



The **Regulation and
Quality Improvement
Authority**

Announced Primary Care Inspection

Name of Agency:	Vela House
RQIA Number:	12112
Date of Inspection:	2 February 2015
Inspectors' Names:	Joanne Faulkner / Aveen Donnelly
Inspection ID:	20503

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of Agency:	Vela House
Address:	2a Dungannon Road Moy Dungannon BT71 7SN
Telephone Number:	02838394088
Email Address:	Maureen.Currie@southerntrust.hscni.net
Registered Organisation / Registered Provider:	Southern HSC Trust Anne Mairead McAlinden
Registered Manager:	Maureen Edna Currie
Person in Charge of the Agency at the Time of Inspection:	Maureen Currie
Number of Service Users:	One
Date and Type of Previous Inspection:	21 January 2014 Announced Primary Care Inspection
Date and Time of Inspection:	02 February 2015 10:00-15:30
Names of Inspectors:	Joanne Faulkner Aveen Donnelly

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	1
Staff	3
Relatives	0
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service.

Issued To	Number issued	Number returned
Staff	8	3

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: six requirements have been assessed as being fully met; one requirement was assessed as being partially met and a revised requirement will be made within the quality improvement plan; 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:

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.

7.0 Profile of Service

Vela House is a supported living type domiciliary care agency for one service user with a learning disability, sensory impairment and physical disability. The service is managed by a registered manager and eight support staff. Staff are employed by the Southern Health and Social Care Trust (SHSCT) and are available 24 hours per day.

The service user has a tenancy with the Southern Health & Social Care Trust, providing them with accommodation rights irrespective of their care and support needs.

Services provided include personal care, housing support, support with medication, support with maintaining the tenancy, behaviour support and involvement in the local community.

The agency operates from within the tenant's home and agency has an office and staff bedroom. The tenant has access to a bedroom, spare room, kitchen, sitting rooms, dining room and outdoor areas.

The agency was involved in consultation with the service user and their representatives in the planning of the tenant's transition to their home.

The agency's aim is to provide care and support to the service user; this includes helping them with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting the service user to live as independently as possible. The agency seeks to enable the service user to achieve autonomy and choice in the support they receive.

8.0 Summary of Inspection

The announced inspection was undertaken on 2 February 2015 at the registered office located within the service user's home. The inspectors were supported throughout the inspection by Mrs Maureen Currie, registered manager.

During the inspection the inspectors had the opportunity to meet with the service user and three staff.

The inspectors viewed the care records which outlined the care and support provided by the agency to the service user. Staff stated that the service user is provided with the necessary support to remain as independent as possible in their own home.

Prior to the inspection three staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; in addition the inspectors spoke to three members of staff on duty during the inspection and has incorporated their comments within this report.

8.1 Staff Comments

"The service user is supported to live as independently as possible"

"We bring our own food"

"I get supervision two monthly and annual appraisal"

"We support the service user to go shopping; the service user will choose what they want"

"This arrangement is better for the service user; they have more choice and freedom"

"We support the service user to attend a number of activities in the community"

“The experience has been a learning curve for staff; we previously worked in a long stay ward”
 “We use various forms of communication to assist the service user to express their views and choices; and to explain the care and support to be provided.
 “We liaise with the service user’s advocate”.

The returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Staff have received Human Rights training
- Staff have received training on handling service users’ monies
- Staff are aware of the whistleblowing policy

Records viewed by the inspectors support the above statements. Discussions with staff at the time of inspection identified their involvement in the development of care and support plans and in the review process with the HSC trust.

8.2 Service Users’ Comments

During the inspection, the inspectors met with the service user in their home; staff assisted the inspectors to communicate with the service user by the use of sign language and easy read documentation. The service user indicated that they liked living in their own home and that they are supported by staff to access activities in the community.

During the inspection the inspectors observed the service user being supported to go out with staff and to complete activities within their own home.

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

8.3 Detail of Inspection Process:

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

It was the inspector’s assessment that the agency is “moving towards compliance” in this theme.

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

- Service user guide/agreements
- Financial care and support plan
- Capacity assessment documentation/ Appointee details

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

The service user does 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 user.

