

PRIMARY INSPECTION

Name of Agency:	Sperrin Drive
Agency ID No:	12095
Date of Inspection:	3 July 2014
Inspector's Name:	Jim McBride
Inspection No:	17493

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Sperrin Drive Supported Living Service
Address:	10 Sperrin Drive Belfast BT5 7RY
Telephone Number:	028 90418819
E mail Address:	sperrin@ai-ni.co.uk
Registered Organisation / Registered Provider:	Autism Initiatives Ms G Close Interim Director
Registered Manager:	Ms Jill Houston Acting
Person in Charge of the agency at the time of inspection:	Ms Anita Todd
Number of service users:	3
Date and type of previous inspection:	29 November 2013 Enforcement Monitoring
Date and time of inspection:	3 July 2014 09:00-14:30
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	1
Staff	2
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	4	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 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 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

Sperrin Drive is a two storey detached house in Belfast and is the home of three tenants who rent their accommodation from Triangle Housing Association.

Autism Initiatives provide a supported living type domiciliary care service to the tenants and the agency's registered office is located within the service users' home. The domiciliary care service is available 24 hours per day and agency staff 'sleep over' in the registered office. The agency is managed by the registered manager and the staff team is comprised of a team leader, a senior support worker and support staff.

The tenants' accommodation is comprised of individual bedrooms and all tenants have access to communal areas including kitchen / dining room, living room, bathrooms and outdoor spaces to the front and rear of their home.

Summary of Inspection

The inspection was undertaken on the 3 July 2014, the inspector met with the team leader during the inspection.

The inspector had the opportunity to meet one service user in his own home. The inspector 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 team leader and staff.

Staff Comments:

"Training and induction has greatly improved and does prepare you for the work"

"Staff communicate well with each other"

"Tenants are treated well by staff and encouraged to be as independent as possible"

Tenants Comments:

"Staff here understand me and how I currently feel"

Relative Comments:

"The staff are doing their job and have been encouraging my son to get involved in activities."

The relative and the tenant spoke to the inspector about some concerns they had relating to the HSC trust. The inspector has highlighted these to the manager and has made some suggestion about a way forward for the individual tenant.

Four questionnaires were received prior to inspection; the inspector also spoke to two 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 good or excellent
- Staff competency was assessed via group discussion and competency assessments as well as discussion with the trainer
- 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:-

“Respect, independence, right of choice and individuality”

“Tenants have control over the support they receive; they decide how to live their lives. Staff consider human rights at all times”

“Flexible support and individual support”

“Future planning and freedom of choice”

The inspector would like to thank the team leader, staff, tenant and relative for their cooperation and warm welcome 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 team leader 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 team leader 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 team leader stated that the staff have attended training on handling tenants finance on the 25 June 2014

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 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 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 sessions were completed on the 2 & 3 July 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 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 include action plans for service improvement.

Records examined show evidence of discussions with:

- Staff
- 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 team leader stated that she and the agency's monitoring officer discuss the report following each visit.

However it was noted that issues raised by a relative in April has not been brought forward and were not actioned in May. The inspector discussed this matter with the Team Leader and another senior staff manager who were aware of the matters raised but did recognize that these were not recorded and carried forward for actions.

A requirement has been issued in relation to the Monthly quality monitoring to ensure all actions are carried forward and evidenced within the quality monitoring reports.

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 act on behalf of one service user as appointee and do act as agents and are in receipt of monies for safekeeping ensuring they keep income and expenditure records. Service users pay a weekly charge which covers their heat and lighting.

Relevant capacity assessments are not in place for service users but have been requested from 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 on 9 June 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 one review was not received by them in the six week agreed period.

Follow-Up on Previous Issues

LAST INSPECTION WAS ENFORCEMENT MONITORING – NO QIP

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>

Provider's Self-Assessment	
<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>	Compliant
Inspection Findings:	
<p>The inspector discussed this theme with the team leader 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 were in place to verify this.</p>	Compliant

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

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<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>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. Finance policy details the procedure and finance agreement details if there are any funds that are not to be recorded on behalf of the service user. Finance policy states all income and expenditure must be recorded and signed by 2 members of staff. Ledger books are held for each service user. Authorisation levels currently detailed in purchase of goods and services policy and supporting financial decisions form. But 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 service users. No written authorisation required from the bank as staff never make withdrawals. Capacity assessments have been requested from HSC Trust for service users who may require support to manage their financial affairs.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector examined a number of service 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 25 June 2014. 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 team leader stated that service users have the support of their family members to manage their finances.</p>	Compliant

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

Statement 3:

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:

- 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;

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.

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Provider's Self-Assessment

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 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 (see finance policies appendices) and cash books detailing income & expenditure. 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 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.

Compliant

Inspection Findings:	
Service users have safe storage areas for their monies, no restrictions are in place for access. The team leader 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.	Compliant

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**Statement 4:****COMPLIANCE LEVEL****Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:**

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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>The needs and resources of individual service users are considered with the HSC and representatives. The service user transport policy states that service users 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 service users, 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 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 included. All records are maintained for the running costs of the vehicle. The vehicles used to transport services users are all meet the legal requirements. Ownership details of any vehicles used by the agency to provide services are clarified.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed with the team leader the current arrangements in place for transport and the associated costs. As stated in the self-assessment the service user's pay a charge per mile for their individual transport costs .The agency also state that service users can opt out of this scheme and avail of other community based transport. 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. Records in place show clear compliance with this criterion.</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

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. 	<p>COMPLIANCE LEVEL</p>
<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 for various areas of need. All of these are based on the information shared 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 and about me.</p>	<p>Compliant</p>

Inspection Findings:	
<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. The team leader stated staff had received human rights training; the last recorded session was completed on 1&2 July 2014. The 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>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 	<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>

Inspection Findings:	
<p>The inspector examined a number of training records, staff competency assessments and evaluation records in place. The team leader 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 team leader 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 team leader 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 team leader 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.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3: 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
Provider's Self-Assessment	
<p>All restrictive practices or practices which impacts on right, choice and independence of service users are detailed in the Statement of Purpose. There are no restrictive practices at 10 Sperrin Drive. 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. 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 service user might be restricted as a result of another tenant this is fully examined in best interests meetings and consultation meeting with service user / representative.</p>	Compliant

Inspection Findings:	
<p>Each service user has in place a care plan and an "About Me" information file; the inspector examined three 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 team leader stated that there are no restrictive practices in place..</p>	Compliant

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>

Provider's Self-Assessment	
<p>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 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 the service user 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 they 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>	Compliant
Inspection Findings:	
<p>Staff 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.</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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <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. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service Users (SU) representatives have seen and signed the Service Summary that details care/support provided. All staff understand the nature and amount of care provided 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 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 can be made available in an accessible format. 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 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 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.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<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 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 Service Users representatives will be given written details of the additional staff costs they pay to be supported on holidays.</p> <p>Service Users 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.</p> <p>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.</p> <p>Decisions about cancellation of any additional hours lead to absolutely no impact on SUs rights as a tenant and Service Users representatives are fully aware of this.</p>	<p>Compliant</p>

Inspection Findings:	
<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 staff 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>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<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. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service User 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 Service User 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, 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 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 staff 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 one complaint 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 Ms Anita Todd team Leader, 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**



Quality Improvement Plan

Announced/Unannounced Secondary/Primary Inspection

Sperrin Drive Supported Living Service

3 July 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Anita Todd 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.

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 23.—(1)	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This requirement relates to the monthly monitoring reports and the action plans in place, when comments are made by relatives or other stakeholders. These comments must be actioned and be reviewed each month.	Once	We have identified the issue and reviewed the process for monthly monitoring. All persons carrying out monitoring have been informed and advised to ensure all comments are actioned. A new process map has been distributed to all monitoring officers and this issue will be monitored by central records and Senior Managers.	2 Months from the inspection date 3 August 2014

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 1	The agency should take action following comments, suggestions made by service user's relatives/representative in relation to improving the quality of care provided to service users. Actions should take place when necessary following receipt of feedback.	Once	The agency will seek feedback using a service user satisfaction survey for all service users and representatives. Any necessary action will be taken when comments and feedback are received and a report made	3 Months from the inspection date 3 October 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Ailish Mc Meel
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	Yes	Jim Mc Bride	18/8/14
Further information requested from provider			