



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Triangle Housing Association
Agency ID No: 12115
Date of Inspection: 23 February 2015
Inspector's Name: Jim McBride
Inspection No: 020521

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Triangle Housing Association
Address:	33-35 Adelaide Avenue Coleraine BT52 1LT
Telephone Number:	02870356604
E mail Address:	colette.sheppard@trianglehousing.org.uk
Registered Organisation / Registered Provider:	Christopher Alexander
Registered Manager:	Ms Marie Sheppard
Person in Charge of the agency at the time of inspection:	Ms Marie Sheppard
Number of service users:	13
Date and type of previous inspection:	Primary Announced Inspection 8 August 2013
Date and time of inspection:	Primary Announced Inspection 23 February 2015 09:30-15:00
Name of inspector:	Jim McBride

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- Evaluation and feedback

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

Consultation process

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

Service users	3
Staff	4
Relatives	3
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	15	11

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with the three requirements and one recommendation made following the inspection of 8 August 2013 was assessed. The agency has fully met the requirement and the recommendations stated previously.

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

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

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

Profile of service

Triangle at Adelaide Avenue provides domiciliary care (support living) type services for 13 adults with a learning disability. Service users rent their accommodation from Triangle Housing Association and have their own self-contained apartments.

The service users' accommodation is across three floors with two apartments on the ground floor. There is a range of communal areas including a sitting room, dining room and kitchen and laundry.

The agency is staffed by the registered manager a service manager, three team leaders and support assistants. There are staff available to meet the needs of service users on a 24 hour basis. On the day of inspection there were 13 tenants living in Adelaide Avenue.

All service users have a learning disability and some also have physical disabilities.

Service users have all been referred to the service by the NHSCT who commission the care services. Service users also receive sponsorship from the NIHE supporting people programme in relation to their housing support needs.

Summary of inspection

The inspection was undertaken on 23 February 2015. The inspector met with the registered manager during the inspection.

The inspector had the opportunity to talk with the three current service users within their own homes.

The inspector spoke to four staff during the inspection. Agency staff stated that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

The inspector had the opportunity to discuss the quality of the service with three relatives. The comments received have been added to this report.

Records examined show evidence of a person centred and individual service ethos. This was acknowledged within individual care plans examined by the inspector as well as during discussion with the manager and staff.

Staff interviewed stated that they have attended human rights training and that they promote individual human rights daily in their work with service users. The last recorded training session was on the 11 February 2015.

Tenants Comments:

"I choose to live in supported living and it has increased my independence"

"Staff are a great support to me"

"Staff listen to me and support me with all my care and support"

"I feel safe and secure here"

"I'm free to come and go as I please and have no restrictions in place"

"I am responsible for my finances and make my own decisions"

Staff Comments:

“Training is excellent”

“My induction was good and I received good support from other staff”

“Staff communicate well with each other and support the tenants to be as independent as possible”

“Supervision is good and we are well supported by the manager”

Relatives Comments:

“I do not know how our family would cope without the support and care my relative receives”

“The staff are excellent”

“The staff are friendly and approachable”

“Any concerns I have raised have been dealt with fully by the staff”

“I do understand encouraging independence and self-determination but it always have to be with best interests in mind”

“Staff always have time to discuss areas of concern with me”

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

The eleven questionnaires returned indicated the following:

- Protection from abuse training was received by all eleven staff
- Training was rated as good or excellent
- Staff competency was assessed via questions/answers, group discussion, individual participation, handovers and supervision.
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts.

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

The areas indicated above were verified by:

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

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

“To support people to lead an independent life as possible”

“Promote choice, social inclusion”

“Support people to achieve new goals and a well-balanced life”

“Promote individuality and core values”

“Supported living empowers and respects individuals choice”

“We promote community inclusion”

Detail of inspection process

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

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

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

The inspector noted that the terms and conditions and amounts paid for services were stated in the financial agreements and service user guide. The cash books viewed by the inspector maintained a clear and up to date record of all financial transactions and are signed either by the service user and a staff member, or two staff members.

