



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: 53 Ardglass Road
Agency ID No: 12104
Date of Inspection: 26 August 2014
Inspector's Name: Rhonda Simms
Inspection No: INO 20170

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	53 Ardglass Road
Address:	53 Ardglass Road Downpatrick BT30 6JQ
Telephone Number:	02844617110
E mail Address:	ann.hanna@setrust.hscni.net
Registered Organisation / Registered Provider:	South Eastern HSC Trust Mr Hugh McCaughey
Registered Manager:	Mrs Ann Hanna
Person in Charge of the agency at the time of inspection:	Mrs Ann Hanna
Number of service users:	18
Date and type of previous inspection:	Primary Announced Inspection 21 June 2013, 9:15am – 5:00pm
Date and time of inspection:	Primary Announced Inspection 26 August 2014 9.30 – 5.10pm
Name of inspector:	Rhonda Simms

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- Evaluation and feedback

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

Consultation process

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

Service users	3
Staff	3
Relatives	2
Other Professionals	1

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	20	12

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with five requirements and three recommendations following the primary inspection of 53 Ardglass Road on 21 June 2013 was assessed. The agency has fully met the five requirements, fully met the minimum standards with regard to two recommendations and partially met one recommendation.

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

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

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

53 Ardglass Road, Downpatrick provides 24 hour domiciliary care (supported living) to eighteen people who have a severe and enduring mental illness. Some service users have additional needs. The care and support is provided by twenty staff members. There is one building divided into three separate houses accommodating six people in one house, four people in the other two houses. There is also a separate bungalow providing accommodation for four people. The range of services provided include assistance with maintaining a tenancy, development of independent living skills and social skills, budgeting, supervision/assistance with medication, community involvement with the overall goal of promoting good mental health and enhancing quality of life. Service users have a tenancy agreement with Oaklee housing. An Occupational Therapist employed by the HSC Trust works part time with service users for the purpose of enhancing the support plan and helping service users to further develop community living skills.

Summary of inspection

The announced inspection was undertaken at the agency's registered office, 53 Ardglass Road, on 26 August 2014.

During the inspection a range of policies and procedures and other documentation was examined. The inspector met with Ann Hanna registered manager, three staff members, two relatives, and one other professional. The inspector spoke with three service users who wished to participate in the inspection and saw other service users engaging with staff in the course of their daily activities.

Prior to the inspection, 12 staff returned completed questionnaires to RQIA. Staff confirmed that they had received effective training in safeguarding vulnerable adults, and human rights. Staff noted comments which demonstrated their understanding of the supported living model, including promotion of independence, inclusion, respect and choice. Staff reported that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

Issues were raised in staff feedback which were addressed with the registered manager to the satisfaction of the inspector.

Staff who participated in the inspection process reported a clear understanding of safeguarding vulnerable adult issues, human rights issues, and the supported living ethos. The staff reported being equipped with the appropriate knowledge, support and supervision to carry out their roles. The staff described having undertaken training in the recovery model, which was particularly beneficial.

In the course of inspection three service users met with the inspector. Three service users showed the inspector their homes, which were furnished and decorated in accordance with their personal taste. All service users were positive about the freedoms and choice they were able to exercise by living at 53 Ardglass Road.

The service users who met with the inspector provided positive feedback about the quality of care and support they received from staff. Service users described being enabled by staff to complete tasks which increased their independence.

‘I have a better life, more freedom’
 ‘I can get money when I want’
 ‘I enjoy making my food’
 ‘I can get support at any time from staff’
 ‘The staff are knowledgeable’
 ‘I love the freedom to do things when I want to’
 ‘I can speak to the manager if I am unhappy’.

The inspector spoke with two relatives of service users in the course of the inspection. The relatives provided positive feedback regarding the standard of care and support provided by staff, including good communication, taking service users’ views into account, and appropriate response to changing needs. Relatives described the service at 53 Ardglass Road as ‘tremendous’ and their relative’s life as having been ‘transformed’.

Detail of inspection process:

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

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

The inspector viewed a range of documentation including HSC Trust assessments, risk assessment, service user guide, financial policies, financial support agreements, financial support plans, ledgers and receipts in order to assess compliance with Theme 1.

The terms and conditions and amounts paid for services were stated in financial agreements and the service user guide. The registered person should ensure that written guides and agreements contain up to date information regarding the terms and conditions of services delivered, specifically rent charges for any service user not entitled to housing benefit.

