



The **Regulation and  
Quality Improvement  
Authority**

## **Primary Announced Care Inspection**

<b>Name of Agency:</b>	<b>MENCAP</b>
<b>RQIA Number:</b>	<b>12107</b>
<b>Date of Inspection:</b>	<b>27 October 2014</b>
<b>Inspector's Name:</b>	<b>Joanne Faulkner</b>
<b>Inspection ID:</b>	<b>20506</b>

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

<b>Name of Agency:</b>	MENCAP (12107)
<b>Address:</b>	Omagh Community House 2 Drumragh Avenue Omagh BT78 1DP
<b>Telephone Number:</b>	02882259249
<b>Email Address:</b>	sinead.murphy@mencap.org.uk
<b>Registered Organisation / Registered Provider:</b>	Mr Barry McMenamin MENCAP
<b>Registered Manager:</b>	Mrs Sinead Murphy
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Sinead Murphy Geraldine Nugent –Team Manager Emma Tilson – Team Manager
<b>Number of Service Users:</b>	13
<b>Date and Time of Inspection:</b>	27 October 2014 10:00-16:00
<b>Name of Inspectors:</b>	Joanne Faulkner Laura O'Hanlon

## 2.0 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.

## 3.0 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.

## 4.0 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 inspectors.

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 inspectors in preparing for this inspection.

## 5.0 Consultation Process

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

Service Users	6
Staff	5
Relatives	1
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	15	8

## 6.0 Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

### **Review of Action Plans/Progress to Address Outcomes from the Previous Inspection**

The inspectors reviewed the quality improvement plan issued following the previous inspection; one requirement and two recommendations have been assessed as being fully met.

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

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

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

## 7.0 Profile of Service

Mencap (12107) is a supported living type domiciliary care agency, based on the Omagh area. The agency offers domiciliary care and housing support to adults with a learning disability. The registered office is located in the town centre of Omagh.

The agency's aim is to provide care and support to service users with a learning disability, to enable them to live in their own home within the local community; many service users moved to the scheme from long stay hospital placements.

The agency is staffed by a registered manager, two team managers and a number of support staff. Staff are available to provide support 24 hours per day and each service user has an identified 'key worker.'

Specific services provided by the agency include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs, interests and wishes.

The agency provides care and support to service users residing in two locations close to the town centre.

## 8.0 Summary of Inspection

The announced inspection was undertaken on 27 October 2014 at the registered office located in the centre of Omagh. The inspectors were supported throughout the inspection by the registered manager, Sinead Murphy; Geraldine Nugent and Emma Tilson, team managers.

During the inspection, inspectors had the opportunity to meet with six service users in their own homes; the inspectors met with a relative of one service user and spoke to five staff.

During the inspection the inspectors viewed a number of care records which detailed the care and support required by the service users; the information recorded reflected a range of interventions by agency staff to meet the identified needs of the service users. Staff who met with the inspectors stated that service users are provided with the necessary support to live as independent as possible within the community.

Prior to the inspection eight staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspectors also spoke to five members of staff on duty during the inspection and have added their comments to this report.

### 8.1 Staff Comments

- "The change in the service users is unbelievable"
- "Service users are given choice"
- "We used to do everything for the service users now we encourage them to be as independent as possible"
- "Service users' self-confidence has increased"
- "I get supervision two monthly"
- "I can approach the senior staff at any time; team managers are very approachable"
- "Service users can choose how they spend their money"
- "Service users are supported to shop and cook"
- "I feel supported in my job"

- “I love working here”
- “I received induction training”
- “If I am unhappy with anything I go to the registered manager”
- “We are out a lot with the service users; they lead very busy lives”

The completed questionnaires indicated the following:

- Eight staff have received Vulnerable Adult training
- Training was rated as good or excellent
- Staff have received Human Rights training
- Staff are aware of whistleblowing policy
- Staff have received training on managing service users monies
- Staff have received training on the supported living model
- Service users have in place individual service agreements

Records viewed by the inspectors support the above statements; discussion with the registered manager suggests that training has been extended to all staff. Discussions with staff, service users and a relative at the time of inspection identified their involvement in the development of individual care and support plans and the involvement of the relevant HSC trust in the annual review process.