The agency's office is located within the service user's home; the service user does not pay costs related to the running of the office.

The service user pays a weekly agreed amount for food and utilities; they are supported to devise a menu plan and shop for food. The service user guide describes the process for cancelling any services no longer required from the agency.

Staff provide their own food whilst on duty in a service user's home; the agency provides a separate storage facility and has a policy relating to staff meals.

The service user's finances are managed by the Office of Care and Protection; agency staff provide the service user with the agreed support required to access and manage their monies; this is recorded in their care and support plan. The service user can access their money at all times; the agency maintains a record of all monies or valuables held on behalf of the service user. Individual ledgers are maintained in accordance with the agency's finance policy.

The agency provides a facility in the service user's home to store valuables and monies; it is managed in accordance with the agencies finance policy.

The agency maintains a record of safe contents; this was available for the inspectors to view; it was identified that the agency has in place a list of staff signatures.

The agency provides a transport service; the service user has opted into this service; they are provided with the necessary support to avail of this service. A record of all journeys is maintained and the service user is charged for individual usage. The agency has in place a transport agreement; it was identified that it did not detail the terms and conditions and related charges. A requirement has been made.

The service user's care/support plan was viewed it details the support required to access appropriate transport; however discussion with staff identified the difficulties experienced by staff whilst supporting the service user to avail of the transport service. The inspectors discussed with the manager the need to have an updated risk assessment completed and the outcome clearly detailed within the service user's care and support plan. A requirement has been made.

Two requirements have been made in relation to this theme.

8.3.2 Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "substantially compliant" in this theme.

The manager stated that prior to admission the agency received a range of assessments from the referring HSC trust representatives; these assisted staff in developing individual care and support plans in conjunction with service user and their representatives.

Records viewed contained a range of assessments provided to the agency by the referring HSC trust. Staff stated that the service user and their representatives are involved in developing their care and support plans and that their choices are reflected. Agency staff record daily the care and support provided to the service user.

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

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. Staff informed the inspectors that they receive supervision two monthly and annual appraisal. Staff stated that they have received training specific to the needs of individual service users.

The agency maintains a record of staff training; this was viewed by the inspectors; it was noted that a member of staff required updated fire training; the manager could provide details of when training was scheduled to be completed.

Regular monitoring of care practices occurs to ensure that any practice deemed as restrictive is identified.

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

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

It was identified by the inspectors that the agency had engaged with the relevant HSC representative, the service user, their representatives and members of the multi-disciplinary team as required in relation to care to be provided.

From training records viewed and discussion with staff it was noted that staff have received training in human rights, protection of vulnerable adults and MAPA.

8.3.3 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 service user has in place a service user agreement and care/support plan; they outline the amount and type of care provided by the agency to the service user; it was identified that they are updated annually or as required; following the review involving the HSC Trust representative.

The manager stated that care provided to the service user is commissioned by the relevant HSC trust.

The manager and staff could describe the amount and type of care provided to the service user; they stated that the service user is provided with the agreed care and support to live as independently as possible.

From documentation viewed and discussion with staff, the inspectors noted that care and support plans are reviewed annually or as required in conjunction with the service user, their representatives and their allocated keyworker within the service. It was noted that a number of

the agency's documentation is provided in a format that assists the service user in understanding the information.

Staff stated that the service user and their representatives are encouraged to participate in the review process and are given the opportunity to express their views.

A copy of the review documentation is retained by the agency.

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

8.4 Additional Matters Examined

8.4.1 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 user; the manager stated that the service user is not paying additional charges for care. The financial support plan details the amount of support required to be provided by the agency to enable them to manage their monies.

8.4.2 Statement of Purpose:

The agency's statement of purpose was viewed by the inspectors; it outlined the nature and range of services provided by the agency at the time of inspection; it was identified that detail relating to restrictive practice required further detail. A requirement has been made.

8.4.3 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 In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

Records viewed by the inspectors identify that the services user had received an annual review involving the HSC trust; it was noted that additional review meetings had occurred. Agency staff stated that they attend review meetings and retain copies of review documentation; these were viewed by the inspectors.

8.4.4 Monthly Quality Monitoring Visits by the Registered Provider

The inspectors viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by the SHSCT designated monitoring officer. The documentation contains detail of incidents or safeguarding concerns and staffing arrangements. From the documentation viewed the views of service users and their representatives had been recorded; however, it was identified that on a number of the records were not available to view. 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	15 (2) (3)	The registered person must ensure that the service user plan is signed by the agency manager and the keyworker from the commissioning Trust.	<p>The inspectors viewed the service user plan; it had been signed by the agency's manager and the HSC trust representative.</p> <p>This requirement has been assessed as being fully met.</p>	Twice	Fully met
2	15 (2) (b) (c)	The registered person must ensure that the support plan details the number of care/support hours the service user is entitled to and the number of staff required to meet his needs.	<p>The inspectors viewed the service user's support plan; it detailed the amount of care and support hours provided and the number of staff required to meet the needs of the service user.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met
3	14 (b) & (d)	The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office located in the service user's home. The service user should not be charged for heating or electric until the Trust's contribution is confirmed.	<p>The service user's financial agreement details the amount to be paid by the service user in relation to utilities.</p> <p>The manager provided documentation detailing that the agency pay costs associated to the running of the agency based on the area occupied; this was viewed by the inspectors.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met

4	14 (e)	The registered person must ensure that the option of the service user having a key to his bedroom is discussed with the service user and his advocate and a key provided if requested, and risk assessed as appropriate.	The inspectors viewed the service user's key agreement; the service user has been provided with keys to the entrance door of their home and their bedroom. Staff stated that the service user regularly chooses not to use their keys. This requirement has been assessed as being fully met.	Once	Fully met.
5	14 (a) (b) (e)	The registered person must ensure that its policy on restrictive practice includes the full range of restrictive practices not just practices that refer to physical restraint and managing aggression.	The inspectors viewed the agency's restrictive practice policy it contains details of a range of restrictive practices. This requirement has been assessed as being fully met.	Once	Fully met
6	15 (b) (d)	The registered person must ensure that the procedure to be followed where a domiciliary care worker assists a service user to manage their finances is clearly specified in the service user's support plan.	The inspectors viewed the service user's support plan; it details the procedure for domiciliary care workers when assisting service users to manage their monies. This requirement has been assessed as being fully met.	Once	Fully met.

7	23 (2)	<p>The registered person must ensure that the monthly quality monitoring report includes on a regular basis feedback from the service user's advocate, professionals and action taken in response to areas of quality improvement identified by RQIA.</p>	<p>The inspector viewed the agency's monthly quality monitoring records; it was identified that a number of records were not available. Those viewed made reference to the views of professionals and the service user's advocate.</p> <p>Records viewed made reference to actions taken in response taken in response to areas of quality improvement identified by RQIA.</p> <p>This requirement has been assessed as being partially met; a revised requirement will be made within the quality improvement plan.</p>	Once	Partially met
---	--------	---	--	------	---------------

No.	Minimum Standard Ref.	Recommendations	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	9.1 Appendix 1	It is recommended that the registered person cross reference the agency's policies with those in Appendix 1 to ensure that they have the same or equivalent in place or a statement if a policy is not relevant.	<p>The inspector viewed the agency's policy and procedures manual; the agency has in place an index referencing Appendix 1.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
2	1.1	It is recommended that the registered person ensures that the service user's human rights are explicitly outlined on his support plan.	<p>The inspectors viewed the service user's care and support plan; it was noted that relevant reference was made to human rights.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met

10.0 Inspection Findings

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

<p>Provider's Self-Assessment</p>	
<p>The service user has been provided with a service users guide, tenancy agreement, support plan and financial agreement detailing the specific terms and conditions in respect of services to be delivered including the amount and method of payment of any charges to the service user. The service users does not require or any additional personal care services other than those assessed by the Trust(the agency). The service user guide clarifies the contribution made by the Trust for costs associated with any accommodation in connection with Trusts business including utilities in relation to the staff office and bedroom areas. There are no unused areas within the service users home. Staff provide their own meals when onsite in the service users home and this is clarified in the service user guide. There is a procedure in place for staff meals when they are accompanying the service user on outings and activites. Financial support in relation to the management of the service users finance is detailed in the service users support plan and service user guide in accordance with Trust policy and procedures. Records are maintained for all financial transactions and are available for inspection. The service users tenancy agreement includes the arrangements in place to notify the service user of any increases in the charges payable.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspectors discussed the theme with the registered manager who stated that the service user is not charged additional monies for personal care provided by the agency; the relevant HSC trust commissions the care provided by the agency.</p> <p>The inspectors viewed the service user's financial agreement; it was noted that the service user is not paying additional charges for personal care; the service user's care/support plan and the support decision meeting template detail the support required by service user to manage their monies.</p> <p>The manager stated that the Office of Care and Protection manages the service user's finances; the service user has an individual bank account; staff provide the agreed support to the service user to manage their monies.</p> <p>The service user has in place a service user agreement; it details services to be provided and related charges; it was signed by the service user. The service user guide details the process for cancelling any services provided by the agency.</p> <p>The service user pays an agreed amount per week for food and utilities; the service user is encouraged to</p>	<p>Compliant</p>

<p>participate shopping for and the preparation of food with the support of staff.</p> <p>Staff stated that they are required to provide their own food whilst on duty in the service user's home. The agency provides separate facilities for the storage of staff food. The agency has in place a policy relating to staff meals; it details the arrangements for staff accessing food whilst accompanying the service user on an outing.</p> <p>The agency's office is located within the service user's home; the manager stated that the service user does not contribute towards the cost of the agency's office.</p> <p>The agency's finance policy outlines the procedures for staff involved in supporting service users to manage their money.</p>	
--	--

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances; • The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement; • The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record; • Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services; • There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s); • The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date; • A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly; • If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act 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 trusts assessments describes the service users' needs and capabilities and the level of support the service user requires to manage their finances. A financial capacity assessment has been undertaken by members of the multiprofessional team involved with the service user. Records and receipts of all transactions undertaken by support staff on the service users behalf are maintained, signed by two support staff and kept up to date in accordance with Trust policy and procedures which clearly outline the procedures to be followed by staff when handling service users finances. All support staff who are involved in the handling of service users monies have received finance training. Reconciliation of monies held on behalf of the service user are undertaken daily by support staff, monthly by the registered manager and normally annually by the Trusts financial auditors. The Office of Care and Protection maintain a record of the service users income and submit a specified amount into the service users' bank account on a weekly basis for personal use. The Trust invoice the Office of Care and protection for payments for the service users' rent and utility costs.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place a service user agreement, financial agreement and care and support plan detailing the support required by the service user to manage their monies. The inspectors viewed the documentation and noted they detailed the support required by service users to manage their finances.</p> <p>The manager stated that the service user's finances are managed by the OCP; the agency retains details in the service user's care records and records of a financial capacity assessment.</p>	<p>Compliant</p>

The agency maintains a cash ledger for the service user; it was viewed by the inspectors it details any transactions and is signed by the service user where applicable and by two members of staff. Reconciliation of monies held on behalf of the service user is carried out daily at each shift handover. Monthly audit is completed by the manager and annually by the agency's finance department.

The agency's finance policy details the procedure for staff handling service users' monies; it was viewed by the inspectors. Staff stated that they have received training in handling service users' monies.

The registered manager informed the inspectors that the agency contact the OCP to request additional monies if required; the agency retains receipts for all transactions made on behalf of the service user.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Robust controls in accordance with the Trusts financial policy and procedures for the storage and safe keeping of money and valuables are maintained. A financial handover by support staff coming on duty and support staff going off duty is completed and recorded on a daily basis. This includes the checking and recording of safe contents by two support staff. A finance audit including a reconciliation of the service users monies is completed by the manager on a monthly basis. An inventory book is completed by support staff detailing any items including clothing or valuables purchased by the service user. The service user is aware of the arrangements for the safe storage of money and valuables.</p>	Compliant

Inspection Findings:	
<p>The manager stated that there is a safe located in the service user’s home; a record of the contents was available for the inspectors to view and is reconciled daily at shift handover.</p> <p>Staff stated that the senior on shift is designated to hold the safe keys; they stated that the service user is provided with the agreed support to keep their valuables safe and to manage their monies. The service user’s care/support plan details the support required to manage their money.</p> <p>The agency has in place a finance policy; this was viewed by the inspectors; it details the procedures for staff handling service users’ monies.</p> <p>The agency maintains a financial ledger for the service user; the inspectors viewed the ledgers maintained and noted that it records any transactions and available balance and is signed by two staff and on occasions the service user. The inspectors noted that the agency has a list of staff signatures; staff stated that a reconciliation of monies held by the agency is completed daily by two staff members, and could describe the necessary steps if a discrepancy was identified.</p> <p>The manager stated that a monthly audit is completed by the manager; additionally an annual finance audit is completed by the agency’s finance department.</p> <p>Staff informed the inspectors that they had received training in managing service users’ monies.</p>	<p>Compliant</p>

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

Statement 4:

COMPLIANCE LEVEL

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

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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>The Trust provides transport for the service user in the form of a Trust vehicle. The arrangements for providing transport are detailed in the Trust financial procedures . Records are maintained of each journey undertaken by the tenant in the vehicle log book including the date,miles and particulars of each journey. The charges for transport are based on individual usage by the service user. A fuel usage summary sheet is completed and forwarded to the Trusts transport department at the end of each month.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspectors discussed this theme with the manager who stated that the agency provides a vehicle for the use of the service user.</p> <p>The manager stated that the service users has opted in to the transport scheme; the inspectors viewed the transport agreement and noted that it did not detail the terms and conditions and related charges. A requirement has been made.</p> <p>The agency maintains a record of all journeys taken by the service users; it details the purpose of all journeys; the service user is billed monthly by the agency for their individual usage. During the inspection the inspectors observed the service user availing of the transport service to go out for lunch.</p> <p>The service user's care/support plan viewed details the support required to access appropriate transport; however discussion with staff identified the difficulties experienced by staff whilst supporting the service user to avail of the transport service. The inspectors discussed with the manager the need to have an updated risk assessment completed and the outcome clearly detailed within the service user's care and support plan. A requirement has been made.</p> <p>The inspectors viewed the agency's transport policy.</p>	<p>Moving towards compliance</p>

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

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

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>The service users' current needs and identified risks are detailed in the support plan, risk assessment and behaviour support plan and reflect a range of interventions used in relation to the service users assessed needs. The service users support plans makes specific reference to the service users human rights and is signed by the service user, the registered manager and the community keyworker. The service users support plan is kept under review and is updated in response to any changes to the service users assessed needs including following the the outcome of multi professional reviews (where required) . Support staff document the outcome of the service provided to the service user on a daily basis. A complaints leaflet in an easy to read format has been provided to the service user should the service user wish to express dissatisfaction with the service provided</p>	Compliant
Inspection Findings:	
<p>It was identified that prior to the service user taking up a tenancy the agency received a range of multi-disciplinary assessments from the referring HSC trust; they outline the assessed needs of service users and highlight identified risks.</p> <p>Care plans viewed outline a range of interventions and relevant reference was made to the consideration of the individual service user’s human rights.</p>	Compliant

<p>The inspectors observed that care plans are signed by the service user or their representative; they are reviewed annually or as required following the review with the HSC trust representative. Staff stated that they record the care and support provided to the service user regularly throughout the 24hr period; the inspectors viewed the daily record documentation.</p>	
--	--

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>All staff have received a comprehensive induction. Additional training including mandatory and other relevant training is ongoing. Training recently undertaken by staff includes medicine management, fire safety, the management of violence and aggression ,records management and Human rights training. Training evaluation forms have recently been developed and introduced to encourage support staff to evaluate the effectiveness of the training they have undertaken so they can respond effectively to the assessed needs of the service user. There are regional, trust and in house policies and procedures in place to guide staff in responding to the needs of the service user. Support staff can identify practices which are restrictive and are aware of their responsibilities in relation to raising concerns about poor practice. A copy of the Regional Safeguarding Vulnerable Adults and Whistleblowing policy is available to all staff.</p>	Compliant

Inspection Findings:	
<p>The agency maintains a record of staff training; it was viewed by the inspectors; it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, medication management, managing challenging behaviours and MAPA. The manager stated that update training specific to the needs of the service user is planned such as Autism awareness and Swallow assessment.</p> <p>It was identified by the inspectors that a member of staff required updated fire training; the manager stated that training was scheduled for March 2014.</p> <p>Staff stated that they had received corporate induction at the commencement of their employment and further training throughout their employment. The manager stated that staff complete an induction within the service. Staff stated that they receive two monthly supervision and annual appraisal; they stated that they are encouraged to identify any training needs at any time.</p> <p>Staff informed the inspectors that they felt competent to carry out the requirements of their role and feel supported by the management team. The agency has in place a supervision and appraisal policy.</p> <p>Staff could describe the process for highlighting any changes to service users' needs; they could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy.</p>	<p>Substantially compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>The agency ensures that all relevant parties are advised of the nature of services provided by the agency and this is evidenced in the statement of purpose, service user guide, support plan, behaviour support plan and risk assessment. The service user guide outlines the right of the service user to decline aspects of care and support provision in an easy to read format. The service user has signed his support plan and can be provided with a copy on request. Information on how to express any dissatisfaction with the service provided has also been provided to the service user. Advocacy services are also available to the service user</p>	Substantially compliant
Inspection Findings:	
<p>The inspectors viewed the agency’s service user guide and statement of purpose; they outline the nature and range of services provided and the rights for service users to choose what services they require from the agency; they make reference to restrictive practices.</p> <p>Staff stated that the service user has full access to all areas of their home; throughout the inspection the</p>	Compliant

inspectors observed that the service user accessed various areas within the home.

Staff stated that they encourage service user to make to make their own choices; the inspectors viewed a number of tools used by the service user to express their wishes/choices to staff. Staff stated that the service user is involved in the development of their care and support plans.

Staff stated that the service user has been provided with keys to their home and bedroom; however they stated that the service user regularly chooses not to use their keys.

Staff stated that all aspects of the service user's care/support and behavioural plans are discussed with the service user and their advocate regularly; staff stated that they provide the information in a format which assists the service user to understanding the content.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Care practices which are restrictive are only implemented in response to the assessed needs of the service user and identified risks. They are the least restrictive measures adopted to ensure the safety and well being of the service user and are subject to robust governance arrangements including reporting arrangements to the Trust and the RQIA. Staff have received training in the management of violence and aggression and safeguarding vulnerable adults.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The inspectors discussed this theme with the registered manager and staff; they stated that care practices are reviewed regularly to ensure that practices which are may be deemed as restrictive are identified.</p> <p>Staff could describe practices which could be deemed as restrictive; they described the process for engaging with the service user and their representatives in relation to any practices that many be deemed as restrictive.</p> <p>From the training records viewed and discussion with staff it was noted that staff have received training in human rights, MAPA and protection of vulnerable adults.</p> <p>The service users risk assessment and behavioural support plan detail the care to be provided by the agency the agency; the agency retains documentation relating to discussions which have taken place in relation to any agreed restrictive practice. Records detail discussions with the multi-disciplinary team members, the service user and their advocate; agreed outcomes and options considered are clearly recorded.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>The agency's policy on assessment and care planning can be found in the operational procedures. The service users support plan clearly identifies the service users assessed needs, level of support required and identified risks. Support staff can describe the amount and type of care provided to the service user.</p>	Substantially compliant
Inspection Findings:	
<p>The registered manager stated that the relevant HSC trust commission the care provided by the agency to the service user.</p> <p>The inspectors viewed the service user agreement and care plan; they detail the amount and type of care provided to the service user by the agency.</p> <p>Staff could describe the amount and type of care provided to the service user; they described a range of practices to meet the needs of the service user. Staff demonstrated their awareness of the need to ensure that service user and their representatives were consulted in relation to aspects of their care and support and the importance of service user’s choice and human rights. Staff described the importance of providing the necessary support whilst promoting the independence of the service user.</p>	Compliant

From documentation view the inspectors noted that care plans are developed in conjunction with the commissioning trust and are reviewed annually or as required.

Due to the complex communication needs of the service user staff use various formats to assist the service user in understanding the detail of their care and support plan.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2	COMPLIANCE LEVEL
<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. 	
Provider's Self-Assessment	
<p>The service user does not make contributions from their personal income towards care and support provided. This is funded by the Trust. The service users tenancy agreement and financial agreement outlines the costs payable to the Trust as the landlord.</p>	Compliant
Inspection Findings:	
<p>The inspectors viewed the service user's service user agreement; it outlines charges made to the service user by the agency.</p> <p>The manager stated that the relevant HSC trust commissions the care provided to the service user; they stated that the service user does not pay the agency additional charges for care.</p> <p>The service user agreement and the service user guide details the process for the cancellation of services; of the records viewed service users have in place a signed service user agreement.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<p>The agency contributes to all Trust annual reviews which are held at least annually or more frequently in response to the service users assessed needs and identified risks. Records will confirm the agency’s contribution to reviews in conjunction with other members of the multiprofessional team currently involved in supporting the service user. The service users support plan will be updated if required following the outcome of the review</p>	Compliant
Inspection Findings:	
<p>Prior to the inspection 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 In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).</p> <p>The agency’s return stated that the service user had received an annual review; the registered manager</p>	Compliant

<p>informed the inspectors that reviews are completed annually by the commissioning HSC trust or as required.</p> <p>Staff stated that they meet with the service user prior to a review meeting to determine what the service user wishes to discuss; they stated that the service users advocate will attend the meeting.</p> <p>The inspectors viewed the care records of the service user and noted that reviews had been carried out more frequently; the agency retains a copy of review documentation.</p> <p>Staff stated that the service user's care and support plan is updated annually following the review meeting or as required; they stated that they participate in the review meetings of the service user.</p> <p>The inspectors noted from the documentation viewed that the agency have in place a service agreement which outlines charges for services to the service user; they are updated annually.</p>	
--	--

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

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

11.0 Any Other Areas Examined

11.1 Complaints

The agency had one complaint for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and from records available for inspection at the agency. Discussion with the registered manager and records viewed demonstrated 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 Maureen Currie, 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

Vela House

2 February 2015

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 Maureen Currie, 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.	14.(b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that agency's transport agreement is updated to include details of the terms and conditions and any related charges.</p>	Once	The service users financial support agreement has been reviewed and updated to include the details of terms and conditions of transport services provided to the service user including charges per mile and invoicing arrangements	Three months from the date of inspection: 02 May 2015.
2.	14.(a)(b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(a) so as to ensure the safety and well-being of service users:</p> <p>(b) so as to safeguard service users against</p>	Once	A multiprofessional meeting was held on 18 th February 2015 to discuss the completion of a travel risk assessment for the service user. Travel options are currently being explored by members of the multi professional team who are due to meet again in April to finalise the risk assessment and the service users care and support	Three months from the date of inspection: 02 May 2015.

		<p>abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency has an updated risk assessment completed in relation to support required by the service user to avail of transport services and the outcomes clearly detailed within the service user's care and support plan.</p>		<p>plan will be reviewed and updated to include the outcomes of this.</p>	
3.	23.-(1)	<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>This requirement relates to the registered person ensuring that the agency's monthly quality monitoring report is forwarded to RQIA until further notice.</p>	Once	<p>Monthly monitoring visits are now being completed by a nominated monitoring officer in the SHSCT. A copy of the report of the visit undertaken by the monitoring officer in February 2015 was forwarded to the RQIA on 13th March 2015. Upon receipt of each report from the monitoring officer the registered manager will ensure they are forwarded to the RQIA until further notice.</p>	<p>Two months from the date of inspection: 02 April 2015.</p>

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Maureen Currie
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly on behalf of Mairead McAlinden

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne faulkner	31/03/1 5
Further information requested from provider			