The registered manager and occupational therapist advised the inspector that they had identified the need for service users to be offered a financial capacity reassessment. Most service users were operating patient property accounts and the need to increase opportunities for financial independence was identified. This process is ongoing and has led to a reduction in the number of service users for whom the agency acts as appointee.

The inspector was advised that in the period prior to inspection a number of service users had changed from operating a patient property account via the HSC Trust to opening bank accounts. The registered person should ensure that all financial support plans are updated following a change in banking arrangements to include the method of payment of bills.

The inspector was advised that the HSC Trust pays for utility costs for staff areas and a proportion of utility costs for one house where night staff use the lounge of a service user who has an assessed need for staff presence at night.

The registered manager advised the inspector that Oaklee Housing Association is in the course of arranging for individual meters to be installed in each bungalow, which is more in keeping with the supporting living ethos than the current arrangement of service users sharing utility costs. There was no time scale available for this work.

During the inspection the arrangements for receiving and handling service user's monies were examined. The inspector was advised that ten service users keep money in the office safe. The inspector viewed the assessments and financial support plans which clarified the support each service user required in respect of handling and managing money. The registered person should ensure that the HSC Trust referral form and assessment of needs include the specific financial needs, capabilities and preferences of the service user. The inspector viewed documentation of daily, weekly and monthly financial reconciliations completed by the agency, including random checks.

The inspector viewed documentation relating to appointee ship arrangements and the one person who is involved with the Office of Care and Protection.

The inspector was informed that staff purchase their own food for consumption whilst on duty.

Service users and agency staff who took part in the inspection confirmed that service users could access their money at any time.

Three recommendations have been made in relation to Theme 1.

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

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

The inspector viewed a range of care and support plans which incorporated service users' needs from assessments completed by the HSC Trust. The registered person should ensure that the HSC Trust referral form and assessment of needs are further developed to include the specific financial needs, capabilities and preferences of the service user. Care and support plans were person centred, reflected a range of interventions, and included the involvement of the service user and/ or their representative.

Documentation and feedback from staff, service users, relatives and a professional showed that the agency responds to the changing needs of service users, reviews care practices, and adapts care and support plans accordingly.

The registered manager and occupational therapist advised the inspector of a continuing project to offer all service users a financial capacity reassessment. The occupational therapist described the aim of responding to needs of service users in supported living to develop increasing financial independence and autonomy.

The inspector noted that human rights implications were considered in care and support plans.

The inspector discussed the training system with the registered manager. It was noted that ten out of twenty staff require updated child protection training. The inspector was advised that this has been arranged for December 2014. A requirement has been made in relation to training.

Staff who participated in the inspection described training as very good, and had particularly benefited from training on the recovery model. A service user also described the recovery model training in positive terms.

Staff who participated in the inspection were able to describe care practices which could be regarded as restrictive. The inspector viewed care records, HSC Trust assessments and review reports which indicated that restrictions were in place with regard to budgeting, going out unaccompanied, and use of cigarettes for some service users. The inspector noted evidence of service user involvement and working in partnership to gain service user consent. Human rights considerations were evident in care and support plans.

The registered person must ensure that an evaluation of restrictive practice is included in monthly monitoring reports.

The inspector could not see policy and procedural guidance for staff in relation to responding to the needs of service users. There is a recommendation regarding this.

There are two requirements regarding informing service users of alternative sources of care and support.

There are five requirements and two recommendations in relation to Theme 2.

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

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

The inspector viewed a range of support and care plans which were consistent with care commissioned by the HSC Trust. Care and support plans were person centred, individualised and reflected the needs and preferences of the service user. Service users and relatives had an understanding of the amount and type of care provided by the agency.

Service users who took part in the inspection understood that they did not pay for their care; this was stated in written agreements viewed by the inspector.

The registered manager confirmed the report of care reviews commissioned by the HSC Trust that nine out of eighteen service users had annual reviews from 1 April 2013 – 31 March 2014. The inspector was advised that further reviews had taken place or were planned. The registered manager advised the inspector that the agency was working with the HSC Trust to ensure that all service users have annual reviews. There was evidence of regular HSC Trust collaboration and evaluation in care records viewed by the inspector.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The inspector read a number of monthly monitoring reports completed on behalf on the registered person. The reports had been regularly completed, and included consultation with service users, relatives, staff and professionals. The reports reflected areas of quality improvement including quality improvement plan actions.

