



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Hemsworth Court
Agency ID No:	12182
Date of Inspection:	7 November 2014
Inspector's Name:	Audrey Murphy
Inspection No:	20102

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

General Information

Name of agency:	Hemsworth Court
Address:	29 Malvern Way Belfast BT13 1DZ
Telephone Number:	028 95042694
E mail Address:	olivia.clarke@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Belfast HSC Trust Mr Martin Dillon (Acting chief executive)
Registered Manager:	Mrs Olivia Clarke
Person in Charge of the agency at the time of inspection:	Mrs Olivia Clarke
Number of service users:	28
Date and type of previous inspection:	12 June 2013, Pre-registration inspection
Date and time of inspection:	7 November 2014 09:15 – 16:45
Name of inspector:	Audrey Murphy

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	5
Staff	5
Relatives	3
Other Professionals	3

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	25	8

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 full compliance with the three recommendations made following the previous inspection of 12 June 2013 was assessed. The agency has fully met the minimum standards with regard to two of the recommendations previously stated. One recommendation has not been met and has been restated.

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

Hemsworth Court is a two storey development of 35 self-contained one and two bed roomed apartments which has been developed in partnership between Helm Housing and the Belfast Health and Social Care Trust. In addition to the bedrooms; each apartment has a kitchen/ sitting room and shower room and depending on location within the complex; outside space with either a balcony or terrace. The terraces have a landscaped area with space for seating which opens with a gate onto the parking area. Each apartment has its own front door and key. On site as part of the provision, there is dedicated space for leisure and community activities and an attractive landscaped garden in the middle of the complex which can be accessed from several parts of the building. There is a lift access to upstairs apartments and there is a range of communal areas throughout the scheme used for social, recreational and leisure purposes.

Hemsworth Court is located on the Lower Shankill area of Belfast and has been designed to cater for people with dementia who wish to live in their own homes in the community but require care and support to do so. The apartments are designed to allow partners or relatives to continue to reside with the person with dementia. Service users have tenancy agreements with the housing provider and care agreements with the Hemsworth Court domiciliary care agency. The agency provides a supported living type domiciliary care service and staff are on site 24 hours per day.

The registered manager is based within the service full time and is supported by the senior care coordinators who are responsible for groups of service users and staff. There is at all times a senior care coordinator on duty along with support workers and at night time, two waking staff are available to respond to service users and a senior care coordinator is on call (sleep over) within the scheme.

The agency has a clerical officer and the housing association funds contract cleaning for the communal areas of the scheme. The Trust employs an activity worker who works full time in Hemsworth Court.

Summary of inspection

The announced inspection was undertaken at the agency's premises, 29 Malvern Way Belfast on 7 November 2014 09:15 – 16:45. The registered manager, Mrs Olivia Clarke was present throughout the inspection and Fiona McKinney, Assistant Services Manager, BHSCT was also in attendance for most of the inspection.

During the inspection the inspector met with agency staff, service users and with the relative of a service user. Following the inspection visit contact was made with two other relatives and with three professionals who are involved with the service.

The views of the service users' relatives were very positive and reflected strong trusting relationships with agency staff. Relatives reported that their lives had changed since their relative moved to Hemsworth Court and that agency staff are caring and supportive to their relative. Relatives described the service provided at Hemsworth as 'excellent' and were complimentary towards the management and support staff for their approach towards the care of their relatives.

In advance of the inspection, questionnaires were sent to the agency for distribution to agency staff. Eight of these questionnaires were returned to RQIA before the inspection. Staff who participated in the inspection reported that they had all received training in safeguarding vulnerable adults and in the supported living model of care / support. Staff who met with the inspector were enthusiastic and described good team working and highlighted their confidence in the senior care coordinators and manager of the scheme. Staff also referred to the person centred service they provide to tenants of Hemsworth Court and to the importance of promoting individuality.

One member of staff who participated in the inspection reported:
 'Hemsworth Court aims to enable each tenant to achieve independence and to support each tenant to maintain their skills and confidence to continue to live independently in the community for as long as possible and remain actively involved in all of their choices'.