## 8.2 Service Users' Comments

During the inspection, the inspectors met with six service users who described the care and support they received; they informed the inspectors that they were involved in developing their individual care and support plans and in their annual review and that their views and wishes are respected.

Service users were aware of any charges paid to the agency for services received.

### Comments

- “I love it here”
- “I go out on my own”
- “I go to work in Belfast”
- “I spend my money on what I want”
- “I cook my own food”
- “My friends come for dinner every week and we go to drama group”
- “I have a keyworker”
- “Staff help me make my dinner”
- “I can come and go as I please”
- “Staff are good”
- “I go to the gym”
- “My family visit me; I go out with them”
- “I have my own key”
- “Staff are great”
- “I go to visit my girlfriend”
- “I like to play pool, darts and football”

### 8.3 Service User Representative

The inspectors spoke with a relative of one service user who stated that service users are supported to live as independently as possible; they stated that they are involved in review meetings and encouraged to express their views.

#### Comments

- “I am kept informed of any changes”
- “Staff are approachable, I can lift the phone to them at anytime”
- “I am invited to review meetings”
- “Staff are excellent”
- “I found the transition difficult but it is much better for my relative”

The inspectors would like to thank the service users, their representatives, the registered manager, team managers and staff for their support and co-operation during the inspection process.

### 8.4 Detail of Inspection Process:

#### 8.4.1 Theme 1: Service users’ finances and property are appropriately managed and safeguarded

It was the inspectors’ assessment that the agency is “compliant” in this theme.

The agency has in place the following documentation for each service user:

- Tenant guide/agreements
- Financial care and support plans
- Pooled money agreements

The records viewed outline any charges in respect of service provision including the terms and conditions and methods of payment.

The registered manager stated that service users do not pay additional charges for care services provided by the agency; the relevant HSC Trust commissions the care provided by the agency to the service users.

The agency’s office is located in the town centre of Omagh; the manager stated that service users do not contribute towards the cost of the agency’s office.

Service users currently pay a weekly agreed amount into the pooled monies account for the house for milk and bread. Service users are supported to shop and cook independently. Service users described to the inspectors the process for cancelling any services no longer required from the agency.

Staff members provide their own food whilst on duty in a service user’s home. The agency has a policy relating to staff meals; it details any charges to service users for staff food whilst being accompanied on outings and arrangements for staff accessing food whilst on duty.



The agency acts as appointee for a number of service users. The agency provides each service user with the agreed support required to manage their finances; this is clearly recorded in the service users' individual financial support plans and the financial support agreements. Service users are supported to manage their money and can access their money at all times; the agency maintains a record of all monies or valuables held on behalf of service users. Individual ledgers are maintained; they clearly record any transactions and are maintained in accordance with the agency's finance policy.

Service users have a locked facility in their individual rooms to store valuables and monies; the agency provides them with a key.

The agency provide a transport service; service users are given the choice to avail of this service or provided with the necessary support to avail of appropriate public transport, and are supported to obtain appropriate benefits. Service users who choose to use the transport scheme have a finance agreement in place. The agency maintains a record of all journeys in accordance with the transport policy in place.

Service users who met with the inspectors were aware of costs related to using the transport service and stated that they could use taxis or Disability Action's transport scheme if they preferred.

#### **8.4.2 Theme 2: Responding to the needs of service users**

It was the inspectors' assessment that the agency is "compliant" in this theme.

The registered manager stated that prior to admission the agency receives a range of professional assessments from the referring HSC trust representative; these assist staff in developing individual care and support plans in conjunction with service users and their representatives.

Records viewed by the inspectors contained a range of assessments provided to the agency by the referring HSC Trust and care and support plans. Service users and their representatives who met with the inspectors stated that they are involved in developing their care and support plans and that their choices and preferences were considered. Staff stated that they record daily the care and support provided to each service user; the team manager stated that a monthly report is also completed in conjunction with the service user. The inspectors noted that care and support plans in place had been signed by the service users or their representative.

Records viewed by the inspectors reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are recorded within their care and support plans; it was identified that these are reviewed six monthly or as required.

The agency currently has a restrictive practice in place for one service user; the inspectors viewed the documentation in place relating to the restriction. It was identified by the inspectors that the agency had engaged with the relevant HSC representative, the service user and their representatives. Records viewed reflected that human rights of the service user.

Regular review of any restrictive practice occurs to ensure that it is still appropriate; this is done in conjunction with the HSC Trust representative and a record of the outcomes retained by the agency.

Records viewed indicate that all service users presently in receipt of services from the agency have received at least one review with their commissioning HSC Trust representative in the previous year; a copy of the review documentation is retained by the agency and it was noted that it had been signed by attendees.

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, care planning and restrictive practice, and person centred support planning. Staff informed the inspectors that they receive two monthly supervision and annual 'shape your future' appraisal.

The agency maintains a record of all staff training; this was viewed by the inspectors.

The inspectors read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided.

Staff could describe practices which could be deemed as restrictive and were aware of the agency's whistleblowing policy.

#### **8.4.3 Theme 3: Each service user has a written individual service agreement provided by the Agency**

It was the inspectors' assessment that the agency is "compliant" in this theme.

The agency has in place tenants' guide/agreements and finance agreements for individual service users; they detail the amount and type of care provided by the agency to each individual service user and are updated annually.

The agency has receives referral information for each service user provided by the relevant referring HSC Trust prior to admission.

Service users and their representatives could describe the amount and types of care provided by the agency and were aware of charges for services received. Service users described a varied range of activities that they participate in, with the support of the agency's staff. All service users are in receipt of care services funded by an HSC Trust. The registered manager stated that none of the service users are paying additional charges to the agency for personal care services.

The registered manager, team manager and staff could clearly describe the amount and type of care provided to individual service users.

From the documentation in place and discussion with service users, the inspectors identified that care and support plans are reviewed six monthly or as required in conjunction with the service user, their representative and their allocated keyworker within the service.

Service users and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views and wishes.

A copy of the review documentation is retained by the agency. It was noted that the documentation retained had been signed by attendees.

The tenants guide outlines the process for service users wishing to opt in /out or cancel services.

## **8.5 Additional Matters Examined**

### **8.5.1 Charging Survey**

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the registered manager informed the inspectors that the relevant HSC trust commissions the care provided by the agency to the service users; the manager stated that no service users are paying additional charges for care.

### **8.5.2 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 inspection.

### **8.5.3 Annual Review of Service Users' Needs by HSC Trusts:**

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").

Records viewed by the inspectors and discussion with staff and service users identified that all service users have received an annual review involving the relevant HSC Trust. Service users and a relative informed the inspectors that they are encouraged to participate in the review meeting and are given the opportunity to express their views and wishes. The agency retains a copy of review documentation.

### **8.5.4 Monthly Quality Monitoring**

The agency has in place records of monthly quality monitoring visits; these were available for the inspectors to view. The inspectors identified that the views of service users had been recorded. It was noted by the inspectors that the monthly monitoring of the agency did not consistently record consultation with service users' relatives and relevant professionals. A requirement has been made.

**9.0 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.	14(d) & (e)	The registered person must ensure that when necessary individual support plans include an agreement with service users for staff to have a key to their home and specify the circumstances when staff can use the key.	<p>The inspectors viewed the tenant's guide and individual support plans and noted that service users' sign if they agree to staff having a key to their home; it details instances when the key may be used.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.

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.	<p>The inspectors read two care and support plans; it was noted that the relevant human rights were referenced.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met.
2.	14.8	It is recommended that the registered person contacts the Disclosure and Barring Service to determine if they require a referral pending the outcome of NISCC's investigation.	<p>The inspectors discussed this investigation with the manager who stated that a referral has been made to Disclosure and Barring service; a copy of the referral form was viewed by the inspectors.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met.

**10.0 Inspection Findings**

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 1:</b></p> <p><b>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<p><b>Provider's Self-Assessment</b></p>	
<p>All tenants have a tenants guide which is an individual written agreement detailing the amount of support and care provided by Mencap and the cost of this and method of payment for all charges to the tenant. Currently none of our tenants in Omagh Supported Living Service pay for additional personal care services. The tenants guide also details the pooled money costs that tenants can choose to be part of and what they are for. It also provides tenants with information on who pays for the office costs and the staff sleepover room. The guide states the arrangements for staff meals while they are working in the tenants home. There is a section on supporting the tenant with their money with details of the arrangements and records to be kept. There is also a section on supporting the tenant to manage their property There is a statement in the tenants guide that details the requirement to give 4 weeks notice of any increase in the charges payable by the tenant.</p> <p>Each tenants home and the communal areas is personalised to their taste and does not look like a workplace for our staff .</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspectors discussed the theme with the registered manager and team managers who stated that none of the service users are charged for personal care provided by the agency; the HSC trust commissions a fixed amount for care provided to service users.</p> <p>The inspectors viewed the tenants guide and financial agreements for two service users and noted that service users are not paying additional charges for personal care and that these are reviewed annually.</p> <p>From the records viewed, service users have in place a tenant's guide/ agreement, and a finance agreement which detail services provided and any related charges; they are signed by the service users and their relative. The tenant's guide details the process for cancelling services.</p> <p>Service users informed the inspectors that they pay an agreed amount per week for utilities; they described to the inspectors the process for individually shopping and preparing food. All service users are encouraged to participate in the preparation of food with the support of staff, dependant on their ability; this was reflected in the individual care and support plans viewed by the inspectors. Service users who met with the inspectors stated that they can access their kitchen at any time and are provided with the necessary support to prepare food. Service users contribute an agreed amount to a pooled money fund to cover bread and milk.</p>	<p>Compliant</p>

<p>The inspectors viewed a ledger in place for the service users' pooled monies and noted that it detailed transactions and available balances; receipts are retained by the agency for each purchase made and are numbered.</p> <p>The registered manager stated that staff are required to provide their own food whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspectors. The inspectors viewed the tenants guide; it details the arrangements for staff accessing food whilst on duty in a service users home</p> <p>The agency's policy for staff meals details the charges for staff meals whilst accompanying service users on an outing.</p> <p>The agency's office is located in the centre of Omagh; the registered manager stated that service users do not contribute towards the cost of the agency's office.</p> <p>The inspectors viewed the agency's finance policy; it outlines the procedures for staff involved in supporting service users to manage their money.</p>	
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**THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**

**Statement 2:**

**COMPLIANCE LEVEL**

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

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

<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<b>Provider's Self-Assessment</b>	
<p>Each tenant has a needs assessment which is completed initially by the Western Trust and then reviewed by Mencap annually or if the persons needs change. It identifies the level of support which Mencap should provide across all activities of daily living including managing finance. Mencap have a Management of Service User Finance Policy. The service keep locked tins for pooled money and petty cash which are locked in the staff cupboard or the sleepover room. The pooled money is counted every day by staff and recorded. There are pooled money agreements in place which states what the tenants have agreed to buy from this money on a regular basis, any additional items are discussed at a tenants meeting prior to purchasing. All transactions are recorded on the individual personal money record sheets. The personal money record sheet is reconciled with the tenants bank statement when the statement comes in the post. If the tenant wishes to purchase an item such as a holiday then a holiday pack is completed which is signed of by the team manager and agreed with family and Care Manager if appropriate. No staff act as an agent to any tenant. Some of the tenants have appointees who are family members and Mencap is appointee for 6 tenants currently. All tenants have financial capacity at the service.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspectors viewed care records for two service users and noted that the HSC trust needs assessment detailed the level of support required by service users to safely manage their monies.</p> <p>The team managers stated that service users have capacity to manage their finances and are encouraged to safely store their monies in a locked facility in their own rooms.</p>	Compliant

The agency has in place tenants agreements, pooled money agreements and care and support plans detailing the support required by individual service users to manage their monies. The inspectors viewed the documentation for two service users and noted they detailed the support required by service users to manage their finances. The agency acts as appointee for a number of service users; details of these arrangements are recorded in the finance agreement.

The manager stated that all service users have a bank account and are provided with the previously agreed support to access their monies.

Service users and a relative who met with the inspectors stated that they have been involved in decisions made in relation to support required to manage their monies. Service users informed the inspectors that they can access their money at any time and choose how to spend their money; they described to the inspectors the provision provided by the agency that enables them to store money and valuables in their own rooms.