The registered person must ensure that any practices which are restrictive are included in the monthly monitoring reports.

Charging Survey

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The registered manager confirmed that one service user is assessed as lacking financial capacity. At the time of the survey, the agency acted as nominated appointee for 16 service users. The inspector viewed appropriate documentation in relation to these arrangements.

The inspector viewed individual financial agreements and support plans which detail charges paid to the agency by the service user. The registered manager confirmed that no service user is paying for personal care or paying for care services additional to the Trust's care assessment. There are no charges linked to disability benefits.

Care reviews

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

The registered manager confirmed that during the survey period, nine out of eighteen service users had a review of their needs and care plans with the HSC Trust. The registered manager confirmed that a further four reviews have been completed since the survey return, with further reviews confirmed for September 2014. The registered manager discussed how the agency is working with the multidisciplinary team to ensure that appropriate reviews are carried out annually for all service users. During the course of inspection feedback from staff, relatives and service users indicated that the HSC Trust is involved in an ongoing process of assessment of need and evaluation of care provided.

Statement of purpose

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

Information was provided regarding the aims and objectives, philosophy of care, nature and range of services provided and the organisational structure.

The name of the registered person and registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described.

The registered person must ensure that the Statement of Purpose makes it clear that a service user can choose their care provider.

Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	23	The registered person must ensure that a policy and procedure is developed to define the systems in place to evaluate the quality of services provided. The policy and procedure must be forwarded to RQIA by 21 August 2013.	<p>The registered person forwarded a policy and procedure to RQIA as required.</p> <p>The inspector viewed the policy and procedure. The inspector was advised that this will be updated yearly.</p>	Two	Fully met
2	14 (d) (e)	The registered person must ensure service users have exclusion possession of their own private accommodation. Service users should only have keys to their own home not adjoining doors that lead into other service users' homes. The windows on adjoining doors leading to other service users homes should be opaque to ensure service users privacy	<p>The manager discussed how each service user has a key to their own home and not to other people's homes. The service users who spoke to the inspector stated that they carried the key for their own home and could not enter another person's home unless invited.</p> <p>Further to a process of discussion with Oaklee Housing Association, the registered manager advised the inspector that opaque coverings were installed on glass doors leading to service users' homes on 17 September 2014.</p>	One	Fully met

3	15 (3) (b)	<p>The registered person must ensure that the agency devises a policy for the review of service users' needs and preferences.</p> <p>(Domiciliary Care Agencies Minimum Standards Appendix 1: Policies and Procedures; Assessment, Care Planning and Review).</p>	<p>The inspector viewed a policy for the review of service users' needs and preferences. The manager discussed how changes have been made in the review process since the last inspection to ensure that all service users will have an appropriate review with the HSC Trust.</p>	One	Fully met
4	15 (2) (b)	<p>The registered person must ensure that service users' care plans specify how their communication needs are met. With the service user's consent a referral should be made to speech therapy for two service users who have communication needs to ensure that staff are aware of the most effective way of communicating with them.</p>	<p>The registered manager advised the inspector that two service users who had communication needs were referred to the speech and language therapist. The registered manager was advised by the speech and language therapist that no service existed for people with a primary diagnosis of mental illness. The speech and language therapist did work with one service user who had additional needs and undertook training with staff. The inspector viewed the care plans of both service users which includes guidance on effective means of communication.</p>	One	Fully met

5	14 (a-f)	The registered person must ensure that a working definition of 'restrictive practice' in compliance with the DHSSPS guidance and specific to service users with mental health needs is developed and implemented.	The inspector viewed a working definition of restrictive practice which has been developed. Staff who spoke to the inspector commented on the implementation of this. The manager discussed restrictions in relation to the movement of one service user and the inspector examined documentation in relation to the implementation and monitoring of this.	One	Fully met
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	The inspector viewed support plans which included the explicit consideration of human rights.	One	Fully met
2	6.1	It is recommended that the registered person requests that the Trust review the financial capacity of service users to offer those who have capacity the opportunity to open a bank account in their own name. The certificate of authorisation for the service user whose savings are managed by the Office of Care and Protection should be held on the service user's file.	<p>The registered manager and occupational therapist discussed work undertaken to review the capacity of service users to open a bank account in their own name. The inspector viewed documentation and minutes of meetings in relation to this, including a presentation made to staff. At present five out of eighteen service users hold bank accounts and two are in the process of arranging accounts. The inspector was advised that this ongoing process will involve the assessment of all service users.</p> <p>The certificate of authorisation for the service user whose savings are managed by the Office of Care and Protection was held on file and viewed by the inspector.</p>	One	Fully met