During the inspection the arrangements for receiving and handling service user's monies were examined. Service users' money is kept in a locked cupboard in their own home. The inspector viewed the assessments and financial support plans which clarified the support each service user required in respect of handling and managing money. The inspector viewed documentation of methods of daily, weekly and quarterly financial reconciliations completed by the agency, including random checks.

The inspector was informed that staff purchase their own food for consumption whilst on duty. The agency does act as appointee for a number of service users, satisfactory records of appointeeship were in place.

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

In relation to the matter of care costs. (See additional areas examined)

The inspector was advised that Triangle Housing Association has arranged a meeting with the HSC Trust regarding service users paying for personal care contrary to DHSSPS guidance. The registered person has met with representatives of the DHSSPS and the Health and Social Care Board to discuss issues regarding personal care charges in Triangle Housing Association services. The registered person has provided RQIA with written assurance that they have highlighted to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter.

Theme 2 – Responding to the needs of service users

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

The inspector viewed care and support plans in place which incorporate service users' needs from assessments completed by the HSC Trust. Care and support plans have a person centred ethos and reflect a range of interventions, and include involvement of the service user and/ or their representative.

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

The inspector viewed up to date training records and discussed the system of training and evaluation with the registered manager. Staff reported that they had received training to equip them to carry out their roles. The knowledge and values acquired by staff were reflected in feedback through questionnaires and discussion.

In the course of inspection staff were able to describe care practices which could result in restrictions for the service user or impact on others. Feedback showed that staff have an understanding of human rights issues in relation to restrictive practice.

The agency keeps a register of restrictive practice which is under regular review. The manager discussed the current restrictive practices in place i.e. door alarms. The inspector viewed care and support plans, assessments completed by the HSC Trust and regular review reports which showed an evaluation of this practice and the human rights issues around it.

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

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

The inspector viewed a range of support and care plans which were consistent with care commissioned by the HSC Trust. Care and support plans were person centred, individualised and reflected the needs and preferences of the service user.

Financial agreements viewed by the inspector stated the number of hours of care and support provided by the agency. Financial agreements were signed by the service user and/or their representative.

The registered manager confirmed the report of care reviews commissioned by the HSC Trust that all service users had or have planned annual reviews from 1 April 2013 – 31 March 2014. Review meeting records viewed by the inspector showed involvement of the service user and/or their representative, the agency and HSC Trust staff.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

Reports of monthly quality monitoring were viewed by the inspector from September 2014 to January 2015. The reports reflected consultation with service users, relatives, staff and professionals. Where unsuccessful attempts were made to contact professionals, this was noted. Previous quality improvement plans were referenced and improvement measures were evident. It should be noted that the registered person has ensured that restrictive practices are reflected in the reports of monthly monitoring.

Charging Survey

At the request of RQIA, the acting registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection. The charging survey was discussed and confirmed with the registered manager.

The registered manager confirmed that service users contribute Disability Living Allowance towards the cost of their care.

The arrangement of service users contributing disability benefits to personal care charges may be inconsistent with the 1999 HSS Executive document "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

"...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services."

In addition, service users paying for provision of personal care in their own homes is inconsistent with DHSSPS guidance:

The 2007 DHSSPS "Report on free personal care and alternative options" states (p.6) "Clients at home, however, do not have to pay for their personal care."

The inspector was advised that Triangle Housing Association has arranged a meeting with the HSC Trust regarding service users paying for personal care contrary to DHSSPS guidance. The registered person has met with representatives of the DHSSPS and the Health and Social Care Board to discuss issues regarding personal care charges in Triangle Housing Association services. The registered person has provided RQIA with written assurance that they have highlighted to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter.

Care reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance"). Reviews have been completed or planned; confirmation of this was reviewed by the inspector and confirmed by the manager.

Statement of Purpose:

The agency's statement of purpose was examined and reflected the current nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed in February 2015.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

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	6 (1) (b)	<p>The registered person must ensure that the Service User Guide includes details of the terms and conditions in respect of services to be provided to service users, including the amount and method of payment of fees where applicable.</p> <p>This requirement refers to the charges made to service users for personal care.</p> <p>This requirement refers to the charges made to service users for their share of costs associated with the communal areas of the building.</p>	<p>This requirement has been fully met and the records in place were satisfactory.</p> <p>The inspector examined a number of finance agreements in place that fully describe the costs associated with charges made to individual service users.</p>	Once	Fully Met
2	15 (2) (b) and (c)	(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—	This requirement has been fully met and the records in place were satisfactory.	Once	Fully Met

		<p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the specification of care and support hours available to each individual service user.</p>			
3	23 (4) (5)	<p>The registered person must ensure that the monthly quality monitoring reports outline in detail action point time scales, persons responsible and outcomes from previous action plans.</p> <p>The registered person must ensure that service users' representatives, including professionals aligned to the service, are consulted during the monthly quality monitoring of the assessment of the quality of services provided.</p>	<p>This requirement has been fully met and the records in place were satisfactory.</p> <p>The inspector read a number of monthly monitoring reports in place.</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	15.1	It is recommended that the registered manager reviews the complaints procedure to ensure that complaints are acknowledged within two working days in accordance with the HSC Complaints Procedure Directions (NI) (2009), Direction 12 (1).	This recommendation has been fully met and the records in place were satisfactory.	Once	Fully Met

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

Statement 1:

The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

- 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 user's home looks like his/her home and does not look like a workplace for care/support staff.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment</p>	
<p>Each service user receives a written agreement detailing the specific terms and conditions of specified services to be delivered including the amount and method of payment and charges to the service user. An individual finance agreement is completed prior to admission which details all charges relating to their support and care which includes costs for communal charges and arrangements for staff meals. Following an assessment of need the level of support is defined in their finance support plan. The Organisation has clear procedures in place which details the arrangements for supporting a Service User with their finances. The agency notifies in writing each service user increases in charges yearly which is attached to the Service User guide.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector viewed the service user guide which includes the terms and conditions of the service to be delivered. The individual financial agreements and service user guide viewed by the inspector state the amount and payment of charges and methods of payment. 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 arrangements for staff meals are stated in the service user guide; staff are responsible for purchasing food they consume whilst on duty. The inspector viewed support plans which clearly stated the arrangements for supporting service users with their finances; in accordance with the financial policy and procedure. The arrangements for written notification four weeks in advance of changes in charges are stated in the service user guide.</p>	<p>Compliant</p>

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

Statement 2:

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

COMPLIANCE LEVEL

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

<p>they acted in this capacity and the service user on whose behalf they act as agent;</p> <ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <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>Prior to admission the HSC Trust presents at panel the identified needs of the service user and provide a statutory care plan. An offer letter is sent from the agency outlining the costs to the HSC Trust in regard to the individual service user.</p> <p>Each service user has an individual bank account which details income received and withdrawals from their account. All transactions are checked by the agency and checked against the service user cash record book where the agency supports service users to manage their monies</p> <p>Where items over the value of £250 are to be purchased, as recommended by RQIA finance inspector their representative is contacted and notified of expenditure.</p> <p>Each service user in their support plan has agreed amount to withdraw each week which covers expenditure as detailed in their financial agreement. If service user wish to withdraw more money the agency support the service user to do so.</p> <p>Where agency staff support a service users all records are completed and receipts retained. Agency staff carry out a reconciliation after each transaction and hand all finances over to keyholder coming on shift..</p> <p>Audits are carried out monthly by the service manager off all transactions , receipts and expenditure. The Regional Manager carries out sample audits to ensure the procedure is followed.</p> <p>Triangle's finance department also carry out internal audits yearly</p> <p>The agency operates bank accounts on behalf of two service users with authority from the Office of Care and Protection.</p> <p>A record is kept of sample signature for all staff</p>	<p>Compliant</p>

Inspection Findings:	
<p>The HSC Trust assessments of need viewed by the inspector include the individual needs and capabilities of service users in relation to managing finances.</p> <p>The inspector viewed finance books which are kept in the home of each service user. The finance books maintain an up to date record of amounts paid in, distributions of money to the service user, and transactions for services, in accordance with financial agreements. Each transaction is signed by two members of staff.</p> <p>The inspector was informed by the manager that finance books checks and reconciliations are carried out by agency staff. The agency carries out a range of checks: the balance of each service user’s money tin is checked daily; weekly reconciliations are completed by the service manager. Agency staff confirmed that staff members will respond to service users’ requests for access to their money tin at any time.</p> <p>The agency does act as appointee for a number of service users. Records of appointeeship were in place. The registered manager described how the HSC Trust would be requested to complete a financial capacity assessment in the case of a service user becoming incapable of managing finances.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3: Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>An identified area for the storage of money is agreed with the service user and documented in the finance support plan. On each shift an identified key holder assumes responsibility for all finances. The agency has a procedure SS3-8 Personal belongings /Valuables and missing items which includes a property record form which details property belonging to the user and property disposal is also logged. The support plan details the level of restriction where appropriate in regard to money and property.</p>	Compliant
Inspection Findings:	
<p>The registered manager advised the inspector that service users money is kept in a locked cupboard in their own home. In the case of a service user choosing or being unable to hold their key, this is assessed and noted in their financial support plan. The arrangements for this are noted in the financial support plan signed by the service user. Controls for staff exist around who holds keys whilst on shift.</p>	Compliant

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

<p>Statement 4: Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service 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 (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>COMPLIANCE LEVEL</p>
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<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 assessment of need includes transport requirements for the user which is shared at the admission panel. The agency has a Travel by Car Procedure which details the arrangements in respect of charges. The agency does not operate a transport scheme. Within this service one service user avails of the motability scheme. The service user chooses to use their vehicles for sole use. A log book is kept in the motability car of all journeys, mileage incurred. The service user is supported to maintain their vehicle in a road worthy state</p> <p>Each year the Social Security Agency provides each service users with benefit entitlement which is stored in individuals files. The travel by car procedure details staff responsibilities in regard to the legal requirement. when they choose to transport service user in their private vehicle The service user financial agreements describes mileage rate charged to the service user should they travel in staff vehicle.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As stated in the agency's self-assessment they do not operate a transport scheme.</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>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>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1: 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>Each service user has a completed assessment of need which outlines the current needs and risk. The HSC Trust is involved in needs and risk assessments and reflects views of service users / representatives.</p> <p>The Agency staff record a daily entry. The agency adopts an outcomes focussed approach to care plans and risk assessment this is reviewed six monthly or sooner as required.</p> <p>Care plans demonstrate a range of interventions used in the assessment of service user need. Care and support plans reflect consideration of Human Rights Legislation.</p>	Compliant
Inspection Findings:	
<p>The inspector viewed four care and support plans which incorporated service users’ needs from assessments completed by the HSC Trust. The inspector noted that care and support plans adapted to changes in the needs of service users and included HSC Trust reassessments. Care and support plans reflected the involvement of the service user and/or their representative and the HSC Trust. Care and support plans were person centred and reflected a range of interventions appropriate to the needs of the individual. Agency staff reported that care and support plans were adapted to respond to the changing needs of service users. The outcome of services provided was recorded in daily records and could also be seen in review records. A copy of human rights information was held in the service user’s file and had been documented as discussed at the tenants’ meeting. A written consideration of human rights is now being included in service users’ files and human rights will be reflected implicitly throughout the care and support plan. Staff stated that they have had training in human rights; the last recorded session was on the 11 February 2015.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2: Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Agency staff receive training which meets the requirements of domiciliary care standards , supporting people, NISCC and agencies policies / procedures, ongoing guidance is in the implementation of care practices is given. At respect training which is the management of challenging behaviour staff complete an assessment following the training which shows their understanding of the course delivered around restrictive practice and the potential human rights implications</p> <p>If the trainers have concerns around their response their line manager is contacted so they could discuss further with the staff member.</p> <p>The Organisation maintains the relevant policy & procedures in these areas. The agency keeps a risk registrar of all restrictive practices which is reviewed quartely by the relevant registered manager with multi disciplinary involvement. Restrictive practice register is viewed monthly at monthly monitoring visits. The impact of care practice is evaluated and reported to the relevant named worker when required.A monthly</p>	Compliant

<p>review takes place between agency staff and service users which gives further opportunity to to review changing need. All staff on an annual basis receive training on the safeguarding of vulnerable adults and their obligation to raise concerns about poor practice.</p>	
<p>Inspection Findings:</p>	
<p>The inspector viewed training records which showed that staff have received training relevant to the implementation of care practices. The registered manager described the agency’s training system, which involves a training team identifying staff that require training, including mandatory areas. The registered manager showed records kept which monitor when staff have attended training. Staff provided feedback that they had received training to equip them to carry out their roles.</p> <p>The registered manager discussed the agency’s methods of evaluating the effectiveness of training including: staff feedback, review of training by managers, use of supervision, and observations of staff whilst on duty. The registered manager showed the inspector records of staff training and the documentation used twice yearly for performance review.</p> <p>In addition, staff receive one to one supervision whilst finance and medication competency testing annually. Staff who took part in the inspection reported having good access to informal supervision and guidance via senior staff on duty. In the course of the inspection, staff interviewed were able to discuss human rights implications and practices which could result in restriction of service users.</p> <p>The inspector viewed the agency’s policy on responding to the needs of service users and service user support and care policy. The inspector viewed review reports and care records which showed how agency staff had evaluated the impact of care practices and reported changes in the service user’s needs appropriately. The inspector received feedback from staff who could clearly describe how to report concerns about poor practice.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3: The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The service user guide & statement of purpose make reference to the nature and range of service provision including restrictive practice. Also within these document service users are advised of their right to decline aspects of their care provision.No service is impacted on where a restrictive practice is in place for another service user.</p> <p>Where it is identified that a service user lacks capacity a mulitdisciplinary approach is taken to care provision. Service Users can have a copy of their care plan if they wish in a user friendly format</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector viewed the Statement of Purpose and service user guide which include appropriate reference to restrictive practice. The Statement of Purpose advises of the right to decline care practices. Service users are provided with a copy of their care and support plans which are kept in their own homes. Relatives who spoke with the inspector knew what services were being provided. Feedback from relatives and discussion with the manager highlighted that the agency involves relatives in the consideration of appropriate care practices. As stated by the agency in their self-assessment there are restrictive measures in place. This was verified by the manager and staff interviewed during discussion. Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</p>	Compliant

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. This was discussed with the service user and the manager. Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users. 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 inspector reviewed the comprehensive records of the review and evaluation in place within the agency. Staff were able to describe the training in place both in challenging behaviour and human rights and how they uphold individual rights.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The agency has a policy and associated procedure in regard of the use of restrictive practice which includes a definition of physical restraint. The agency has developed a risk register of any restrictive practices within its services, this includes the review of any agreed plans which may limit a service user's ability to leave their home or access areas within their home. The risk register is reviewed quarterly by the registered manager and the agency is committed to reducing the use of restrictive practice. The risk register is also viewed monthly at monthly monitoring visits. Restrictive interventions are put in place in consultation with service</p>	Compliant

<p>users where possible, their representatives and with involvement of the trust's Positive Behaviour Support Team.</p> <p>The agency's policy and procedures reflects full compliance with DHSSPS guidance in relation to restrictive practices.</p> <p>Multi-disciplinary assessments and decisions made in relation to restrictive practice is documented in the service users records with a Trust Risk Assessment.</p> <p>All decisions are focussed on the best interests of the individual service users and where appropriate actions is taken to safeguard one or more service users, this is agreed by the trust and monitored.</p> <p>Where a behaviour programme may impact on others the registered manager would highlight this to the trust before it is agreed</p>	
<p>Inspection Findings:</p>	
<p>The inspector viewed the HSC Trust specialist assessments and records of discussion in relation to service users who experience care and support which is restrictive. The documentation examined showed service user involvement in the care and support plan which is subject to regular review by the multi-disciplinary team. The outcomes of this practice had been recorded in documentation viewed by the inspector. The manager was able to show how this practice was justified, proportionate and the least restrictive measure. The inspector viewed the agency's restrictive practice register which is updated monthly. The registered person ensures that any practice which could be regarded as restrictive is evaluated within the monthly quality monitoring report; this was evidenced in the monthly monitoring reports examined by the inspector.</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>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>

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>Each Service User is provided with a service user guide before admission which details the type of care provided by the agency. Each staff member receives induction and are provided the opportunity to read service users assessment of need, careplans and associated risk plan at any time. The agency has clear procedure (SS3-2) which explains this process Each service user has an individual financial agreement which clearly states the amount of care and support hours commissioned Care plan describes the care to be provided in an accessible format.</p>	Compliant
Inspection Findings:	
<p>Service users’ relatives had an understanding of the amount and type of care provided by the agency. Staff showed a clear understanding of the amount and type of care provided to service users, whilst operating a flexible service where they can respond to service user need. The inspector viewed the agency’s policy on assessment on care planning. The Statement of Purpose describes how care and support plans are devised. Service user agreements and care plans viewed by the inspector were consistent with care commissioned by the HSC Trust. Care and support plans viewed by the inspector reflected the needs and preferences of service users and how these should be met. Financial agreements viewed by the inspector stated the number of hours of care and support provided by the agency.</p>	Compliant

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. 	
<p>Provider’s Self-Assessment</p> <p>Each service user has a financial agreement which states the amount of care received which is funded by the HSCT and the care funded by their own income. The agreement details the number of hours of care available to the service user. The agreements are signed by the service user / representative. The HSCT do not sign these agreements.</p> <p>The service user guide clearly outlines how a service user/representative can terminate any additional hours they pay from their income. The guide also informs them by cancellation of additional hours this will not impact on their rights as tenants.</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector viewed financial agreements which stated the amount of care funded by the HSC Trust and the amount of support funded by the NIHE supporting people scheme. Financial agreements were signed by the service users’ representative</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3 Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each Service Users has an annual review with the commissioning HSC Trust where their care plans, associated risk management plans and service agreements are reviewed and agreed with the service user/representative.</p> <p>The agency contributes to this review by completing a preparation of review form with the service user. Staff can confirm that reviews can be arranged as and when required.</p> <p>Any agreed changes from reviews is documented and care plans are updated or changes to the fees paid by the Service User.</p>	Compliant
Inspection Findings:	
<p>The report of care reviews commissioned by the HSC Trust confirmed that all service users have had or have planned annual reviews from 1 April 2013 – 31 March 2014. The inspector viewed a range of review meeting records, showing that some service users have had additional reviews due to their identified needs. Review meeting records viewed by the inspector were signed by the service user and/or their representative, the agency and HSC Trust staff. The manager described how the agency completes a preparation for review form with the service user, and takes a record of the review meeting in advance of receiving documentation from the HSC Trust.</p>	Compliant

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

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

Any other areas examined

Complaints

The agency has had two complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site. The complaints have been resolved satisfactorily.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Colette Sheppard the registered manager, as part of the inspection process.

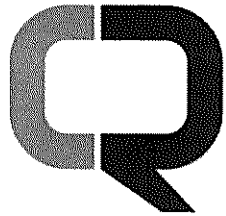
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

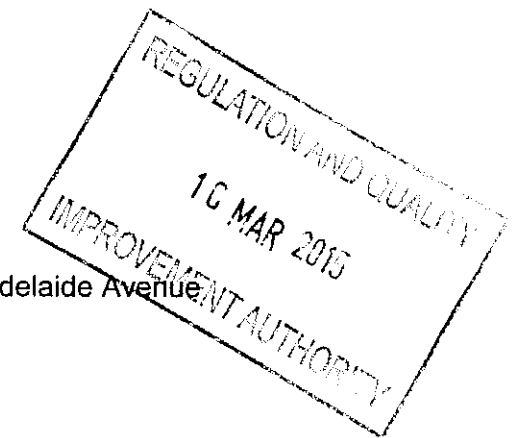
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

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



The Regulation and Quality Improvement Authority



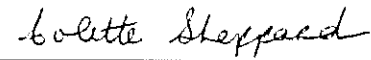
No requirements or recommendations resulted from the primary announced inspection of 33-35 Adelaide Avenue which was undertaken on 23 February 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: 

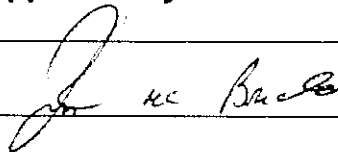
NAME: CHRISTOPHER. M. ALEXANDER.
Registered Provider

DATE 13/03/15

SIGNED: 

NAME: MARIE COLETTE SHEPPARD
Registered Manager

DATE 05/03/15

Approved by:	Date
	20.3.2015