The inspector contacted three professional staff who have been involved in the commissioning of the domiciliary care provided at Hemsworth Court. Feedback from professionals was positive and agency staff were described as caring and professional.

Service users care is commissioned by Belfast Health and Social Care Trust, Most service users receive housing benefit and supporting people funding. Those who do not receive housing benefit fund this and their housing support.

Detail of inspection process:

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

The agency has in place needs assessments in relation to service users' finances and there were a range of arrangements in place to meet the individual financial needs of service users, in accordance with their preferences. Service users were encouraged and supported to remain as independent as possible and it was evident that agency staff were responding appropriately to the changing needs of some service users in this area.

The Inspector was advised of the plans in place to finalise draft financial policies and procedures and a requirement has been made in relation to this.

The agency has been assessed as 'Moving towards Compliance' with this theme.

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

Service users have care and support plans in place which have been prepared in a user friendly format and reflect the involvement of the service users and their carers. Agency staff demonstrated their knowledge of the service users' human rights and there were a range of interventions being implemented with individuals following consideration of their human rights and preferences.

It was evident that agency staff were responding appropriately to the changing needs of service users and liaising with relevant Trust colleagues.

A requirement has been made with regard to mandatory staff training and a recommendation relating to the agency's training records has also been made. The agency has been assessed as 'Substantially Compliant' with this theme.

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

Service users have in place individual agreements and service users and the representatives could describe the nature and amount of service provision they are entitled to. All of the service users have had their needs reviewed since moving to the scheme and the inspector was satisfied that agency staff fully participated in the reviews.

The agency has been assessed as 'Substantially Compliant' with this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The records of the monthly quality monitoring visits undertaken on behalf of the registered person were examined and discussed with the registered manager. All monitoring is undertaken unannounced and feedback is provided to the registered manager on the day of the visit and outlined within the registered manager's supervision.

The reports contained action plans and evidence of improvements to the quality of service provision in the areas of fire safety, care planning, risk assessment documentation, environmental issues and housing provider roles and staffing levels.

It is recommended that the views of professionals who have made referrals and remain involved with service users are sought during the monthly quality monitoring activity and documented within the monthly report.

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 arrangement for charging service users.

The agency's charging survey was discussed and at the time of the inspection, the agency was providing a domiciliary care service to 28 service users.

The agency does not act as appointee for any service user and several service users were noted to have a power of attorney. One service user has been referred for and is undergoing a financial capacity assessment.

Service users do not contribute to their personal care costs and these are met by BHSCT; a number of service users were described as not eligible to claim some social security benefits and were paying their rental and housing support costs privately.

Service users have been issued with a Family / Tenant Support Agreement which states: "Domiciliary care is free at the point of need and therefore tenants are not charged for any personal care they are assessed as requiring assistance with."

Care Reviews

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

The returned questionnaire was discussed during with the registered manager during the inspection who confirmed that during the review period, a HSC Trust professional had been involved in the reviews of service users. The Trust professional involved district nursing, diabetic nursing, CPNs and social workers and feedback in relation to the care plan is provided during the review. While a range of professionals have been involved in service users’ reviews, the meetings have not been convened or chaired by a HSC Trust professional. It was unclear what the Trust’s arrangements were for ensuring that the domiciliary care provision commissioned by the Trust was being reviewed by an individual independent of the agency. This was discussed during the inspection with the Trust’s assistant services manager, Mrs Fiona McKinney who provided some feedback in relation to the Trust’s proposals.

Statement of purpose

The agency’s Statement of Purpose was submitted to RQIA in advance of the inspection and the document appropriately reflects the range and nature of services provided by the agency.

CCTV

The inspector was advised that the Housing Association had installed CCTV within the corridor areas and in the car park areas around the scheme. The registered manager showed the inspector the room which was used to accommodate the monitor which displayed the footage from the internal cameras and the recording equipment. This was noted to be in lockable room in an area off the main reception area.

A further monitor was placed at the reception desk and displayed the footage from the external cameras. There was signage at the front entrance to the building advising visitors of the presence of CCTV.