The agency has in place ledgers for pooled monies and individual money record sheets for service users who require support in managing their finances; these were viewed by the inspectors. They detail all transactions and are signed by the service users where applicable and by two members of staff. Reconciliation of monies held on behalf of service users is carried out daily at each shift handover and weekly by the senior. The agency has in place a finance policy which details the procedure for staff handling service users' monies; this was viewed by the inspectors.

The registered and team managers could describe the process for referral of a service user for a capacity assessment.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The service does not currently store money or valuables for the tenants. If required tenants are supported to keep personal items safely in their homes.</p> <p>All tenants are supported to keep their own keys to their homes, bedrooms and to carry out weekly health and safety checks in their home. These include checking the security of their home.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency has in place 'supporting me with my money' documentation which details the agreed support required by service users to manage their monies; it was noted that they had been signed by service users and are updated annually.</p>	Compliant

The inspectors discussed this theme with the team managers who stated that service users have a locked facility in their individual rooms for storage of monies or valuables; service users are provided with a key and are given the support to safely manage monies.

The registered manager informed the inspectors that the agency provides a locked cupboard for the storage of pooled monies; it is managed in accordance with the agency's finance policy and procedures. The inspectors viewed the records maintained by the agency and noted that a record of all contents is maintained and reconciled daily. The team manager stated that spot checks are completed monthly by the manager.

Ledgers are maintained for all monies held by the agency; it was noted that staff recorded all transactions, in or out, the purpose of the transaction and available balance. The ledgers were signed by two staff members and numbered receipts are retained; the agency has a list of staff signatures.

The inspectors viewed the agency's finance policy; it outlines the procedure for the management of service users' monies; staff who met with the inspectors could describe the content of the policy.

Staff informed the inspectors that they have received finance awareness and could describe the necessary steps if a discrepancy was identified.

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

**Statement 4:**

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

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

**COMPLIANCE LEVEL**

<ul style="list-style-type: none"> <li>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;</li> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>Tenants are all made aware of the range of transport options available to them such as public transport, rail, bus, door to door, taxis and encouraged to use them. They are also made aware of the service vehicle and the arrangements for using it.</p> <p>Mencap have a Transport Policy and Procedure in place. The vehicle at this service is managed by Mencap and used by tenants who pay into the pooled agreement for using the car. Tenants pay a rate per mile when they use the vehicle. If a number of tenants are travelling together this cost is shared between the passengers. There is a written car agreement in place. Tenants can opt out of the car agreement at any time. It is reviewed annually or if someone opts out or moves on from the service. Records are kept of all journeys, the miles travelled, amount to be charged to the tenants. The mileage rate is reviewed at least annually to ensure that the costs of the car journey's are being met. The service vehicle is maintained in line with legal requirements. Its serviced annually and receives regular checks.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency has in place a transport scheme for service users to avail of; the tenants guide details the option for service users to opt in or out of this scheme and any related charges.</p> <p>The agency has in place a car usage agreement for service users choosing to avail of this service; it details charges made to the service users for the use of the transport scheme. It was identified by the inspectors that eight service users have opted in to this service and pay an agreed rate per mile.</p> <p>The agency maintains a record of all journeys undertaken; this was viewed by the inspectors. It was noted that it detailed the date, time and purpose of each journey; the service users name and the miles travelled. It is signed by the staff member and service users. The registered manager stated that service users are billed for usage on a six weekly basis and are supported to pay the bill at the bank.</p> <p>The agency retains a copy of insurance documentation; this was viewed by the inspectors.</p>	Compliant

<p>Staff stated that service users are supported to avail of alternative forms of transport and pay the cost of such individually.</p> <p>Service users who met with the inspectors were aware of costs related to using the transport service and stated that they could use taxis or Disability Actions transport scheme if they preferred.</p> <p>Individual service users' care and support plans detail the level of support required to avail of suitable transport.</p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

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



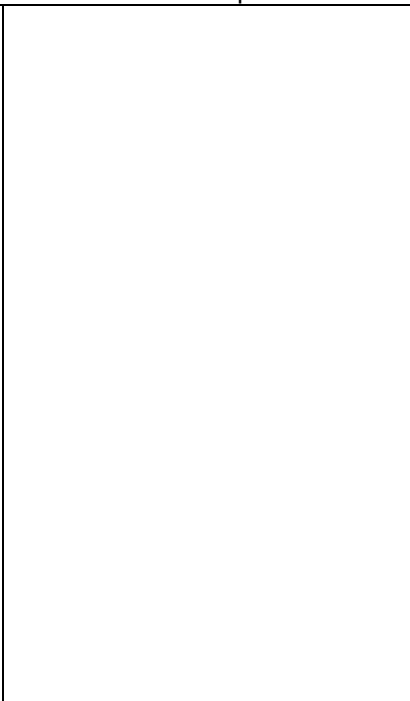
<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<b>Statement 1:</b>	<b>COMPLIANCE LEVEL</b>
<p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users' current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>Each tenants needs and risk assessments are reviewed at least annually or if their needs change. These reflect the input of the tenant, their representative and the Western Trust. Mencap complete regular learning records which record the outcomes of the support the tenant receives. Each tenant has a range of support plans in place which detail the level of support they require to carry out tasks, participate in activities of daily living. Their support plans are referenced to the relevant article in the Human Rights Act. Tenants are supported by their keyworker to understand the Ministry of Justice leaflet on Human Rights and these are in the tenants files. Tenants are supported by an external person/ family member to complete a consultation survey every year. Tenants are also supported to use the Complaints procedure, if required. Mencap have robust health and safety reporting in place and an Out of Hour Oncall Duty Manager Rota to support the services during these times.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The team manager stated that prior to admission the agency receives a referral form for the referring HSC trust representative and a range of multi-disciplinary assessments. The inspectors viewed the care records of two service users and noted that they contained a number of professional assessments detailing the needs of the service users. The registered manager stated that draft care and support plans are developed in conjunction with the service users and their relatives prior to admission.</p>	Compliant

The inspectors identified from care and support plans viewed that reference was made to relevant human rights.

Staff informed the inspectors that care and support plans are reviewed and updated six monthly or as required; service users and their relatives informed the inspectors that they are encouraged to participate in developing their care and support plans. It was noted by the inspectors from records viewed that the care plans had been signed by the service user and their representative and outlined the consideration of the relevant human rights.

Staff informed the inspectors that they record daily the care and support provided to individual service users and the team manager stated that a monthly report is also completed; the inspectors viewed a monthly report that had been completed in a format to meet the needs of one individual service user.

The inspectors discussed the admission process with the manager who stated that the agency encourages all prospective service users to visit the service on a few occasions prior to admission; during which they have the opportunity to meet those presently residing in the service. The manager stated that individual service users are consulted with in relation to prospective tenants and their views are recorded and considered prior to offering a tenancy; this was confirmed by service users who spoke to the inspectors.



<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>All support workers receive their mandatory and statutory training for their post. Each support worker is supported and supervised under Mencap's Shape Your Future' performance management tool. Competency observations are used to assess competency in the Administration of Medication and Management of Service User Finance. Staff complete Training Evaluation forms, following all training which are used by the Training Co-ordinator, to determine the level of understanding and initial success of the training. These are then discussed with the relevant manager who will review in team meetings, supervision as required. Service specific training is also arranged as and when required.</p> <p>All staff receive Human Rights Training, Challenging Behaviour training which includes Restrictive Practice and Physical Interventions. Staff also receive Safeguarding Training and Professional Boundaries Training. There is a Speaking Out number staff can ring if they wish to report a concern. Mencap also have a Whistleblowing policy in place. Staff are fully aware of their obligations in relation to professional conduct and reporting any concerns about a vulnerable adult or child.</p>	Compliant

<p>Support workers carry out monthly keyworker meetings with their key tenant and 6 monththly support plan reviews are also carried out. Staff report changes in needs of tenants to the team manager who will link with the care manager or social worker. Care management reviews are generally held annually or more often if this is required.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency maintains a database of all staff training; it was viewed by the inspectors. From records viewed it was identified that staff have received training in human rights, fire safety, safeguarding of vulnerable adults, manual handling, active support/support care planning, management of medication and managing challenging behaviours. The inspectors identified that one member of staff had outstanding training; the manager stated that the staff member was presently on maternity leave and that relevant training would be completed on their return to work.</p> <p>The registered manager stated that the training database is monitored monthly and any gaps are highlighted; staff stated that discussion occurs at team meetings in relation to specific themes.</p> <p>Staff who met with the inspectors stated that they had received induction training at the commencement of their employment and that during the initial six months received supervision monthly. Staff informed the inspectors that they are provided with support and guidance on a day to day basis from the team manager and feel supported by senior staff. Staff stated that they receive two monthly one to one supervision and annual 'shape your future' appraisal.</p> <p>The agency has in place the following policies: Protection of Vulnerable Adults and Whistleblowing Policy; these were viewed by the inspectors.</p> <p>Staff could describe practices which could be viewed as restrictive and the impact for service users. They described the process for highlighting any changes to service users' needs and details of liaison with HSC trust keyworkers and relatives.</p> <p>Staff had knowledge of the agency's whistleblowing policy and could describe the necessary actions in relation to raising concerns.</p>	<p>Compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home.</li> <li>• The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions</li> <li>• Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records.</li> <li>• Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>The service Statement Of Purpose and Tenants Guide outlines the care practice and range of services that is provided at the service. Tenants are made fully aware of their rights, through person centred support planning that is used and everyone is supported in line with Mencap's ethos and values. Tenants keep their own support files in their rooms. Staff take care to ensure that any information given to tenants is in easy read formats or using pictures if more appropriate to their needs. There are no tenants at the service who are impacted because of restrictions placed on other tenants. The service can support tenants to access an independent advocate if required.</p> <p>The results of the annual service user consultation survey 2014 can be seen on inspection.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspectors discussed this theme with the registered and team managers. The inspectors read the agency’s service user guide and statement of purpose; they clearly outline the nature and range of services provided; and makes reference to restrictive practices.</p>	Compliant

The inspectors discussed this theme with the registered manager, who described a restrictive practice presently in place in one of the service users' homes. The inspectors viewed the documentation in place relating to the restriction. It was identified by the inspectors that the agency had engaged with the relevant HSC representative, the service user, and their representatives. Records viewed reflected that human rights of the service user and had been signed by service user, keyworker and HSC trust representative.

The manager stated that regular review of any restrictive practice occurs to ensure that it is still appropriate; this is done in conjunction with the HSC Trust representative.

Service users who met with the inspectors stated that they are involved in the development of their care and support plans; they stated that they are encouraged to express their views; they stated that they are provided with a copy of their care and support plans. Service user representatives who spoke to the inspectors stated that they are invited to review meetings.

The inspectors identified that the agency has a policy on restrictive practice; training records viewed identified that staff have received training on restrictive practice.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>All restrictions in place have been assessed and agreed to by the tenant, their representative and the Western Trust. They are in place because they provide a necessary safeguard for the person against harm from others or from doing harm to themselves. They are in line with the DHSSPS guidance. All restrictions are reviewed on an ongoing basis and any issues reported through to the Trust. Restraint is not used in any of Mencap’s housing services in NI. The team managers review any restrictions in place on</p>	<p>Compliant</p>

<p>a monthly basis and include this in their monthly report to the Sector Manager who will incorporate changes into the monthly monitoring report.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The inspectors discussed this theme with the registered manager and team managers, who stated that care practices are regularly reviewed to ensure that practices which are may be deemed as restrictive are identified.</p> <p>The team managers described a restrictive practice currently in place for one service user; documentation relating to the practice was viewed by the inspectors; it was noted that risk assessments had been completed. Records viewed outlined liaison with HSC trust representatives; agreed outcomes and options considered are recorded; and indicated involvement of service users and their representatives.</p> <p>Staff who spoke to the inspectors could describe practices which could be deemed as restrictive, and stated that they have received relevant training.</p> <p>From the training records viewed and discussion with staff, the inspectors noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.</p>	<p>Complaint</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p style="text-align: center;">Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p style="text-align: center;">Compliant</p>
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<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
<p>Each tenant has a tenants guide which details the amount of care and support that will be provided by Mencap. Each tenant then has a full breakdown of the care and support they get each day in their files. The staff in the service are supported to get to know the tenants when they start working at the service and they are kept up to date through supporting them day to day, through staff and tenant meetings, tenant reviews, liaising with families, other professionals. Mencap have a comprehensive Assessment and Support Planning Policy in place which staff learn about when they do support plan training. The Statement of Purpose for the service explains how individual agreements are put in place with each tenant. The amount of care and support hours identified on the tenants guide are consistent with what the Trust puts in place for that person.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency has in place individual tenants guides/ agreements; those viewed by the inspectors detailed the amount and type of care provided to the service user by the agency staff and any related charges. Service users and their representatives who spoke with the inspectors could describe the care received by the agency and stated that they were involved in the development of their individual care and support plans.</p>	Compliant