3	14.10	It is recommended that the registered person ensures that awareness training on the protection of children is updated at least every two years.	The inspector viewed documentation in relation to updating awareness training on the protection of children which has been undertaken by ten out of twenty of the staff. The inspector was advised that further training is planned for December 2014.	One	Partially met
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<p align="center">THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<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; 	<p align="center">COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> 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 user's home looks like his/her home and does not look like a workplace for care/support staff. 	
<p>Provider's Self-Assessment</p>	
<p>The tenants have a service user guide which includes any payments made in respect of electric and oil. These payments are taken out of their accounts in the cash office, some tenants pay by standing order. They are provided with payments schedules and know exactly what date payments are due. At present no service user pays for additional personal care. We are in the process of developing shared costs for tenants for electric and oil where by each house pays for the amount they use. Any costs associated with staff accommodation are paid by the trust. Staff have a kitty which they contribute to every month and this is used to buy tea, coffee, milk. Staff take all their meals in the staff room which is separate from tenants living area. Staff are responsible for providing their own food while at work. Where staff support tenants with finances this is recorded in the tenants support plan. Staff can refer to trust policies such as management of service user's finances, management of cash and valuables, and management of service user's finances in supported living, to help them to support tenants with their finances. Oaklee housing association informs tenants of any increase in rent. All tenants have an individual financial agreement detailing what payments they have made.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>The inspector viewed a range of financial plans signed by the service user and/or their representatives which detail what charges they pay in respect of services delivered. Service users have a utility payment details form which states the amount deducted from their Personal Patients Property Account. The inspector was advised that no service user is charged for care.</p> <p>Some financial support plans viewed by the inspector were not updated to include rent paid; the tenancy agreement signed by the service user states the amount of rent paid and by whom. The information guide for tenants and families states that housing benefit pays rent, which is not the case of all service users. The registered person should ensure that written guides and agreements contain up to date information regarding the terms and conditions of services delivered.</p>	<p>Substantially compliant</p>

The registered manager advised the inspector that most service users had a patient property account with the HSC Trust at the time when they moved to 53 Ardglass Road. Service users are being offered an assessment regarding their ability to manage a bank account. For service users transferring from a patient property account to their own bank account, the registered person should ensure that the finance support plan is updated to include the method of payment of bills.

The inspector viewed financial support plans which stated a set amount each month for electricity and gas costs. The registered manager advised the inspector that Oaklee Housing Association is in the course of arranging for individual meters to be installed in each bungalow.

The inspector was advised that the HSC Trust pays utility costs for staff areas and a proportion of utility costs for one house where night staff sit in the lounge of a service user who has an assessed need for a staff presence at night. The inspector viewed the service user guide which states that tenants do not pay any utility costs associated with staff areas.

The service user guide viewed by the inspector stated that staff purchase their own food for consumption whilst on duty.

The inspector viewed a range of finance support plans which detail the arrangements the service user requires to manage finance and undertake financial transactions. The inspector noted that service users who require help with budgeting have a budgeting support plan.

The inspector viewed the policy and procedure to detail the arrangements where support is provided by agency staff to enable service users to manage their finances in supported living services.

The service user guide viewed by the inspector includes the statement that service tenants will be notified of changes of charges in writing with a four week notice period. A service user informed the inspector that this had occurred.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances; • The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement; • The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record; • Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services; • There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s); • The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date; • A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly; • If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee; 	<p>COMPLIANCE LEVEL</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>The level of financial support needed by each individual tenant is stated in their support plan. Should a formal capacity assessment be required this is carried out by their consultant. The manger receives a record of each tenant's income and expenditure every month these are checked for any discrepancies. Each tenant has a personal ledger which records all transactions on a daily basis. A BF58 is completed for any tenant who has an appointee. Recently two staff completed the Safety Quality and experience programme run by the trust. Five of our tenants were very keen to open a community bank account to promote their financial independence and as part of this programme staff where able to support and educate these tenants to open their own bank accounts.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>The inspector viewed service users' needs assessments completed by the HSC Trust at the point of referral, which include financial needs. The registered manager advised the inspector that this form is to be further developed to include additional information regarding financial needs and capabilities. The registered person should ensure that the HSC Trust referral form and assessment of needs include the specific financial needs, capabilities and preferences of the service user.</p> <p>The registered manager informed the inspector that ten service users choose the use the facility of the office safe to store amounts of money. Some service users manage their money independently without assistance</p>	<p>Substantially compliant</p>

from staff. The inspector viewed records maintained of transactions which are signed and dated by two members of staff and the service user or their representative. Receipts are provided when a transaction takes place.