The use of CCTV was discussed with the registered manager and with the assistant services manager. It was evident that the use of CCTV had been discussed with service users and there was a record of this and of the agreement of some service users documented along with their wish to retain the use of CCTV for security purposes. The potential for the use of CCTV to compromise the privacy of service users and their visitors was discussed and it was recommended that the use of CCTV is included within the agency’s service user guide.

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

Follow-up on previous issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	11.4	The registered person is recommended to obtain verification from the HR Department that contracts have been issued and maintain record of issue of same onsite.	The registered manager advised that she had liaised with the BHSCT human resources department and attempted to obtain confirmation that staff had received their contracts. However confirmation had not been received by the time of the inspection and this recommendation has been restated.	One	Not Met
2.	9	The registered person is recommended to cross reference the agency policies with those in Appendix 1 to ensure that they have the same or equivalent in place.	<p>The agency's policies and procedures were discussed during the inspection.</p> <p>The registered manager advised the inspector that she had cross referenced the agency's policies against Appendix 1 of the Domiciliary Care Agencies Minimum Standards.</p> <p>The registered manager and agency staff advised the inspector that policies and procedures are made available to staff within the staff area; key policies are themed and selected by the registered manager for the attention of agency staff.</p>	One	Fully Met

3.	3.3	The registered person is recommended to ensure that the service users plan is amended to include information regarding assistance with medication and directions for the use of any equipment as indicated within standard 3.3 of Domiciliary Care Agencies Minimum Standards (NI) (2011).	The registered manager advised the inspector that all of the current service users require some level of support with their medication. The care records reflected the arrangements in place for individuals to receive support with their medication and with any equipment in their home.	One	Fully Met
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THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 1:

COMPLIANCE LEVEL

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

Provider's Self-Assessment	
<p>A 'Service User Guide' is provided by the agency detailing the rental, service charge and enhanced support charges for the tenant. Clear instructions are provided within the document on the method of payment for the rent and support charges. A 'Tenant and Family Agreement outlines the range of charges</p> <p>Tenants have individual support plans detailing the level of support if required with personal care.</p> <p>There are no charges applied for personal care provided. Should a care package be required, Belfast HSC Trust would commission these services at no extra cost to the tenant.</p> <p>Helm Housing are reviewing their current arrangement in relation to the tenants payment for utilities used by the agency staff.</p> <p>Tenants do not have unused areas within their homes.</p> <p>Staff do not have meals within the tenant's home.</p> <p>A financial policy is in draft and is being developed in relation to staff supporting tenants to manage their finances.</p> <p>Local guidelines are in place detailing the arrangements when providing support for tenants managing their finances. The financial support necessary is clearly documented within the tenants support plan and financial transactions are recorded and audited monthly.</p> <p>The agency does not apply a charge for services provided to the tenant in relation to personal care</p>	Compliant

Inspection Findings:	
<p>The inspector was advised that prior to taking up their tenancy, service users are provided with a Service User Guide. This outlines all of the charges and the arrangements for payments, where appropriate. None of the current service users purchase any additional services and the inspector was advised that service users only pay the utility costs associated with their private accommodation.</p> <p>Service users have their own apartment and a service charge is paid by all service users for lighting and power and the cleaning of communal areas and servicing of Hemsworth Court equipment and maintenance. Service users do not make any payments for the activities provided.</p> <p>The registered manager confirmed that agency staff do not eat their meals with service users and within the scheme there is an area for staff to prepare and eat a meal separately from service users.</p> <p>A number of service users were noted to be in receipt of assistance from agency staff to manage sums of money held within their private accommodation. Two such service users had agreements in place which outlined the nature of support required from agency staff. Both service users were described as retaining the capacity to manage their finances but had requested some assistance in this area.</p> <p>The agency's local policy and guidelines on managing service users' finances and 'Procedures for monitoring tenants' personal finance' were discussed during the inspection and the inspector was advised that these documents are in draft form and require further development. Financial practices described and evident during the inspection were not consistent with the procedures outlined within the draft document and the registered person is required to ensure there are robust policies and procedures in place for safeguarding service users' property and valuables.</p> <p>The agency's Service User Guide sets out the arrangements for service users to be advised at least four weeks in advance of any changes in charges.</p>	<p>Moving towards compliance</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:

- 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 they acted in this capacity and the service user on whose behalf they act as agent;

COMPLIANCE LEVEL

<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>An 'Initial Referral Form' completed by the HSC key worker will indicate the level of support required to facilitate the tenant in managing their finances</p> <p>Records are not maintained by the agency for services and facilities as these charges are not applied</p> <p>Records are not maintained by the agency of allowances / income as these are not received by the agency.</p> <p>Tenants living in their own home can access their own money. Some tenants are supported by family to manage their finances with either formal or informal arrangements in place. Details of arrangements are documented in the tenants Support plan. One tenant's social worker supports with managing finances. These arrangements are in place until Belfast HSC Trust become appointee for the tenant.</p> <p>Should a tenant require support to manage their finances arrangements can be put in place for an agreed amount of cash to be placed in a locked cupboard in the tenants flat.</p> <p>The agency has local financial procedures in place to ensure that records and receipts are recorded. Family or representative take responsibility for collecting and monitoring receipts.</p> <p>The agency does not hold money or possessions on behalf of the tenant.</p> <p>There are no nominated appointees within the agency and staff do not act as an agent for any tenant. The agency does not operate a bank account on behalf of tenants</p> <p>If there were concerns that a tenant may become incapable of managing their finances, this is discussed with the relevant parties and an agreement is reached to ensure appropriate formal arrangements are put in place.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The service users' support plans were discussed with the registered manager and, where appropriate, clearly outlined the amount and type of support required or requested with finances.</p> <p>The agency does not retain any records in relation to the service users' charges for rent or service charges as these payments are made directly to the housing association.</p> <p>The service users' who require support to manage their income receive this from their family or their social worker. Some service users' relatives deposit a sum of money to their relative and the agency's records provided evidence of these amounts being lodged and of the signatures of staff and relatives.</p> <p>Reconciliations of the amounts held by service users are undertaken at least once monthly by the senior care coordinator and the registered manager described the steps that would be taken in the event of a discrepancy in the amounts.</p> <p>Financial records provided evidence of reconciliations and of receipts being retained for purchased made on behalf of service users. The agency's records however were not clear in relation to the amount of money given to the service user or spent on their behalf. Following the inspection however, the registered manager forwarded an amended version of this record.</p> <p>Arrangements for referring individuals who have changing needs to the Trust were discussed and the involvement of family highlighted by agency staff.</p>	<p>Substantially compliant</p>

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>The agency does not provide storage for tenant's money or valuables. Tenants have a locked cupboard within their flat. Hemsworth Court has a written procedure for providing support with and monitoring tenant's personal finance. Details of the support required will be recorded in the tenants individual support plan</p>	Not applicable
<p>Inspection Findings:</p> <p>As outlined within the self-assessment, the agency does not provide secure storage for service users' valuables or property. Service users are provided with a secure storage area within their home and are encouraged to use this to secure valuables. Those service users who require assistance to securely store their valuables within their own home have these arrangements outlined within their care records.</p>	Compliant

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

Statement 4:

COMPLIANCE LEVEL

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

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

<p>scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>The agency does not provide transport for tenants and there are no transport schemes in place. The agency does not receive any benefits on behalf of a tenant. Records are not maintained of journeys as tenants either use their own transport, public transport, private taxi or family members car and these are informal arrangements. If tenants go out as a group using a private taxi, they share the costs of the taxi. On occasion tenants attend community events and the organiser provides free transport</p>	Not applicable
Inspection Findings:	
<p>As outlined in the self-assessment the agency does not provide a transport scheme. The inspector was advised by service users of the range of transport available to them including Trust buses, public transport, taxis and family cars.</p>	Not applicable

