff may hold and use a key to enter their home.	The inspector viewed tenancy agreements which clearly stated the circumstances under which agency staff may hold and use a key to enter their home.	One	Fully met
2	1.1	It is recommended that the registered manager reviews service users' care records to ensure that human rights considerations are explicitly reflected for each individual.	The inspector saw a range of care and support plans which included explicit considerations of human rights for each individual.	One	Fully met
3	8.11	<p>With regard to the assessment and monitoring of quality of services, it is recommended that the registered manager ensures that the agency takes into account the views of professionals, as outlined in RQIA guidance 'Monthly Quality Monitoring by Registered Persons'.</p> <p>In accordance with RQIA guidance it is recommended that the date, and time of visit and whether announced or unannounced are noted in the monthly Quality Monitoring report.</p>	<p>The inspector reviewed seven reports of quality monitoring which included the date and whether the visit was announced or unannounced.</p> <p>The views of professionals were not adequately considered and this has been included in a requirement.</p>	One	Partially met

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

**Statement 1:**

**COMPLIANCE LEVEL**

**The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care**

- The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
- The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment;
- Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user;
- The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home;
- There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of;
- The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;
- Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
- The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property;
- The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement.

<b>Provider's Self-Assessment</b>	
<p>Each tenant is provided with an individualised service user guide and a separate tenancy agreement document. The service user guide contains a breakdown of all scheme charges and full descriptions of what is covered by each charge in plain English. The Management of finances is also referenced in more detail within the service user agreement, including the means and methods of payment. This includes payments made to Trinity/Oakley Housing Association for rent, electricity use, and heating charges for each apartment. Rates charges have been waived for all service users. The Housing Support charge payable to South Eastern HSC Trust is also referenced in the service user agreement. Services users do not pay for additional personal care services which are not part of the Trust's care assessment. Trinity / Oakley Housing Association pay for office and support staff use of electricity as well as the general maintenance of the facility. Four weeks' notice will be provided in writing in relation to any changes to charges payable by the service users. Service users do not pay anything towards staff meals. A policy is in place to advise staff on the appropriate handling of service users cash and valuables. We do not retain any service user property for safekeeping. A written receipt is issued to the service user or their advocate when cash is received by Support staff. The handling of service user cash is kept to an absolute minimum by Support staff with the tenant or their advocate encouraged to take full responsibility for all financial affairs where possible.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector read the service user guide which includes the terms and conditions of the service to be delivered. The inspector viewed individual agreements and the service user guide which state the amount and payment of charges for services and methods of payment. No service user is paying for care additional to an HSC Trust plan.</p> <p>The written tenancy agreements reviewed by the inspector clearly state the heating charges which relate to the individual's apartment. The registered manager advised the inspector that electricity bills are issued separately to each apartment. The inspector was advised by the registered manager that service users do not pay utilities towards communal areas or the agency office.</p> <p>The registered manager advised the inspector that staff do not eat meals whilst on duty in the service user's home. Staff provide their own food for consumption whilst at work and may leave the building on meal breaks.</p> <p>The inspector was advised by the registered manager that agency staff are not involved in assisting service users with money. The inspector noted that care and support plans stated that assistance service users' required with money was provided by relatives; agency staff and relatives confirmed this.</p>	Compliant

The inspector saw the agency policy in respect of handling service users' finances.

The tenants' agreement states that four weeks written notice will be given in advance of changes to charges; evidence of a letter to this effect was seen by the inspector.

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

**Statement 2:**

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

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

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<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<p><b>Provider’s Self-Assessment</b></p>	
<p>The HSC Trust assessment of need describes the financial capabilities of each individual service user. Trinity / Oakley Housing Association and the South Eastern HSC Trust retain records of all transactions and receipt of service user payments. Where staff purchases goods or services on behalf of service users, written itemised receipts are issued to the service user to record the transaction and their authorisation of the purchase. Financial contingency arrangements or a reconciliation of finances are not required as service users or their advocates have access to their own finances - we do not retain any finances for safekeeping. Service users who present with capability issues, or are struggling to manage their finances will be referred to their HSC Trust Care Manager / key-worker for re-assessment. Cedar Court staff do not act as financial agent or nominated financial appointee for service users. Bank accounts are not operated or accessed on behalf of service users by Cedar Court staff.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector examined records of assessment of needs and reviews completed by the HSC Trust which evaluate the needs of service users in relation to financial capability and the appropriate level of support which should be provided. The inspector noted that the financial capability of five service users were not clearly indicated in the financial needs assessment from the HSC Trust, however these service users were thought to lack financial capacity and received assistance from family to manage their finances. The registered person must ensure that clarity regarding the financial capacity of service users is sought from the HSC Trust.</p>	<p>Substantially compliant</p>

The registered manager advised the inspector that agency staff do not generally handle money in respect of service users. Discussion with the registered manager and agency staff established that agency staff occasionally assist service users by purchasing small items on their behalf. The inspector noted that these transactions were not always recorded in line with agency policy. The registered person must ensure that records of financial transactions are maintained when handling service users' monies, including signatures of the service user and one member of staff, or two members of staff.

The registered manager advised the inspector that the agency does not act as appointee, hold money, or operate a bank account in respect of any service user.

The inspector was advised by the registered manager that in the event of a service user becoming incapable of managing their finances, a referral can be made to the HSC Trust care manager.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
A facility safe is not provided. We do not keep money or valuables deposited by tenants for safekeeping.	Compliant
<b>Inspection Findings:</b>	
The registered manager advised the inspector that the agency does not provide any place for the storage or safekeeping of money or property in respect of service users.	Not applicable
The inspector noted that care and support plans contained arrangements for the management of money through family members, if needed or desired by the service user.	

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

**Statement 4:**

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

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

**COMPLIANCE LEVEL**

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<p><b>Provider's Self-Assessment</b></p>	
<p>A facility car which is appropriate to meet the needs of our tenants is provided and fully funded by our employer, South Eastern HSC Trust. Tenants are not charged for this service. All tenants have been informed in writing that the facility car is available for their transport needs and that this service is completely free to them. The car is maintained and insured by South Eastern HSC Trust Transport Department. A log sheet is maintained for each journey including drivers name, destination, and distance travelled. Daily safety and maintenance checks are performed by the driver before the car is used each day. A satellite tracking system is fitted to the car for safety and logistical purposes.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector was advised that the SEHSCT provides a vehicle free of charge for the transport of service users.</p>	<p>Not applicable</p>

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

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

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>A detailed assessment of need is received from the service users HSC Trust key-worker prior to admission. The key-worker in conjunction with Support staff then generate a timetable of service which is agreed with the service user and advocate if (applicable/appropriate) to meet their needs. Cedar Court Support staff generate a support plan with the service user and their advocate (if applicable/appropriate) after admission. Service users are encouraged to be an integral part of the support plan process, but their participation is dependent upon their consent. The support plan is regularly reviewed and significant changes are reported to the HSC Trust key-worker. The support plan is activities of living based and covers all aspects of the service user experience living in Cedar Court. The plan instructs staff to implement a range of care interactions to meet assessed needs. Human Rights of service users are considered and reflected in writing within the support plan.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The inspector viewed a range of care and support plans which incorporated service users’ needs from assessments completed by the HSC Trust. Care and support plans seen by the inspector were adapted to reflect the changing needs of service users. HSC Trust professionals who took part in the inspection reported that the agency responds appropriately to the changing needs of service users and communicates effectively with the HSC Trust.</p>	Substantially compliant

The inspector noted that the HSC Trust had not been involved in the implementation of a care practice which could be considered to restrict the privacy of a service user. There is a requirement in relation to this.

The involvement of the service user and/or their representative and the HSC Trust was reflected in care and support plans seen by the inspector. Agency staff who participated in the inspection described a process of maintenance and updating of care and support plans.

Care and support plans were completed in a person centred manner and reflected a range of interventions appropriate to the needs of the individual. The inspector viewed a range of care records which showed that the outcome of the service was recorded regularly.

The inspector reviewed a range of care and support plans which had been developed to reflect an appropriate consideration of human rights. The inspector noted that human rights were considered explicitly in relation to each aspect of the service user's care and support plan.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>All support staff receive induction and training to enable them to fulfil their role and meet service user needs. The staff team are experienced care practitioners who have a wealth of knowledge gained from both institutional and domiciliary care work. All support staff at Cedar Court are registered with N.I.S.C.C. and the manager is a 1<sup>st</sup> level Nurse on live N.M.C. register. Support staff attend a range of mandatory training to meet the statutory requirements of R.Q.I.A. and the re-registration requirements of N.I.S.C.C. and their employer South Eastern HSC trust. All support staff receive training on Human Rights and Equality and are able to identify restrictive practices with Human Rights implications. Care practices are reviewed at each staff shift handover meeting and formal staff meetings. Any care practice that is considered to be contentious is referred to the facility registered manager and HSC Trust key-worker for their consideration. All Support staff receives Vulnerable Adults Awareness training. A VA.1 referral form is sent to the appropriately trained Designated Officer within South Eastern HSC Trust for investigation of incidences of alleged abuse.</p>	Compliant



<b>Inspection Findings:</b>	
<p>The inspector viewed training records and discussed the agency’s system to deliver and maintain appropriate training to agency staff. Agency staff described a good standard of training which equips them to fulfil their roles. Staff reported that they can identify training needs which are responded to by the agency.</p> <p>The inspector noted that staff required a training update on handling service users’ monies. The registered manager provided assurance that this would be delivered within a two week period. There is a recommendation in relation to this.</p> <p>The registered manager discussed the agency’s methods of evaluating the effectiveness of training including: staff feedback, training evaluation tools, use of supervision, and observations of staff whilst on duty. Staff receive regular supervision, including an annual appraisal, and finance and medication competency testing yearly. Staff who took part in the inspection reported having good access to managerial support.</p> <p>Staff who participated in the inspection could identify practices which could be considered restrictive, for example, use of door alarms or movement sensors. Staff were able to discuss the balance of risk, safety, and human rights in relation to the provision of care practices. The inspector noted that staff interviewed had an understanding of promoting the service user’s privacy whilst minimising risk.</p> <p>The inspector viewed the agency policy in relation to staff responding to the needs of service users.</p> <p>During the course of inspection agency staff, relatives and professionals advised the inspector that the impact of care practices are evaluated and relevant parties notified of any changes. The inspector noted that care practices were evaluated throughout the daily records, and in records of care reviews completed with the HSC Trust.</p> <p>Staff who took part in the inspection were able to describe how to raise concerns regarding poor practice and knew how to raise concerns regarding safeguarding.</p>	<p>Substantially compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home.</li> <li>• The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions</li> <li>• Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records.</li> <li>• Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Restrictive care practices are not used at Cedar Court. The statement of Purpose and service user guide does not refer to restrictive practices, but does reference Vulnerable Adult Protection. The facility operates an open door basis with service users able to access all internal areas, or leave the premises as they please. A number of tenants have privately employed tele-care support services to alert Cedar Court Support staff to their individual need. This service in no way impacts upon the liberty and freedom of movement of our service users. Service users have the right to decline any care service offered to them. Any such refusal will be recorded by Support staff and referred to registered manager and/or HSC Trust key-worker if care is repeatedly declined or a risk develops. Each service user has been provided with a copy of their timetable of services and care plan.</p>	Compliant

Inspection Findings:	
<p>The statement of purpose and service user guide viewed by the inspector advised of the nature and range of service provision and referred to the use of assistive technologies, however did not advise that care practices could result in a restriction on the privacy or control the individual has in their own home. Subsequent to the inspection, the registered manager submitted amendments to the statement of purpose and service user guide which included appropriate consideration of any practices which could be considered to be restrictive.</p> <p>The Statement of Purpose and service user guide state that service users can decline aspects of care provision. Relatives and service users who participated in the inspection knew that care practices could be declined and provided examples of this occurring. Service users who spoke with the inspector understood that they could exercise choice in aspects of their care provision. The registered manager advised the inspector that all service users can consent to care practices.</p> <p>Service users can be provided with, or have access to, their care and support plans at any time. A number of service users chose to keep their care and support plans in their own home.</p> <p>There are no restrictions on any service user which impact on another service user who does not require such restrictions.</p>	<p>Substantially compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<b>Provider's Self-Assessment</b>	
<p>Restrictive care practices are not used at Cedar Court. Support staff are not currently trained in the use of restraint, but have attended Challenging Behaviour training as a mandatory requirement of their role. Some staff have attended breakaway techniques training in the past. In the event of a service user or any other person in the premises causing a disturbance of the peace - assistance would be immediately sought from the P.S.N.I. A Notifiable Event form is sent to R.Q.I.A. to report any event that causes significant harm to the well-being of service user(s). The HSC Trust key-worker would also be notified of all events that significantly impact upon the well-being of their service user, such as P.S.N.I. involvement due to behavioural disturbances.</p>	<p>Compliant</p>
<b>Inspection Findings:</b>	
<p>The registered manager and agency staff provided an example of a practice which could be considered as restrictive which has been in place for a service user following a recent change in need. The inspector was advised that the use of an assistive technology was implemented at the request of a representative in order to alert staff to potential risks. The inspector noted that there was no evidence of involvement of the service user or the HSC Trust in the implementation of this practice. The practice was included in the care and support plan with consideration for the service user's human rights.</p> <p>Agency staff understood that the care practice infringed on the service user's privacy, and provided examples of how they minimise the impact on the service user, whilst maximising their safety and reducing risk. The registered person must ensure that practices which could be considered restrictive are undertaken when risks and needs have been identified and assessed by the HSC Trust.</p> <p>The registered person must ensure that the ongoing assessment of any practice which could be considered as restrictive is included in the monthly monitoring reports.</p> <p>The inspector was advised that the agency does not use restraint.</p>	<p>Substantially compliant</p>

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
<p>Service users are provided with service user guide and agreement documents that detail the service that can be expected. An individualised care plan and a timetable of service is provided to each service user by their HSC Trust key-worker. These documents are complimented by a support plan produced by Cedar Court Support staff Service users can specifically refer to their timetable of service to identify the support they will receive. Cedar Court staff continuously refer and adhere to the HSC Trust care plan, their support plan and the service users timetable of service to direct their work time The facility statement of purpose detail how individualised service user agreements are devised, and this is supported by South Eastern HSC trust Policy. The service user agreement reflects the care commissioned by the HSC Trust and all individual, person centred care documents can be made available in a range of formats including braille and audio tape. An interpreter service is also accessible within South Eastern HSC trust.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Service users who participated in the inspection knew that staff are available to provide the care they need and when required. Service users had an understanding of when staff would usually call with them to provide services in the course of the day.</p>	Compliant

<p>Staff who participated in the inspection were confident that they understood the amount and type of care provided to service users, as stated in the service user’s care plan.</p> <p>The inspector viewed the agency’s policy on assessment on care planning, and noted that the Statement of Purpose and service user guide describe how care and support plans are devised. The inspector saw service user agreements which were consistent with care commissioned by the HSC Trust.</p> <p>Care and support plans seen by the inspector reflected the needs and preferences of service users and how these should be met. The number of hours of care and support provided by the agency was stated in agreements examined by the inspector.</p>	
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<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Service users are unique individuals, and their understanding of the funded care they receive varies. This level of understanding is especially variable when the service user has been appropriately assessed to have a deficit in their cognitive capacity. Each service user is provided with a copy of their care plan and their timetable of service on admission. A detailed breakdown of service charges is contained within the service user's individual Agreement. The service user and/or their advocate can refer to the service user agreement to validate charges levied for the services they receive. The service user Agreement specifies that four weeks written notice is required by Trinity/Oakley Housing Association for termination of tenancy/services. In the event that a service user wishes to terminate their planned Support - their HSC Trust key-worker will be immediately informed.</p>	Compliant

Inspection Findings:	
<p>The inspector viewed financial agreements which stated all charges paid by the service user. Service users are not charged for personal care. Relatives who spoke with the inspector had an understanding of what charges were paid and services provided. Financial agreements were signed by the service user and/or their representative.</p> <p>The inspector was advised that no service user is paying for any additional hours.</p>	<p>Compliant</p>

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <p><b>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences.</li> <li>• Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>All current service users have their care commissioned by Care Managers within South Eastern HSC Trust. Each service user is entitled to an annual review of their circumstances and care needs. Care reviews can additionally be arranged at any time by the service user or Cedar Court staff to respond to the service user's unique and changing needs. Cedar Court staff attend all Care management review meetings and actively contribute to these meetings. The service users care plans and agreements are updated as required in response to matters agreed at the review meeting.</p>	Compliant

Inspection Findings:	
<p>The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).</p> <p>The registered manager confirmed that all service users received reviews involving the HSC Trust in the survey period.</p> <p>Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are involved in the needs assessment and evaluation of care provided for service users. The inspector examined care and support plans which had been updated following review of service users’ needs.</p>	<p>Compliant</p>

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

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

## Any other areas examined

### Complaints

The inspector viewed records of four complaints made in the period 1 January 2013 – 31 December 2013 which were responded to satisfactorily. Records relating to a further complaint received in 2014 were satisfactory.

### Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Mark Baker**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Announced Primary Inspection

Cedar Court

11 February 2015

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 **Mark Baker registered manager** during the inspection visit.

