



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Boyd's Row
Agency ID No: 12088
Date of Inspection: 22 May 2014
Inspector's Name: Jim McBride
Inspection No: 17486

**The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Boyd's Row
Address:	19 Boyds Row Armagh BT61 7JR
Telephone Number:	028 3752 8573
E mail Address:	boydsrow.manager@ai-ni.co.uk
Registered Organisation / Registered Provider:	Mr Andrew Grainger (Acting)
Registered Manager:	Dr Eamonn James Edward Slevin
Person in Charge of the agency at the time of inspection:	Dr Eamonn James Edward Slevin
Number of service users:	2
Date and type of previous inspection:	Primary Announced Inspection 28 November 2013
Date and time of inspection:	Primary Announced Inspection 22 May 2014 09:30-14:30
Name of inspector:	Jim McBride

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	2
Staff	5
Relatives	1
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	12	11

Inspection Focus

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

The following four quality themes were assessed at this inspection:

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

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

No recommendations or requirements were issued during the previous inspection on 28 November 2013.

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

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

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

Profile of Service

Boyd's Row is a single storey building close to the centre of Armagh. Autism Initiatives provide a supported living type domiciliary care service to two tenants who live in Boyd's Row. The tenants rent their accommodation from Triangle Housing Association.

The premises can accommodate up to three tenants and was fully occupied until late 2011. The inspector was advised that there are plans for the third tenancy and the manager described the process of introductions and meetings in place. It was also noted that the manager discussed the new tenancy with relatives at their recent family focus meeting.

The accommodation at Boyd's Row is comprised of individual bedrooms and a range of shared living areas including living rooms, laundry, kitchen, bathrooms. There is an office within the building and this is used by agency supporters (Ref 1) 24 hours per day.

The building is located within its own grounds and is accessible through a set of gates. There is an ample driveway at the front of the house with parking spaces for several vehicles.

The premises are secured by a gate which is operated by supporters from within the house and remains locked when the tenants are at home.

The tenants access their accommodation through the front door which is locked to ensure safety and security of the property.

The front door is also locked from within the house and tenants cannot freely leave their home or venture out into the driveway. The door is secured with the use of a key pad which cannot be operated the tenants.

Ref (1) having spoken to one relative and to the staff they prefer staff to be referred to as supporters and this is what the tenants are used to hearing daily.

Summary of Inspection

The inspection was undertaken on the 22 May 2014. The inspector met with the registered manager Dr Eamonn Slevin during the inspection.

The inspector had the opportunity to meet and observe the two service users in their own home. They were going about their daily routine and preparing for swimming and lunch out and they came back to prepare their tea and relax after their outing. The inspector also spoke to the supporters on duty. It was noted that the supporters acted appropriately with tenants offering them choice and moving out to the garden seats where they appeared to relax and chat to tenants. The tenants appeared to have a good relationship with supporters, asking one word questions about the evening's activities, which staff explained and described. The tenants did acknowledge the inspector and the supporters explained the reason for him being there.

Prior to the inspection, eleven supporters forwarded to RQIA completed questionnaires in relation to the quality of service provision.

Feedback in relation to the inspection findings and comments made by agency supporters in the eleven questionnaires was provided to the manager during the inspection. It has to be noted the positive comments within the returned questionnaires.

Discussions with supporters and the manager would suggest that supporters focus on ability and encourage positive interactions for tenants whilst encouraging independence and community involvement.

Records examined show clear evidence that the service is person centred and individual. This was acknowledged in two individual care plans examined by the inspector as well as during discussion with the manager and supporters. One relative also stated "My son's care is one to one and meets his needs"

Supporters Comments:

"The induction prepared me for the work"

"I have received good quality training"

"The staff were very helpful during my induction"

"The tenants care and support is individual and person centred, we offer choice and recognise individuals abilities and work within them"

"The manager and team leaders are very supportive"

"Supported living offers a good quality of life"

"Tenants enjoy the community activities they are involved in"

Relatives Comments:

"Supporters are very supportive"

"Supporters communicate well with me and each other"

"Supporters encourage tenants to get involved in the community and in activities that they feel part of"

"Staffing has greatly improved over the past year"

“Supporters do understand what supported living is and live it daily”

“My son always receives one to one care and support”

“I have great faith in the staff, who meet my sons care and support needs everyday”

Eleven questionnaires were received prior to inspection; the inspector also spoke to five supporters on duty during the inspection and has added their comments to this report.

The eleven questionnaires returned indicated the following:

- Protection from abuse training was received by all eleven staff
- Training was rated as excellent.
- Staff competency was assessed via group discussion and competency questions
- Tenants' views and experiences are taken into account daily.
- Monthly monitoring takes place and comments are sometimes received from service users, however records examined shows supporters and relatives are interviewed.
- Staff are aware of the main principles of supported living and discussed this with the inspector.
- All eleven supporters stated they have received training in handling service users' money.
- Service users have in place individual service agreements.
- Care-plans are prepared in conjunction with HSC Trusts.

The inspector verified the above statements received from supporters during discussion and by the records examined.

It was evident from reading individual person centred support plans and discussion with supporters that the tenants and their representatives have control/input over individual care and support. One relative stated: “I discuss my son's care/support regularly with supporters”

Supporters also stated that systems are in place to ensure individual opinions are heard they include:-

- Monitoring Visits
- Reviews
- Keyworkers discussions
- Weekly planning
- Daily observations
- Family focus meetings

The areas indicated above were verified by:

- Discussion with supporters
- Monthly monitoring visit records
- Training records
- Relative

Supporters highlighted some of the principles of support living in their returned questionnaires as:-

“Support that promotes choice and variety lifelong learning and a safe environment”
“Support plan that are person centred and have service user input”
“Daily living in their environment”
“Supported to achieve long and short term goals”
“To be free from harm and abuse”
“Promote inclusion”

Detail of inspection process:

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

The agency has achieved a compliance level of “Compliant” for this theme.

The agency has demonstrated a commitment to this theme and provided supporting evidence of documentation currently in place to ensure each individual service user has in place the following:

- Finance support assessment
- Finance agreement
- Finance support plan

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with a service user guide.

The documentation highlighted above shows clear evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments, whilst the current statement of purpose describes the nature and range of services provided.

Records examined show arrangements are in place to apportion shared costs between the agency and the service user. The manager stated that supporters buy and eat their own food whilst on duty. There is also in place individual documentation clarifying the payment 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 manager stated that the new supporters will be attending training on the Finance Support Policy on 28 May 2013.

Theme 2 – Responding to the needs of service users

The agency has achieved a compliance level of “Compliant” for this theme.

The agency does have in place comprehensive care/support plans. Reviews and risk assessments were in place and were up to date. The documentation includes an “About Me” (Ref 2 Footnote) file as well as a service summary outlining the service philosophy and service delivery.

These documents reflect the input of the HSC Trust and the thoughts and views of the service users and their representatives.

The agency employs a comprehensive approach in the form of an “About Me” document that reflects on information about the likes, preferences and dislikes of each individual.

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users.

Records examined show a range of interventions used in the care and support of individuals. The manager explained the agency’s awareness of human rights and how it is inherent in all its work with service users.

The agency has in place comprehensive risk assessments describing capacity and as well as measuring the ability of individuals to achieve greater independence and choice in daily living.

Human rights considerations are explicit within the agency’s documentation citing choice, consultation and non-discrimination.

The manager stated that supporters had received human rights training; the last recorded session was completed on the 21 May 2014.

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

The agency has achieved a compliance level of “Compliant” for this theme.

Each service user has in place an individual service agreement provided by the agency. Records examined by the inspector showed clear details of the amount and type of care provided by the agency.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The service users and their representatives are made aware of the number of hours care and support provided to each service user. Individual care plans state the type of care and support provided including one to one and two to one hours when required.

The manager and supporters interviewed by the inspector discussed what care and support was provided to individuals daily. The service is person centred, whilst the needs and preferences of individual service users is set out in the “About Me” document.

The agency’s policy on assessment and care planning and their statement of purpose/service user guide describe how individual service user agreements are devised. The agency’s service user agreement is consistent with the care commissioned by the HSC Trust.

The agency’s care plan and the “About Me” information accurately detail the amount and type of care provided by the agency in an accessible format that includes pictures and symbols suitable to the needs of the service user.

Ref 2 (Footnote)

'About Me' aims to provide succinct need to know information about the service user. This information enables staff to adopt a consistent, user led approach, to support the service user effectively.

Additional Matters examined

Monthly Quality Monitoring Visits by the Registered Provider:

The inspector read a number of monthly monitoring reports in place. These have been completed regularly and were up to date and include action plans for service improvement. Records examined from January 2014 show evidence of discussions with:

- Supporters x5
- Service users were observed during all visits and spoken to when it suited the service user.
- Relatives x3
- HSC Trust staff x1, although records in place show details of contact made with other HSC Trust staff. Supporters explained to staff that they have regular visits from HSC Trust staff who discuss and review tenants progress.

The reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The manager stated that he and the agency's monitoring individual discuss the report following each visit.

Charging Survey:

Prior to inspection the agency were asked to complete and return to the RQIA a charging survey, outlining the procedures and any charges incurred by service users in a supported living scheme.

The returned survey shows that no service user is paying for additional services that do not form part of the HSC Trust's care assessment, however one service user's family contribute Independent Living Fund monies for extra staff support on outings, and this is in agreement with the HSC Trust and the relative.

The registered manager confirmed that agency staff do not act on behalf of service users as appointees but do act as agents and are in receipt of monies for safekeeping ensuring they keep income and expenditure records.

Records in place were examined by the inspector. Supporters do help service users with monies.

Service users pay a weekly charge which covers their heat and lighting. The agency also pay a contribution for the office areas. Relevant capacity assessments are now in place for service users and have been discussed with service users' representatives and the HSC Trust.

Statement of Purpose:

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed in 1 May 2014.

Annual review:

The manager stated that annual review of service users' needs having been completed by the relevant HSC Trusts; records in place show evidence of attendance by the agency and representatives of the service users.

Follow-Up on Previous Issues

No previous follow up issues.

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

like a workplace for care/support staff.

<p>Provider’s Self-Assessment</p>	
<p>Autism Initiatives have robust Finance Policies in place, on which service users have been consulted and all staff trained. The service users (SU) are consulted and have in place Finance assessment, Agreement, Support Plan and risk assessments that detail how a SU is to be assisted with their finances. The organisation does not charge the SU for day-to-day care but we do charge service users for care hours when they go on assisted holidays as per our service user finance policy. The tenants have individual financial agreements in place which clarify the apportion costs associated with the accommodation used in connection with the agency business – this is a utility template which has been devised on SU floor space and business space. The SU will only pay for the areas that they have exclusive possession of. The SU financial agreement and financial policy clearly indicates the arrangements for staff meals provision while they are on duty. Staff support SU with their finances, the arrangements and records kept are specified in the SU financial agreement and financial assessment. Policies and Procedures in place detail the arrangements where support is provided to enable SU to manage their finances and property. Autism Initiatives (AI) notifies each SU in writing of any increases in the charges payable by the SU at least four weeks in advance, as detailed in tenant’s agreement. The home looks like their home and not a place of work.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Documents in place included the service users’ guide, individual care agreements, care plans and individual service summaries show clear evidence of how service users manage their finances and show evidence of apportionment and individual percentages of shared costs with the agency. Service users have identified appointees who are not part of the agency and documentation clarifying this was in place. The inspector examined a number of documents in place that show evidence of reimbursements for previous costs that required to be returned to the service users recently had been made to service users. Supporters that assist service users with shopping etc. have in place a procedure for recording all transactions with two signatures and regular reconciliations of monies. The finance procedures are outlined within individual agreements. The manager stated that “Supporters provide their own food when on duty” The manager stated that “Service users do not pay any additional costs for care other than those assessed by the HSC Trust. However one service user’s family contribute Independent Living Fund monies for extra staff support on outings, and this is in agreement with the HSC Trust and the relative.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • 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 	<p>COMPLIANCE LEVEL</p>

<p>as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>All complete a service assessment with the HSC at the referral stage and a financial assessment is completed which identifies the level of support the SU requires to manage their finances. Finance policy states all income and expenditure must be recorded and signed by 2 members of staff. Ledger books are held in each service for each SU. Authorisation levels currently detailed in purchase of Goods and services policy and supporting financial decisions form. But, this is superseded by individual finance agreement for personal requirements. Weekly, Monthly and Quarterly audits are completed and included in finance policy file. The name of the appointee is recorded on the finance agreement but written authorisation would be confirmation from the benefits agency that the Appointeeship has transferred to the appropriate designated person, this is held under the benefits section of the finance file. Bank accounts are held in the names of the SU. No written authorisation required from the bank as staff do not make withdrawals without the SU being present. Capacity assessments have been requested from HSC Trust for SU who may require support to manage their financial affairs.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a number of service assessments, capacity assessments and service agreements in place. The documents outline the individual responsibilities of the appointees as well as supporters and show clear procedures to be followed when handling service users' monies. A number of records examined by the inspector show receipts and signatures as well as regular reconciliations in line with procedures. The</p>	<p>Compliant</p>

<p>manager stated that new supporters will receive training on the handling of service users' monies on the 28 May 2013 and also received training on the agency's finance policy. All service users have been assessed by the relevant authority as lacking the capacity to take responsibility for their finances. The inspector examined the relevant documents in place. Annual reviews completed by the HSC Trust show evidence of agreements of the finance arrangements in the service user's agreement and a record is kept of the name of the nominated appointee, on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee. The manager stated that service users have the support of their family members to manage their finances. Records show evidence of monies received by the agency monthly from relatives.</p>	
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THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>The service users' robust Financial Policy clearly indicates the arrangements for storage of money and valuables belonging to a SU, this is also detailed in the service users' Finance Assessment and Agreement. The person who has access to the safe place is the key holder; this is the Team Leader, Registered Manager or Senior on duty as per key holding policy. An Inventory list for personal possessions is in place (see finance policies appendices) and cash ledger books detailing income & expenditure are in place. There are weekly, monthly and quarterly audits completed in respect of the safety and security of service users monies and property. All errors and deficits are handled in accordance with the Vulnerable Adults policy. The SU are aware of any arrangements for the safe storage and have access to their individual financial records, this is</p>	Compliant

<p>discussed at SU reviews with the HSC and carer/representative – parents who are the Appointees in Boyd's Row. Where SU are restricted to access their money or valuables, this is reflected in the SU financial assessment, agreement and financial risk assessment discussed and shared with the HSC. SU can indicate their wishes to purchase personal items they may wish to obtain.</p>	
<p>Inspection Findings:</p>	
<p>Service users have a safe storage area for their monies; no restrictions are in place for access. The manager confirmed that the senior member of support on duty holds a key as per the agency's policy on safe storage of service users' monies and property. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure. The supporters interviewed gave clear examples of on the spot shopping that tenants want to do in relation to snacks bought from the local shop.</p>	<p>Compliant</p>
<p>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<p>Statement 4:</p> <p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • 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 	<p>COMPLIANCE LEVEL</p>

<p>use of an individual's Motability vehicle;</p> <ul style="list-style-type: none"> • 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 (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; • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>The needs and resources of individual SU are considered with the HSC and representatives. The SU transport policy states that SU can use the agency's transport or can opt out. The charges for transport provision are based on individual mileage and not based on a flat rate. A fuel policy/ agreement is shared with the SU, HSC and representative detailing the terms and conditions of transport scheme, the agreement includes the charges to be applied and the method and frequency of payments. There is no shared use of an individual's mobility vehicle. Within the financial agreement and financial file, records are kept detailing benefits received by the service user, including elements of (Disability Living Allowance). The SU pay for their own fuel upon receipt of an invoice in their name, and are not charged by the agency. Individual records are maintained for each journey completed by each service user, the name of person making the journey and miles travelled, no staff supervision charges are inclusive. All records are maintained for running costs of the vehicle. Vehicles used to transport SU all meet the legal requirements. Ownership details of any vehicles used by the agency to provide services are clarified.</p>	<p>Compliant</p>

Inspection Findings:	
<p>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.</p>	<p>Compliant</p>

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The Agency has an extensive working file for each SU, which is person centred and based on our 5 point star approach. Within this file the 'About me' section shows all current support needs as well as a separate section for risk assessments for various areas of need. All of these are based on the information shared from the HSC Trust families and SU. The working file is outcomes based which starts by identifying the future goals of the SU; then creating support plans to reflect the support and strategies to be used. Finally when the service user has developed/ learned the new skill this support plan is deemed to be achieved and becomes part of the 'About Me'. Additional to this the agency use daily notes, key worker monthly summaries, annual reviews and service user/ representative consultations to record outcomes for the SU and ensure all parties are involved in preparing the information. Positive Intervention Support Plans detail the individuals assessed needs around behaviour support and show the range of interventions to be used. This takes into account the human rights of each service user which is detailed in the service user information guide.</p>	Compliant

Inspection Findings:	
<p>HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read two care plans and these clearly show that the service is person centred. The agency uses a comprehensive approach in the form of an “About Me” document that reflects on information about the likes, preferences and dislikes of each individual. The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Records in place show the involvement of the HSC Trust and service user representatives in the process. Human rights considerations are explicit in the agency’s documentation citing choice, consultation and non-discrimination. Supporters stated they had received human rights training; the last recorded session was completed on the 21 May 2014. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users. Records examined show a range of interventions used in the care and support of individuals. These interventions were discussed with the manager and the supporters who stated these are varied according to need and can change daily.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>The agency provides mandatory training, in house specific training as well as training and guidance in PROACT SCIPr UK, a positive behaviour support model incorporating the potential impact on human rights. Service user needs are assessed and specific interventions are identified through positive intervention support plans. Staff are then taught, assessed and certified as competent. Monthly restrictive audits are carried out in the service and an overview of these is captured during monthly monitoring. The agency is moving towards collating a comprehensive overview of restrictive practices to examine least restrictive options. Care practices are evaluated through individual working files, annual reviews and monthly summaries to reflect the changes in service user needs. Any changes are then reported to the relevant parties i.e. families, HSC trust etc. The agency has extensive practice policies and training in areas such as Finance, Medication, Vulnerable Adults, Positive Interventions, Whistle Blowing and Complaints.</p>	Compliant

<p>Inspection Findings:</p> <p>The inspector examined a number of training records, supporters' competency assessments and evaluation records in place. The manager and a senior supporter stated that training completed by supporter's shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. Some of the following training has been completed by staff:</p> <ul style="list-style-type: none"> • Positive interventions • Human rights • Finance support • Keeping adults safe <p>The manager discussed with the inspector the on-going competency assessments and shared the written records in place. Records in place show that training is evaluated and discussed during supervision and appraisal with staff. The inspector discussed with the manager and supporters, reporting procedures if they had any concerns about poor practice, they were clear about the reporting procedures and were able to explain in detail how they would take these concerns forward. Supporters in their returned questionnaires rated training as good and during discussion described how flexible the agency is in responding to any training that would benefit both staff and service users in relation to any changing needs. Supporters interviewed during the inspection advised the inspector that they felt they had received adequate training for their roles and felt well supported by other staff during their induction.</p>	<p>Compliant</p>
<p>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</p>	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who 	<p>COMPLIANCE LEVEL</p>