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	
Statement 1:	COMPLIANCE LEVEL
<p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	
<p>Provider’s Self-Assessment</p> <p>The agency has support plans and risk reduction plans for all tenants documenting the identified needs and risks. Support plans are reviewed, amended and signed by the tenant and family member as needs change or new needs are identified. Amended Risk Reductions plans are shared with family and signed The agency is aiming to comply with 6 monthly reviews for all tenants. As this is a new and developing service, the agency has not met this requirement for all tenants. A protocol is being developed to minimise breaches in the standard and is part of a Service Improvement Plan. Previous practice from HSC Trust was to close involvement with tenants when they moved into supported housing facility. The agency and service is currently in the process of changing this practice and agreement has been made with the HSC Trust that referrals will be made to the Community Mental Health Team for professional involvement at reviews if a tenant does not already have a Trust representative involved. Daily records are maintained to reflect the daily service provision to the tenant by the agency staff Evidence will be provided on support plan to evidence that consideration will be given to the tenants Human Rights should restrictive practices be required Support and risk management plans are developed in partnership with the tenant, their family member and the Trust representative.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Care records were noted to be person centred and it was evident that the views and preferences of individual service users were included throughout. Agency staff who participated in the inspection confirmed that they update the service users' records following each visit to their home and report any changing needs or circumstances, as appropriate, to senior staff.</p> <p>Service users' care records contained evidence of the consideration of their human rights.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>All staff undergo a period of 6 months Induction and training with daily on site supervision and support. The culture and model of supported housing is daily re-inforced within the facility</p> <p>The majority of staff are and are encouraged to be registered with NISCC, however it is not compulsory for Band 2 staff to be registered</p> <p>All staff attend mandatory training to include dementia training. All training is evaluated.</p> <p>All staff attend Human Rights training and have a good understanding of tenants rights and the implication of restrictive practice on tenants rights. There are 2 tenants living within Hemsworth Court that Human Rights have been considered when applying least restrictive option.</p> <p>Staff are aware of their roles and responsibilities and comply with reading of local policies and guidelines that may have an impact on their practice and provision of services to tenants.</p> <p>Staff aware of the Whistle Blowing Policy</p>	Compliant

Inspection Findings:	
<p>The registered manager advised the inspector that staff have undertaken their mandatory training and that she has provided additional training to staff in relation to medication administration and safeguarding vulnerable adults. The registered manager advised that all staff have received training in dementia and that some staff have undertaken QCF training in social care.</p> <p>Senior care coordinators undertake supervision with support staff however training in this area has not yet been provided. The registered manager and assistant services manager advised the inspector that leadership training is planned for 2015 for these staff and it was recommended that all supervisory staff receive training in staff supervision.</p> <p>The agency's supervision policy was examined and sets out the frequency of supervision provided to support and supervisory staff; the provision of supervision was in accordance with the agency's policy and staff have received supervision contracts.</p> <p>The agency's training records were examined and discussed with the registered manager. Agency staff were noted to have completed evaluations of their training and these were stored within individual training files and discussed during staff supervision sessions.</p> <p>The staff training records were not presented in a manner that was readily accessible to the manager and thus it was not possible to determine whether all of the areas of mandatory training had been received by all staff. It was recommended that the agency's system for recording staff training needs and training already undertaken is reviewed to facilitate the manager in seeking assurance that all mandatory training is up to date.</p> <p>It was noted that not all of the agency staff had received training in handling service users' finances as outlined in RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, 2012 and the registered person is required to ensure that all staff receive this training. The registered manager advised the inspector that senior care coordinators were aware of the agency's policy in relation to safeguarding service users' money and it was evident that this was being implemented. The registered manager described the steps she would put in place to ensure that all staff have an awareness of the policy.</p> <p>The agency's whistle blowing policy was examined and reflected the role of RQIA as an organisation to whom concerns about practice can be reported. Agency staff who participated in the inspection confirmed their awareness of the policy and staff who met with the inspector reported that they would have no difficulty in raising with agency management any concerns about the wellbeing of service users.</p>	<p>Moving towards compliance</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 'Statement of Purpose' and 'Service User Guide' clearly indicate to prospective tenants & family member and referral agencies making enquiries, the range of services available. Information regarding the use of technology is included in the documents and indicates the consultation process undertaken should restrictive practice be considered. Tenants live in their own flat and have their own front door. The facility has a main entrance and each tenant has an electronic fob to access the building</p> <p>The Tenant and Family indicate tenants have the right to decline services or aspects of care There are no tenants within Hemsworth Court that lack capacity to consent to care practices.</p> <p>Tenants have a shortened version of their support plan in their flat. An independent HSC Trust will be involved with tenants for review. Tenants are advised of a range of external support agencies There are no restrictive practices that impact on other tenants</p>	Compliant