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

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

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

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

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	23 (1) (5)	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement refers to ascertaining views of service users' representatives, including professionals and relatives, in Monthly Quality Monitoring.</p>	Two	The registered manager can confirm that a system is in place to ensure that all staff involved in monitoring reports are now using the correct template. The views of service user's representatives including professionals and relatives will be included.	11 May 2015
2.	15 (2) (a) (b)	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p>	One	The registered manager will, unless directed otherwise by referring professional, assume that service users have capacity to manage their finances. When capacity is questioned or unclear, the registered manager will continue to refer this to the care commissioner for assessment. The arrangements for and management of individual finances will continue to be considered at annual care management reviews.	11 May 2015



		<p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>The registered person must ensure that the status of the financial capacity of service users is referred to the HSC Trust for clarification. This relates to service users whose financial capacity is unclear.</p>		Outcomes will become part of the support plan and care plan for the service user..	
3.	7	<p>The registered person shall—</p> <p>(a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide; and</p> <p>(b) notify the Regulation and Improvement Authority and service users or their representatives of any material revision within 28 days. This refers to the revision of the statement of purpose and the service user guide to include:</p> <ul style="list-style-type: none"> <li>• that the service user can chose their care provider</li> </ul>	One	<p>Prior to admission, service users are informed that the South Eastern HSC Trust will provide their domiciliary care service at Cedar Court. This partnership working with the Housing Association is made clear to the service user throughout the application process This service is reflected in the service user agreement &amp; guide. Service users may independently choose to supplement this with care they arrange with other providers. Service users are encoraged to choose multidisciplinary health care support to provide services that are not available in the facility</p>	11 May 2015

4.	23 2 (a) (b)	<p>At the request of the Regulation and Quality Improvement Authority; the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> <li>(a) Arranges the provision of good quality services for service users;</li> <li>(b) Takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> <li>(i) What services to offer them, and</li> <li>(ii) The manner in which such services are to be provided</li> </ul> </li> </ul> <p>The registered person must ensure that the ongoing assessment of restrictive practice is included in the monthly monitoring reports.</p>	One	The registered manager can confirm that monthly monitoring reports are completed using the correct template. This template assesses the use of restrictive care practices.	11 May 2015
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5.	14 (b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person must ensure that records of financial transactions are maintained, including signatures of the service user and one member of staff, or two members of staff.</p>	One	<p>The registered manager has informed staff that all financial transactions involving service users monies must be recorded and receipted appropriately. This includes obtaining service user and staff signatures as appropriate to the situation.</p>	11 May 2015
6.	15 (2) (a) (b) (c)	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for</p>	One	<p>The registered manager understands that the use of tele-care support systems can be considered a restrictive care practice. These are only implemented and removed in response to individual need. The use of individual tele-care systems will continue to be assessed and reviewed in collaboration with the tenant, their representative &amp; the care commissioner. Outcomes will be reflected in the support plan</p>	11 May 2015

		<p>service users;  (b) specify the service user's needs in respect of which prescribed services are to be provided;  (c) specify how those needs are to be met by the provision of prescribed services.</p> <p>The registered person must ensure that restrictive practices are undertaken when risks and needs have been identified and assessed by the HSC Trust, and after consultation with service users if practicable.</p> <p>This refers to restrictive practices which are included in the care and support plan without evidence of assessment and evaluation by the HSC Trust.</p>		<p>and risk assessment with planned review dates.</p>	
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8.	23 (2) (a) (b)	<p>At the request of the Regulation and Quality Improvement Authority; the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> <li>(c) Arranges the provision of good quality services for service users;</li> <li>(d) Takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> <li>(iii) What services to offer them, and</li> <li>(iv) The manner in which such services are to be provided</li> </ul> </li> </ul> <p>The registered person must ensure that the ongoing assessment of restrictive practice is included in the monthly monitoring reports.</p>	One	The registered manager can confirm that monthly monitoring reports are now completed using the correct template. This template assesses the use of restrictive care practices.	11 May 2015
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**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.

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	2.4	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This relates to the registered manager's assurance that update training regarding handling service users' monies will be provided to staff within two weeks of the inspection.</p>	One	<p>The registered manager has provided additional guidance to staff regarding the handling of service users' monies. The importance of issuing receipts and obtaining appropriate staff signatures for all transactions was specifically reinforced. Additional finance training has been arranged for 16.4.15 with further sessions rolled out as required.</p>	11 March 2015

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mark Baker
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey

<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	x	Rhonda Simms	12/05/2015
Further information requested from provider			