The manager stated that the care provided to individual service users is funded by the relevant HSC Trust; a fixed amount is paid for each service user. Staff who spoke to the inspectors could describe the care and support provided to each individual service user; they described practices which were specific to the needs of individual service users.

Staff stated that they promote the independence of the service users whilst providing them with the agreed care and support.

The agency has a number of easy read guides for service users; these were viewed by the inspectors.

From the documentation in place and discussion with service users and their representatives it was noted that care plans are agreed with the commissioning trust and are reviewed at least annually.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 2</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>Tenants take part in their care management reviews and are aware of the care they get which is funded by the Western Trust. This can be discussed with tenants during the inspection visit. None of the tenants at the service pay for additional care.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspectors viewed two service user / tenant's agreements; it was noted that any charges made to the service user by the agency was clearly recorded. The registered manager informed the inspectors that service users do not pay additional charges for care provided by the agency.</p> <p>Service users and relatives who met with the inspectors could describe the type and amount of care they received from the agency; they were aware that the care provided by the agency was funded by trust;</p>	Compliant

records viewed by the inspectors indicate that service users were not paying additional charges to the agency for personal care.

Service users described to the inspectors the support that they received in relation to shopping, meal preparation and attending social activities in the community; the inspectors noted that support required was detailed in the service users individual care and support plans viewed.

Service users could describe to the inspectors the process for cancelling any services provided by the agency which they no longer required. Records viewed by the inspectors identified that service users have in place a signed service user/tenants agreement; the service user guide and tenants guide clearly details the process for service users wishing to cancel services.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 3</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences.</li> <li>• Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>Support Workers in the service carry out 6 monthly review of all support plans with their key tenant and inform the tenants care manager of any changes to what is in place. The Western Trust generally hold annual care management review meetings which are attended by the team manager and the tenant and their keyworker and family/representative. Reviews can be requested to address issues or concerns as and when required. The tenants support plans are updated following reviews, and the tenants guide, if required.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Prior to the inspection the agency were requested to forward to RQIA details of service users' annual reviews. Records viewed by the inspectors and discussion with staff and service users identified that all service users have received an annual review involving their representative from the commissioning HSC trust.</p> <p>Service users stated that they are encouraged to participate in the review process and given opportunity to</p>	Compliant

contribute their views; they stated that can request a review at any time. A relative who spoke with the inspectors stated that they were involved in the annual review held in conjunction with their HSC trust representative. Staff stated that they are encouraged to participate in the annual review of the service users.

A copy of the review documentation is retained by the agency; the inspectors viewed documentation for two service users and noted that they had been signed by attendees.

Staff informed the inspectors that care and support plans are reviewed and updated six monthly or annually following the review with the relevant HSC trust representative or as required. The inspectors viewed the care and support plans of two service users and noted that they has reviewed six monthly by the service user and their allocated keyworker within the service.

It was noted by the inspectors that individual tenant's agreements are updated annually.

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

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

## **11.0 Any Other Areas Examined**

### **11.1 Complaints**

The agency has had four complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and observation of records available in the agency. Discussion with the team manager and records viewed show that the agency's process was followed.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Sinead Murphy, 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:

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





## Quality Improvement Plan

### Announced Primary Care Inspection

**Mencap 12107**

**27 October 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 **Sinead Murphy, registered manager** during the inspection visit.

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

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

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

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

**Statutory Requirements:**

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	23.-(1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service user representatives and relevant professionals.</p>	Once	The Monthly Monitoring Review page is now consistently being used to document feedback from any service user representatives and relevant professionals gathered during that month. This information will now also be documented in the service Continuous Improvement Plan.	Four months from the date of inspection: 27 February 2015.

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Sinead Murphy
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Barry McMenamin

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Joanne Faulkner	15/12/2014
Further information requested from provider			