Inspection Findings:	
<p>The use of restrictive care practices in the homes of service users was discussed and the inspector was advised that none of the current service users require any interventions that would restrict their independence, choices or control in their own home.</p> <p>It was evident from the agency's documentation and from speaking with service users and staff that service users are able to decline aspects of their care and have been fully involved in the development of their care and support plans. It was also evident that the views and wishes of the service users' relatives were considered in the care planning.</p> <p>The agency's service user guide and statement of purpose clearly outline the range and nature of services provided and outline the ethos of the service provision.</p> <p>The service users' care plans are provided in a format that is accessible to them and included references to the individuals' human rights. The registered manager described the discussions she had had with agency staff in relation to human rights, restrictive practices and deprivation of liberty.</p> <p>It was evident that assistive technology had been installed in the building however agency staff confirmed that this would only be used to support an individual who presented with a particular need or risk and that its use would remain under review.</p> <p>One service user was noted to have requested that a door alarm on their front door is activated in the event of their door being opened at night and the service user's request of the alarm as a security measure was evident.</p> <p>One service user had been noted to have used a door alarm in order to provide additional monitoring during a period of physical ill health; agency staff described their consideration of the necessity of this intervention and the use of it as the least restrictive and most proportionate measure to meet the needs of the individual during that period. Agency staff also confirmed that the service user had recovered and regained their independence and that the practice had been removed following a recent review.</p> <p>The registered manager demonstrated her knowledge of departmental and other guidance in relation to restrictive practices. The registered manager reported that some service users have requested additional support to manage their cigarettes and money and that these arrangements are outlined within individuals' support agreements.</p>	Compliant

The registered manager also confirmed that restraint is not used within the scheme.	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS

Statement 4

COMPLIANCE LEVEL

The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.

- 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

Provider’s Self-Assessment

The ethos of Hemsworth Court is to avoid restrictive practices and to cultivate a culture of self determination and independence. Should restrictive practices be considered, a risk assessment would be completed prior to implementation which would document the least restrictive option. Consideration would be given to the tenants Human Rights and detailed records maintained. Discussion would take place between the agency and the Trust representative and the arrangements would be regularly reviewed.

The practice of restraint is not used with in the agency

Compliant

Inspection Findings:	
<p>The registered manager advised the inspector of the ethos of the service with regard to the choice, control and independence experienced by service users when receiving care in their own home. The registered manager demonstrated an awareness of the potential for care practices to be restrictive or intrusive and the measures in place to reduce this.</p> <p>Agency staff had undertaken training in human rights and those who participated in the inspection demonstrated their awareness of the rights of service users and their role in promoting these.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
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>Tenants and representatives are provided with the 'Tenant and Family Agreement' and the 'Service User Guide' which details the amount and type of care provided by the agency. During the initial visits to Hemsworth Court the tenant and their representative are given information on the assessment and support planning process and the culture of partnership working that is fostered within the ethos of supported housing. Tenants and representative are involved in the care planning process and this is detailed in the 'Tenant and Family Agreement' and 'Service User Guide'</p> <p>Assessments and support plans are agreed with the tenant and their family representative and reflect the care commissioned by Belfast HSC Trust. In addition, the tenant is provided with a summary support plan that details the care to be provided by the agency.</p> <p>Staff are trained in dementia person centred care within a supported housing environment.</p>	Compliant