<p>lack capacity to consent to care practices have this documented within their care records.</p> <ul style="list-style-type: none"> • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	
<p>Provider’s Self-Assessment</p>	
<p>All restrictive practices or practices which impact on SU rights, choices and independence are detailed in the Statement of Purpose. All restrictive practices are registered with the HSC Trust. Both the service user guide and statement of purpose detail the service provided by the agency and what to expect from the service provision. The statement of purpose makes reference to all rights of the SU including their right to refuse services. Where the service user is thought to lack capacity then a full assessment has been requested. Each service user has a service user information guide which details all their rights, choices and care provision in an easy read accessible format. This also highlights who they can seek advice from other than the agency. Where appropriate to the service user then many resources are used to provide them with a copy of their about me including visual strategies, consultations and reviews. Where a SU is restricted as a result of another tenant this is fully examined in best interests meetings and consultation meeting with SU/representative.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Each service user has in place a care plan and an “About Me” information file; the inspector examined two of the records in place and as stated by the agency above restrictive practices are in place. The service user guide and the statement of purpose describe the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative. Picture and symbol documentation in place show that supporters have discussed with service users and relatives their right to decline aspects of their care provision. The manager stated that restrictive practices in place re locked doors and keypads are related to security/safety and that the service users can access outside with the help of supporters if required. The inspector did observe the tenants outside during the inspection. 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. Service users who lack capacity to consent to care practices have this documented within their care records whilst showing discussions about this with relatives and the HSC Trust.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The agency adopts the positive behaviour support model PROACT SCIPr UK which is founded on human rights, physical interventions as a last resort and use of least restrictive approaches. Prior to any intervention being put in place there are clear audits/assessments of needs based on historical and current data to predict the behaviours which may be presented. Each SU has individualised Positive Intervention Support Plans and Positive Intervention Risk Assessments. The agency has internal PROACT SCIPr UK trainers who assess the needs of the SU and identify proactive, active and reactive strategies which are proportionate and least</p>	<p>Compliant</p>

<p>restrictive. Staff is individualised to the specific needs of the SU they are supporting. All training references legislation, specifically Human Rights, DOLS interim Guidance, MCA 2005 and Guidance on restraint and seclusion DHSSPS 2005. Monthly restrictive practice audits are completed to ensure practices being used are still appropriate and to assess changing need. All relevant parties are informed of significant changes including RQIA notifiable incidents. Positive Intervention Behaviour reports are completed at each behaviour incident. Through monthly restrictive practice audits and Monthly Monitoring by service coordinator the restrictive care practices are reviewed. The agency is moving toward collating a comprehensive overview of restrictive practices and interventions used.</p>	
<p>Inspection Findings:</p>	
<p>The manager described to the inspector the PROACT and SCIP training in place. The agency operates a least restrictive environment for each service user in line with training and assessment of need. The registered person monitors the implementation of any care practices which may be restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report and the review of care and support plans. Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. Care practices which are restrictive are justified and are proportionate and the least restrictive measure to secure the safety or welfare of the service user. The manager stated that care practices are in accordance with relevant legislation, assessed needs and interim guidance.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
<p>Provider’s Self-Assessment</p> <p>SU representatives have seen and signed the Service Summary that details care/support provided. All staff understand the nature and amount of care proved to SU, this can be evidenced by questioning their understanding, observation of practice and written records. A policy on assessment and planning is present in the service. The Statement of Purpose and SU guide detail how SU agreements have been developed i.e. these are based on SU needs.</p> <p>The SU Agreement and the HSC Trust Comprehensive Assessment and Care Plan are consistent. Each SU has a detailed “About Me” which is available in an accessible format. Together these cohesive documents provide accurate details on the amount and type of care provided for SU.</p>	Compliant
<p>Inspection Findings:</p> <p>Records examined by the inspector show clear details of the amount and type of care provided by the agency. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs. The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need and care plan. The service users and their representatives are made aware of the number of hours</p>	Compliant

<p>care and support that is available to them. Care plans state the type of care and support provided. The manager and supporters was able to describe what care and support was provided to individuals daily. The service is person centred whilst wishes, preferences and choice is included in the "About Me" document. The agency's policy on assessment and care planning and their service user guide describe how individual service user agreements are devised. The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan and the "About Me" information accurately detail the amount and type of care provided by the agency in an accessible format that includes pictures and symbols suitable to the needs of the service user.</p>	
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<p>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</p>	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>A written Support Agreement details the care provided to SUs as funded by the HSC Trust. This is explained to SUs and their representatives and they sign the agreement. SU do not pay for care from their income, other than if they are on holidays and the SU/representatives will be given written details of the additional</p>	<p>Compliant</p>

<p>staff costs they pay to be supported on holidays. SU/representatives are fully aware of the hourly rate charged and services they receive if they need to pay anything from their income i.e. additional hours for holidays, other than this they do not pay for care from their income. SU would only pay for any additional care for holidays. They are explained any such additional hours and as this is normally at the SU or their representative's instigation they can cancel the agreement at any time before it takes place, or indeed during the holiday should they wish to. Decisions about cancellation of any additional hours lead to absolutely no impact on SUs rights as a tenant and SU/representatives are fully aware of this.</p>	
<p>Inspection Findings:</p>	
<p>The two tenants have in place a support agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and the NIHE supporting people scheme for support. This payment structure is also stated in the agency's self-assessment. Service users do not make contributions from their personal income towards their care or support. These documents show clear evidence that the costs and service provided have been discussed with service users and their representatives. The agency has in place picture/symbol formatted documentation which is used by supporters. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency managers. The manager described the additional costs incurred by service users who need extra staff these costs re met by the independent living fund The Independent Living Fund (ILF) provides money to help disabled people live an independent life in the community rather than in residential care. This cost is paid by a relative who is in receipt of (ILF)</p>	<p>Compliant</p>
<p>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</p>	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care 	<p>COMPLIANCE LEVEL</p>

<p>provided and the payment of any fees.</p> <ul style="list-style-type: none"> Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	
Provider's Self-Assessment	
<p>SU/representatives see, read and contribute to care plans and this is evidenced by their signatures on these. Service agreements are also seen and signed by SU/representatives. Review of these takes place at least yearly.</p> <p>Staff from the agency contribute to all HSC Trust reviews and this is evidenced in HSC annual review meeting minutes. AI also write a detailed review which is available in the SU working file, as are the Trust review minutes.</p> <p>The Trust normally convene review meetings, with the next meeting being agreed at the end of each review meeting held. But if the AI service require a review, either due to changed SU needs or other reasons the service can and do contact the Trust to arrange review meetings. All such communications are recorded. Service Agreements & Care Plans are updated as required, including following reviews. Changes to any of these will be documented and signed by all stakeholders.</p>	Compliant
Inspection Findings:	
<p>Prior to inspection the agency were asked to forward to the RQIA details of service users annual reviews. The information received and the records examined by the inspector shows clear evidence that all annual reviews have taken place and the records were in place. The following documents were also reviewed and signed off by the appointees and agreed by the HSC Trust.</p> <ul style="list-style-type: none"> Finance support assessment Finance agreement Finance support plan <p>During discussion with the manager and supporters they confirmed that reviews can be convened as and when required, dependent upon the service users' needs and preferences. Records confirm that service users' service agreements and care plans are updated following reviews. It was clear from records and discussion with the manager that the agency are in regular contact with the HSC Trust and that changing needs and risks are discussed on an on-going basis.</p>	Compliant

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

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

Any other areas examined

Complaints

The agency has had three complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site. Discussion with the manager and records examined show that all complaints were resolved satisfactorily.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Dr Eamonn Slevin the registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

Jim Mc Bride
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the **primary announced inspection** of **Boyd's Row** which was undertaken on **22 May 2014** and I agree with the content of the report. Return this QIP to: **supportedliving.services@rqia.org.uk**

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

We wish to thank Jim McBride, Inspector/Quality Reviewer, for his thorough inspection of Boyd's Row and for the excellent advice provided on maintaining the quality of our service. In particular Jim's advice on incorporation of the Human Rights Act references into our About Me documentation is most helpful.

NAME OF REGISTERED MANAGER COMPLETING	Eamonn Slevin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Grainne Close

Approved by:	Date
Jim Mc Bride	6/8/14