The inspector was advised that service users who chose to store money can have access to their money at any time. Service users who participated in the inspection confirmed that they can access money when they want to.

The inspector viewed evidence of daily financial reconciliations completed by support staff at shift handover. The registered manager showed the inspector records of monthly financial audits and the resolution of any issues arising from this. The registered manager advised the inspector that unannounced spot financial checks are conducted. The inspector was advised that no items or services are purchased on behalf of a service user.

The inspector viewed documentation from the Social Security Agency regarding appointee-ship arrangements. Documentation relating to the involvement of the Office of Care and Protection in the records of one service user was viewed by the inspector. The agency does not operate a bank account on behalf of any service user.

The registered manager and Occupational Therapist involved with the service discussed how they identified that a number of service users may have greater financial capacity than previously assessed. The resulting capacity assessments, review records, and care plans were viewed by the inspector. At the time of inspection five service users had been assisted to open bank accounts and a further two service users were in the process of arranging bank accounts. The registered manager and Occupational Therapist advised that this ongoing process would result in financial reassessments for all service users who wished to participate.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>In 53 Ardglass road the safe is kept in the staff office. The safe code is kept by the person in charge. Should any of the tenants choose to keep their money in the safe; it is stored in their individual wallet with their name clearly visible. Any money deposited is recorded in the tenant's ledger; this is signed by the tenant and by two support staff. All tenants can have access to their money at any time. A reconciliation of money is carried out on a daily basis and any errors would be dealt with as stated in the vulnerable adult's policies. Safe contents are checked and recorded weekly..</p>	Moving towards compliance

Inspection Findings:	
<p>The inspector was advised that ten service users choose to keep their money in a safe in the office. The registered manager advised that there are robust controls around who has access to the safe. The pin code for the safe is known by the registered manager and six members of senior support staff who provide cover when the registered manager is not on shift. The registered manager advised that in line with best practice, the pin code is changed every six months. The inspector viewed the record of the weekly contents check for the safe, which was signed by two members of staff.</p> <p>The inspector viewed up to date ledger records which documented when money was received from or returned to service users. These records are signed by a two members of staff and the service user or their representative. The inspector was advised that no valuables are kept in the safe and that the agency does not store bank cards or pin numbers.</p> <p>The inspector viewed a range of financial support plans and budgeting plans in respect of service users who have assessed needs in relation to managing their monies. Service users who participated in the inspection were aware of how to access money kept in the safe and the records kept in relation to this.</p> <p>The inspector viewed the risk assessment and support plan in respect of a service user who consented to some restriction regarding how much money they keep on a daily basis in order to facilitate budgeting.</p> <p>The registered manager advised that any errors or deficits would be handled in accordance with the agency's safeguarding procedures.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 4:</p> <p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared 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; 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> 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. 	
Provider's Self-Assessment	
Tenants in 53 Ardglass Road all use public transport and taxi's.	Moving towards compliance
Inspection Findings:	
The inspector was advised that the agency does not operate a transport scheme.	Not Applicable

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially 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. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>All needs and risks are identified in the tenants support plan, service user’s views are sought and they are asked to attend any review /risk assessment meetings. All service users sign their support plan. All support plans are adapted to suit the needs of the individual tenant and are recovery focused. All support plans take into consideration each tenants human rights. Staff complete a daily/ nightly note on each tenant and senior support staff carry out an evaluation every three months.</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector viewed a range of care and support plans which incorporated service users’ needs from assessments completed by the HSC Trust. The inspector noted that care and support plans adapted to changes in the needs of service users and included HSC Trust reassessments, risk assessments and reviews. Care and support plans reflected the involvement of the service user and/or their representative and the HSC Trust. Care and support plans were person centred and reflected a range of interventions appropriate to the needs of the individual.</p> <p>The inspector noted that the outcome of care practices was recorded on a daily basis and could also be seen in three monthly agency reviews and annual HSC Trust reviews. The inspector noted that care and support plans reflected changes in service user’s needs.</p>	Substantially compliant

<p>Service users and relatives who spoke with the inspector reported being involved with changes in their care and support plans.</p>	
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<p>The inspector viewed care plans which showed appropriate consideration of human rights.</p>	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Training and development are on-going, for each member of staff a training matrix is recorded for staff training. Supervision is carried out as per policy. Staff competencies are carried out in relation to finances and medication. Audits of restrictive practice are completed. The agency has a policy on responding to service user’s needs. Staff are aware of their obligations to raise any concerns regarding poor practice and are aware of vulnerable adults reporting procedure. Service user progress is discussed with the Consultant on a regular basis and they have a multi-disciplinary review of mental health and supported living needs. Training and development in relation to human rights, finance and restrictive practice is on-going. Monthly monitoring visits take place from the provider; this affords an opportunity to evaluate the care and support that is delivered to the tenants. During the monitoring visit there is also an opportunity to speak to staff, relatives and tenants and allow them time to express their views on the service delivered at 53 Ardglass road.</p>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>The inspector discussed the training system with the registered manager and viewed records of training. As noted in the follow up of the previous RQIA quality improvement plan, ten out of twenty staff require updated child protection training. The inspector was advised that training has been arranged for December 2014. The registered manager advised the inspector that training would take place as required. The registered person must ensure that agency staff receive appropriate training to meet mandatory training requirements.</p> <p>The registered manager described how the effectiveness of training is assessed via staff feedback, discussion in supervision and team meetings, and observation. Staff who took part in the inspection described training as 'very good' and felt equipped to carry out their roles. Staff commented on recovery training as being particularly beneficial. The professional who took part in the inspection described the staff as knowledgeable and able to respond to the changing needs of service users.</p> <p>The inspector noted that staff were able to discuss practices which could be regarded as restrictive. Staff discussed a care practice where a service user agreed to be accompanied when going out due to a history of purchasing substances which led to concern for their safety and that of others. The inspector was advised that further to assessment and discussion the service user consented to changes to their care plan. Staff feedback indicated that staff have an understanding of human rights issues.</p> <p>The inspector viewed a policy on the roles and responsibilities of supported living staff, however the agency did not have a policy in place outlining procedures for staff responsible for completing service user care plans. The registered person should ensure that the agency maintains policy and procedural guidance for staff in responding to the needs of service users.</p> <p>The inspector viewed care records and review reports which showed how agency staff had evaluated the impact of care practices and reported changes in the service user's needs appropriately. Relatives and service users who took part in the inspection described the agency as responding appropriately to changing needs and making adaptations to care practices accordingly.</p> <p>The registered manager described a system of fortnightly contact with the HSC Trust Consultant in addition to contact with community keyworkers. The agency has a part time occupational therapist who works with agency staff and service users to enhance the implementation of the support plan in the supported living service and improve social inclusion.</p>	<p>Substantially compliant</p>

The registered manager and occupational therapist described an ongoing project where they identified that some service users could benefit from greater financial independence. As a result, all service users are offered a capacity reassessment. At the time of inspection, five service users had changed banking arrangements to open bank accounts rather than operating a patient property account through the HSC Trust.

Agency staff reported to the inspector that they were aware of how to raise concerns about poor practice.

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
Provider’s Self-Assessment	
<p>Any restrictive practice is discussed with relatives and outlined in the tenants support plan. Statement of purpose and service user guide outline the nature and range of services and includes information on restrictive practice. At tenants meeting staff make tenants aware of their right to decline aspects of care their views are actively sought and they are aware that this is their home and they have the choice to decline services. At present all service users have the ability to consent. Service users are all given a copy of their support plan it is discussed with them and they sign their support plan.</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector viewed the Statement of Purpose which has been amended to include reference to restrictive practice. The written ‘Welcome Pack’ given to each service user includes reference to restrictive practice without saying why it could be used or how the service user could be impacted. There is a requirement regarding this. The Service User Guide and Statement of Purpose make appropriate reference to the nature and range of service provision.</p>	Substantially compliant

Service users who took part in the inspection were aware of their rights to decline aspects of care provision. Relatives who took part in the inspection described service provision as taking in account the service user's choices and wishes.

The inspector was advised by service users that they are involved in the formulation of and receive a copy of their care and support plan. The registered manager showed the inspector a written guide given to each service user which included information on advocacy. The registered manager advised the inspector that an advocate has come to speak to tenants at the tenants' meeting.

There are no service users who are experiencing restrictions as the result of a restrictive practice with another service user.

The Statement of Purpose viewed by the inspector describes a multi-disciplinary approach to meeting service user's needs, however service users are not informed that they can access external sources of support and care. There are two requirements regarding this.

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 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Restrictive practice is only used as a last resort and clearly outlined in the support plan. It is only used to ensure the safety of the tenant and all other options are explored before any restrictive practice is decided upon. Any restrictive practice is constantly reviewed and all restrictive practice is discussed with the MTD. An audit is carried out on any restrictive practice. 53 Ardglass road has developed a working definition of restrictive practice. At staff meetings restrictive practice is always discussed.</p>	Moving towards compliance

Inspection Findings:	
<p>The inspector viewed care plans which noted restrictions for some service users regarding going out unaccompanied, access to cigarettes, and budgeting. The inspector noted that these restrictions were subject to ongoing assessment and review with the HSC Trust. The inspector viewed records which showed service user involvement in gaining their agreement to the care practices. The registered manager and occupational therapist described any restriction as being as the result of an HSC assessment, justified, proportionate and implemented as a last resort.</p> <p>The registered manager advised the inspector that the agency does not use restraint.</p> <p>The registered person must ensure that an evaluation of restrictive practice is included in monthly monitoring reports.</p>	<p>Substantially compliant</p>

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

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

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
<p>Provider's Self-Assessment</p> <p>Service users can describe the amount and type of care/support provided to them in 53 Ardglass Road. Staff are involved in support planning. Tenants have a written account of the hours they are entitled to. A meeting is now held with staff from each house and the senior support worker assigned to that area along with the unit manager. At these meetings each tenant is discussed as how best to meet their needs. There are also regular reviews of tenants by care management.</p>	Moving towards compliance
<p>Inspection Findings:</p> <p>Service users and relatives who took part in the inspection were able to describe the amount and type of care provided by the agency. Service users described staff as available to help and support them with a range of activities and knew how to access staff support if required. Service users and relatives described agency staff as always being available to help. The inspector viewed documentation which stated the amount of hours support each service user is entitled to receive.</p> <p>The inspector received feedback from staff who understood what type of care was required by service users. The inspector viewed the agency's policy on assessment and care planning. The Statement of Purpose</p>	Substantially compliant

<p>describes how care and support plans are devised. Service user agreements and care plans viewed by the inspector were consistent with care commissioned by the HSC Trust. Care and support plans viewed by the inspector reflected the needs and preferences of service users and how these should be met.</p>	
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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. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Staff explain to service users the amount of care they receive and they are given a copy of the breakdown of hours of care / support. Staff continue to make tenants aware of the amount and type of care and support they can receive. At present no tenant in 53 Ardglass Road is paying for additional hours.</p>	Moving towards compliance
Inspection Findings:	
<p>The service users' agreements state that the HSC Trust pays for their care. Service users who spoke with the inspector understood that they did not pay for care costs. The inspector was advised by the registered manager that no service user is paying for care hours additional to the HSC Trust plan.</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
<p>Provider's Self-Assessment</p> <p>Service users understand that their support plans are reviewed every three months. Should a service users' needs change a review can be arranged.</p>	Moving towards compliance
<p>Inspection Findings:</p> <p>A report of care reviews commissioned by the HSC Trust was returned to RQIA in advance of the inspection. The registered manager confirmed that nine out of eighteen service users had annual reviews with the HSC Trust from 1 April 2013 – 31 March 2014.</p> <p>The registered manager confirmed that a further four reviews have been completed since the survey return, with further reviews confirmed for September 2014.</p> <p>The registered manager discussed how the agency is working with the multidisciplinary team to ensure that</p>	Substantially compliant

appropriate reviews are carried out annually for all service users.

During the course of inspection feedback from staff, relatives and service users indicated that the HSC Trust is involved in an ongoing process of assessment of need and evaluation of care provided. The inspector viewed a range of care and support plans which had been amended following review or HSC Trust reassessment.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

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

Any other areas examined

Complaints

The inspector was advised that the agency had no received any formal complaints in the period 1 January 2013 – 31 December 2013.

The inspector viewed records of the resolution of informal complaints which had been appropriately resolved.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Ann Hanna**, 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:

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



Quality Improvement Plan

Announced Primary Inspection

53 Ardglass Road

26 August 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 Ann Hanna, registered manager, during the inspection visit.

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

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

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

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

Announced Primary Inspection - 53 Ardglass Road – 26 August 2014

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 Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	23 (1)	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <p>The registered person must ensure that an evaluation of any practices which are restrictive are included in the monthly monitoring reports.</p>	One	The registered person will establish and maintain a system for evaluating the quality of services which the agency arranged to be provided. A copy of this will be forwarded to RQIA by the 31/01/15. The manager will make sure that the monthly monitoring report includes an evaluation of any restrictive practice.	31 January 2015
2	16 (2) (a)	<p>The registered person shall ensure that each employee of the agency –</p> <p>(a) Receives training and appraisal which are appropriate to the work he is to perform</p> <p>The registered person must ensure that agency staff receive appropriate training to meet mandatory training requirements.</p>	One	The registered person will ensure that each member of staff receives training and appraisal appropriate to their role and to meet mandatory training requirements. Copy of training matrix will be forwarded to RQIA before the 31/01/15.	31 January 2015

3	5 (1)	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as 'the statement of purpose') which shall consist of a statement as to the matters listed in Schedule 1</p> <p>The registered person must ensure that the Statement of Purpose makes it clear that a service user can choose their care provider.</p>	One	<p>The registered person will ensure that the matters listed in schedule one will be included in the 'statement of purpose'. The manager will ensure that the 'statement of purpose' makes it clear to the tenants of 53 Ardglass road that they can choose their care provider. A copy of the 'statement of purpose' will be sent to RQIA by the 31/01/15.</p>	31 January 2015
4	6 (1)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(a)The terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate</p> <ol style="list-style-type: none"> 1. The registered person must ensure that the service user's guide makes it clear that a service user can choose their care provider. 2. The registered person must ensure that the service user guide includes appropriate reference to restrictive practice 	One	<p>A copy of the service user guide will be forwarded to RQIA by the 31/01/15. This will include the terms and conditions in respect of services to be provided to service users, including details as to the amount and method of payment of fees. The manager will ensure that it makes it clear in the service user guide that any tenant can choose their care provider. The registered person will also make sure that the service user guide includes appropriate reference to restrictive practice.</p>	31 January 2015

Recommendations

These recommendations are based on the Nursing Homes 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	2.2	<p>The service user's guide contains information on the following:</p> <ul style="list-style-type: none"> • The amounts and method of payment for fees • The general terms and conditions for receipt of the agency's services <p>The registered manager should ensure that written guides and agreements contain up to date information regarding the terms and conditions of services delivered.</p> <p>1. This particularly relates to accurate information regarding the payment of rent.</p>	One	<p>The service user guide will be ammended to include information on the following: The amounts and method of payment of fees. The general terms and conditions of the agencies services.</p>	31 January 2015

2	4.2	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> The arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept <p>1. For service users transferring from a patient property account to their own bank account, the finance support plan should be updated to include the method of payment of bills.</p>	One	<p>The registered manager will ensure all written guides and agreements will include accurate information on the payment of rent. The arrangements for any financial transactions undertaken on behalf of the service user by the agency staff and information on records kept regarding this. The finance support plan will be updated for any service user transferring from a patient property account to their own bank account. It will now include the method of payment of bills for example by standing order.</p>	31 January 2015
3	3.2	<p>The registered manager ensures that the person-centred, holistic assessment of need provided to the agency includes:</p> <ul style="list-style-type: none"> Specific needs and preferences of the individual <p>The registered person should ensure that the HSC Trust referral form and assessment of needs includes the specific financial needs, capabilities and preferences of the service user.</p>	One	<p>The registered manager will make sure that any assessment of needs provided to the agency will include the specific needs and preference of the individual service user. The HSC trust referral form is now being changed and will now include the specific financial needs, capabilities and preferences of the service user. A copy of this will be forwarded to RQIA by the 31/01/15.</p>	31 January 2015

4	9	<p>There are policies and procedures in place that direct the quality of care and services.</p> <p>The registered person should ensure that the agency maintains policy and procedural guidance for staff in relation to meeting service users' needs through completion of care plans.</p>	One	<p>The registered manager will ensure that the agency maintains a policy and procedure that provides guidance for staff regarding meeting service users' needs through completion of support plans.</p>	31 January 2015
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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 and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	ANN HANNA
Name of Responsible Person / Identified Responsible Person Approving Qip	Brendan Whittle, Director of Adult Services and Prison Healthcare

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Rhonda Simms	10/02/2015
Further information requested from provider			