Inspection Findings:	
<p>All of the service users have been issued with a 'Tenant and Family Support Agreement' and these outline the range of costs of the accommodation and service charges and information about living at Hemsworth Court.</p> <p>Service users and their representatives who participated in the inspection could describe the amount and type of care they received and it was evident that this was in accordance with their assessed needs and their preferences. The registered manager advised the inspector of the arrangements in place to ensure that service users' receive the care and support that is outlined within their support plan and, as outlined in the self-assessment, service users have been provided with a 'summary support plan' which provides information in relation to their service provision in an accessible manner.</p> <p>The summary support plans reference the individuals' skills and needs with regard to their personal care, wellbeing, household activities, safety and security, maintaining tenancy, social interaction and community activities. The summary support plans examined by the inspector had been signed by service user and their key worker.</p> <p>Service users' relatives who participated in the inspection described the care and support as reliable and also flexible and responsive to the changing needs and preferences of their relatives.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>The tenants support plan will incorporate any care services commissioned by the Belfast HSCT Tenants do not pay for any care services from their income. Supporting People funding covers the support charges for tenants who are in receipt of Housing Benefit. Hemsworth Court staff are in the process of detailing the services provided by this funding on the tenants support plan. A weekly rate for Supporting People funding is detailed on within the 'Service User Guide' Tenant who are self funding pay for the support charges which are clearly detailed on the 'Service User Guide'. Hemsworth Court staff are in the process of detailing the support services provided for this charge. The model of supported housing is explained to tenants prior to allocation and the charges incurred charge</p>	Compliant
<p>Inspection Findings:</p> <p>As outlined within the self-assessment, service users do not pay for any of the care they receive from agency staff as this is funded in full by the BHSCT.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The agency standard indicates that reviews are arranged 6 monthly by staff in Hemsworth Court. At present the reviews are in breach of this standard. It has been the practice that some HSC professionals closed involvement when the tenant moved to supported housing, however arrangements have been put in place with the HSC Trust to ensure reviews are attended by a Trust representative. Discussions with tenant, family representative and staff will confirm that the reviews take place and they can be requested by any of the partners in care involved. Changes to the support plan is signed by the tenant and family representative. Fees are not applied to the provision of care services for tenants living in Hemsworth Court</p>	Compliant

Inspection Findings:	
<p>The service users' needs assessments and care plans had been reviewed at least once since the scheme commenced in 2013. The arrangements for a HSC Trust professional (not employed to work in the agency or operationally responsible for the agency) to be involved in the review meetings was discussed and the inspector was advised that several Trust professionals had participated in the review meetings. It was unclear however what the Trust's arrangements were for ensuring that the domiciliary care provision commissioned by the Trust was being reviewed by an individual independent of the agency. This was discussed during the inspection with the Trust's assistant services manager, Mrs Fiona McKinney who provided some feedback in relation to the Trust's proposals.</p>	<p>Compliant</p>

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

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

Any other areas examined

Complaints

Prior to the inspection the agency returned a completed complaints questionnaire to RQIA for the period 1 January 2013 to 31 December 2013. There were no complaints received by the agency during this period.

The agency has received four complaints in 2014 and these were discussed with the registered manager. Three of the complaints had been made by relatives and had been resolved locally. A further complaint regarding a medication administration error had been reported to RQIA and the registered manager had put in place measures to reduce the likelihood of reoccurrence.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Olivia Clarke, 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:

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



Quality Improvement Plan

Announced Primary Inspection

Hemsworth Court

7 November 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Olivia Clarke, registered manager and Mrs Fiona McKinney, Assistant Services Manager, BHSCT 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 (d)	<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>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement refers but is not limited to the development of policies and procedures for safeguarding service users' property and valuables.</p>	One	<p>Robust local financial procedures are in place to provide instruction to staff whilst supporting tenants with financial management. Staff adhere to the procedures which are used to inform financial training provided for staff. The audit template has been amended and forwarded to the Inspector to reflect the accurate record of the finances</p> <p>There is a Draft Financial Support Policy for Supported Housing which is currently being developed.</p>	Two months from the date of inspection – 2 January 2015
2.	16 (2)	<p>The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement refers but is not limited to the provision of staff training in handling service users' finances.</p>	One	<p>Financial awareness training in local procedures have been developed by the registered manager. Staff have been undertaking the training which will be carried out within the required timescale by the registered manager</p>	Three months from the date of inspection - 30 January 2014

Recommendations					
These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the views of professionals who have made referrals and remain involved with service users are sought during the monthly quality monitoring activity and documented within the monthly report.</p>	One	<p>The unannounced visits are carried out by the Assistant Services Manager monthly. Since September 2014 the manager has been including the views of the professionals within the report. