



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Rathgill Link
Agency ID No: 12091
Date of Inspection: 14 April 2014
Inspector's Name: Jim McBride
Inspection No: 17489

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Rathgill Link Supported Living Services
Address:	43 Rathgill Link Balloo Bangor
Telephone Number:	02891471683
E mail Address:	teamleader.bangor@ai-ni.co.uk
Registered Organisation / Registered Provider:	Mr Andrew Grainger (Acting)
Registered Manager:	Mrs Danielle Saunderson
Person in Charge of the agency at the time of inspection:	Mrs Danielle Saunderson
Number of service users:	3
Date and type of previous inspection:	Enforcement Monitoring Inspection 29 November 2013
Date and time of inspection:	Primary Announced Inspection 14 April 2014 09:00-14:00
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	1
Staff	4
Relatives	0
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	6	4

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 three 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 of the 29 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

Rathgill Link Supported Living Service is a registered domiciliary care agency provided by Autism Initiatives. The agency provides a supported living type of domiciliary care to three tenants. The agency's registered office is within the home of two service users and one further service user receives a 24 hour domiciliary care service within their own home.

Service users' accommodation consists of separate bedrooms and access to a range of living rooms, bathrooms, a kitchen and outdoor areas. The agency's registered office is at the rear of one house which is rented by service users and agency staff provide a service within the homes of service users 24 hours per day. The service is now under the direction of Mrs Danielle Saunderson the registered manager.

Summary of Inspection

The inspection was undertaken on the 14 April 2014, the inspector met with the registered manager during the inspection.

The inspector had the opportunity to meet and observe one service user in their own home who was going about her daily routine. The inspector also spoke to the staff members on duty.

Prior to the inspection, four staff members 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 staff in the four questionnaires was provided to the manager during the inspection.

Records examined show clear evidence that the service is person centred and individual. This was acknowledged in three individual care plans examined by the inspector as well as during discussion with the manager and staff.

Staff Comments:

"The service is one to one"

"Our focus is on quality care and support"

"Supervision and training is good"

"The manager has an open door policy"

"Competency assessments are completed following training"

Four questionnaires were received prior to inspection; the inspector also spoke to four members of staff on duty during the inspection and has added their comments to this report.

The four questionnaires returned indicated the following:

- Protection from abuse training was received by all four staff
- Training was rated as excellent
- Staff competency was assessed via group discussion and competency questions
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living

- All four staff 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

Records in place, examined by the inspector verify the above statements received from staff.

It was evident from reading individual person centred support plans and discussion with staff that the tenants and their representatives have control/input over individual care and support.

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

- Service users meetings
- Monitoring Visits
- Reviews
- Keyworkers discussions
- Weekly planning

The areas indicated above were verified by:

- Discussion with staff
- Monthly monitoring visit records
- Staff training records

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

“Supporting service users to live as independent a life as possible, by supporting them with daily life”

“Providing appropriate support to enable service users to realise their potential”

The inspector would like to thank the manager, staff and tenants for their cooperation during the inspection process.

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 staff 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 staff have attended training on the Finance support policy on 7 November 2013. In house finance training 20 October 2013.

Theme 2 – Responding to the needs of service users

The agency has achieved a compliance level of “Substantially 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 1) 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 implicit in the agency's documentation citing choice, consultation and non-discrimination. However one recommendation has been issued in relation to this theme:

The agency should ensure that service users' human rights are explicitly outlined in their support plans where required in relation to best interests and health and safety considerations.

Staff stated they had received human rights training; the last recorded session was completed on the 26 March 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 staff 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 1)

‘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 show evidence of discussions with:

- Staff and service users
- Relatives
- HSC Trust staff

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 she 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 service users contribute to extra staff costs whilst on holiday, this is in agreement with the HSC trust and their representatives. 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. Agency staff do support some service users to budget. Service users pay a weekly charge which covers their heat and lighting. 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 April 2014.

Annual review:

Records examined show clear evidence that annual review of service users' needs having been completed by the relevant HSC Trusts and show evidence of attendance by the agency and representatives of the service users. The agency stated in their annual review documentation that records of two reviews were not received by them in the six week agreed period from the HSC Trust.

Follow-Up on Previous Issues

None

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>

<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 are consulted and have in place Finance assessment, Finance agreement, Finance support plan and finance risk assessment which details how a service user is to be assisted with their finances. The organisation does not charge the service user 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 service user floor space and business space. The service user will only pay for the areas that they have exclusive possession of. The service user financial agreement and financial policy clearly indicates the arrangements for staff meals provision while they are on duty. Staff support service users with their finances, the arrangements and records kept are specified in the service users financial agreement and financial assessment. Policies and Procedures in place detailing the arrangements where support is provided to enable service users to manage their finances and property. Autism Initiatives notifies each service user in writing of any increases in the charges payable by the service user at least four weeks in advance, detailed in tenants agreement. The home looks like their home and not a workplace for support staff.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the registered manager and examined a number of documents in place. Documents in place included the service users’ guide, individual care agreements, care plans and individual service summary’s 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. Staff that assist service users with shopping etc. have in place a procedure for recording all transactions with two signatures and regular reconciliations of cash ledgers. The finance procedures are outlined within individual agreements. The agency has in place a procedure for staff meals whilst on duty. The manager stated that “Staff 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. The extra costs that service users pay for extra staff on holiday is discussed and agreed with the HSC Trust and the service users’ representatives’ records examined by the inspector show clear evidence that all annual reviews have taken place and records of one review was in place, however as stated by the agency records of the others two have not yet been received by the HSC Trust.</p>	<p>Compliant</p>

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;
- 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;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • 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;If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement. 	
<p>Provider’s Self-Assessment</p>	
<p>Autism Initiatives complete a service assessment with the HSC at the referral stage and a financial assessment is completed which identifies the level of support the service user requires to manage their finances. The Finance policy details the procedure to follow. Each SU has a finance agreement which details if there are any funds that are not to be recorded on behalf of the service user this is agreed with service user, representative nad HSC Trust. All income and expenditure must be recorded and signed by 2 members of staff. Ledger books are held for each service user. Authorisation levels are detailed in purchase of Goods and services policy and supporting financial decisions form, but are superseded by individual finance agreement for personal requirements. Regular audits are completed and included in finance policy file. The name of the appointee is recorded on the finance agreement and written authorisation from Socail security agency to confirmthe appointee.. No written authorisation required from the bank as staff never make withdrawals without the service user being present. Capacity assessments have been completed by the HSC Trust and are located in their finance files.</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 staff 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 staff on duty stated that they have received training on the handling of service users’ monies on the 29 October 2013 and also received training on the agency’s finance policy on the 7 November 2013. 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</p>	<p>Compliant</p>

<p>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.</p>	
<p>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The service users' robust Financial Policy clearly indicates the arrangements of storage of money and valuables belonging to a service user, this is also detailed in the individual service users' Finance Assessment and Agreement. The person who has access to the safe place is the key holder, the shift leader or senior on duty as per key holding policy. An Inventory list for personal possessions is in place and cash books detailing income & expenditure. There are regular 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</p>	<p>Compliant</p>

<p>Vulnerable Adults policy. The service users are aware of any arrangements for the safe storage and have access to their individual financial records, this is discussed at service user review with the HSC and carer/ representative. Where service users are restricted to access their money or valuables, this is reflected in the service users financial assessment, agreement and financial risk assessment discussed and shared with the HSC.</p>	
<p>Inspection Findings:</p>	
<p>Service users have individual safe storage areas for their monies, no restrictions are in place for access. The manager confirmed that the senior member of staff 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.</p>	<p>Compliant</p>
<p>THEME 1 - SERVICE USERS’ FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<p>Statement 4: 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 use of an individual’s Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service 	<p>COMPLIANCE LEVEL</p>

<p>user (including the mobility element of Disability Living Allowance);</p> <ul style="list-style-type: none"> 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 service users are considered with the HSC and representatives. The service users have a car specific to their needs obtained through their DLA mobility scheme. This is in agreement with HSC and representative detailing the terms and conditions of transport scheme, 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 service users pay for their own fuel. 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 maintenance is as per mobility scheme who ensure vehicles meet legal requirement. Mobility agreements are recorded in finance files.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The service users have in place individual arrangements with the Disability living allowance Mobility Scheme and have personal responsibility for their own vehicles. Records of fuel payments are individual to their needs and use. The agency does not provide any other transport and service users do not share costs.</p>	

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1:	COMPLIANCE LEVEL
<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. 	
<p>Provider’s Self-Assessment</p> <p>The Agency has an extensive working file which is based on our 5 point star approach and is person centred. Within this file the 'About me' section shows all current support needs as well as a separate section for risk assessments. About me and Risk Assessments are based on the information obtained from the HSC Trust families and service users. The working file is an outcomes based model which starts by identifying the future goals of the service user; 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 service user 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 does take into account the human rights of each service user which is detailed in the service user information guide.</p>	<p>Compliant</p>

<p>Inspection Findings:</p> <p>HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read three 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 implicit in the agency’s documentation citing choice, consultation and non-discrimination; however it is recommended that the registered person ensures that service users’ human rights are explicitly outlined within their support plan if required. Staff stated they had received human rights training; the last recorded session was completed on the 26 March 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.</p>	<p>Substantially Compliant</p>
<p style="text-align: center;">THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</p>	
<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 	<p>COMPLIANCE LEVEL</p>

<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 ie. 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>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a number of training records, staff competency assessments and evaluation records in place. The manager and a senior support worker stated that training completed by staff 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 of staff and shared the written records in place. Records in place show that training is evaluated and discussed during supervision and appraisal with staff. The senior support worker on duty stated that “Changes to care practices are discussed with the HSC Trust care manager and other staff and reviewed regularly”. The inspector discussed with the manager and staff, reporting procedures if they had any concerns about poor practice, staff were clear about the reporting procedures and were able to explain in detail how they would take these concerns forward. Staff 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. Staff interviewed during the inspection advised the inspector that they felt they had received adequate training for their roles.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Restrictive practices are considered in the Statement of Purpose. However there are no restrictive practices for this service. 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 service users including their right to refuse services. Capacity has been assessed and each service user working file has a letter explaining their ability. Each service user has a service user information guide which details all their rights, choices and care provision. This is an easy read accessible format and highlights who they can seek advice from other than the agency. Many resources are used to provide explain their about me and working file contents including visual strategies, daily picture boards, consultations and reviews. There are currently no restrictive practices within this service. Doors are locked at night for safety & security.</p>	Compliant
<p>Inspection Findings:</p> <p>Each service user has in place a care plan and an “About Me” information file; the inspector examined three</p>	Compliant

of the records in place and as stated by the agency above no 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 staff have discussed with service users their right to decline aspects of their care provision. The manager stated that there are no restrictive practices in place and that the locked door at night is related to security and that the service users can access the lock to open the door if required.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS

Statement 4

The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.

- Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.
- Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.
- Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.
- The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.
- The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.
- Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.
- The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used
- The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report

COMPLIANCE LEVEL

Provider’s Self-Assessment

The agency adopts the positive behaviour support model PROACT SCIPr UK which is founded on human rights, intervenes as a last resort and is least restrictive. Prior to any intervention being put in place there are

Compliant

clear audits of needs based on historical data to predict the behaviours which may be presented. Each service user 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 service user and identify proactive, active and reactive strategies which are proportionate and least restrictive. Staff are trained specific to the needs of each service user. All training references legislation specifically Human Rights, DOLS interim Guidance, MCA 2005 and Guidance on restraint and seclusion DHSSPS 2005. These can all be accessed in the service and are referenced at staff meetings. Monthly restrictive practice audits are completed to examine restrictions and incident reports thus identifying 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 all positive intervention is reviewed. The agency is moving toward collating a comprehensive overview of restrictive practices and interventions used.

Inspection Findings:

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. The manager stated that no restrictive practices are currently in place for service users.

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

Substantially Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1 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	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>Service Users representatives have seen and signed the Service Summary that details care/support provided. All staff understand the nature and amount of care proved to Service user, 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 Service user guide detail how Service user agreements have been developed i.e. these are based on Service user needs.</p> <p>The Service user Agreement and the HSC Trust Comprehensive Assessment and Care Plan are consistent. Each Service user has a detailed “About Me” which is made in an accessible format through visual strategies and Service user information guide. Together these cohesive documents provide accurate details on the amount and type of care provided for Service user.</p>	Compliant
Inspection Findings:	
<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.</p> <p>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 care and support that is available to them. Care plans state the type of care and support provided. The manager and staff interviewed by the inspector were 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</p>	Compliant

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.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY

Statement 2

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.

- Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust
- Service users/representatives can demonstrate an understanding of the care which they pay for from their income.
- Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.
- Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income
- Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.

COMPLIANCE LEVEL

Provider's Self-Assessment

A written Support Agreement details the care provided to Service users as funded by the HSC Trust. This is explained to Service users and their representatives and they sign the agreement. Service users do not pay for care from their income, other than if they are on holidays and the Service user/representatives will be given written details of the additional staff costs they pay to be supported on holidays. Service user/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. Service users would only pay for any additional care for holidays. They are explained any such additional hours and as this is normally at they 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 Service users rights as a

Compliant

<p>tenant and Service user/representatives are fully aware of this.</p>	
<p>Inspection Findings:</p>	
<p>Each service user has 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 staff discussed care and support with service users. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. The manager described the additional costs incurred by service users who may need extra staff to go on holiday with them and this forms part of agreed finance agreements.</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 provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	<p>COMPLIANCE LEVEL</p>

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 Service user working file.</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 Service user needs or other reasons the service can and do contact the Trust to arrange review meetings. All such communications are recorded.</p> <p>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 staff 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 staff 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 Mrs Danielle Saunderson the registered manager, as part of the inspection process.

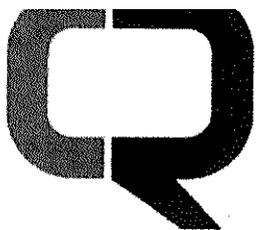
The timescales for completion commence from the date of inspection.

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



Quality Improvement Plan

Announced Primary Inspection

Rathgill Link

14 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Danielle Saunderson the registered manager both during and after the inspection visit.

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

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

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

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

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 1.1	The agency should ensure that the human rights of all service users are explicitly outlined in care records.	Once	THE ABOUT ME HAS BEEN UPDATED TO EXPLICITLY OUTLINE THE HUMAN RIGHTS OF EACH SERVICE USER TO THE CARE RECEIVED AND RECORDS OF THIS CARE	3 Months from inspection date. 14 July 2014

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	DANIELLE SAUNDERSON
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	ANDREW GRAINGER

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Jon McBride	16.6.14
Further information requested from provider			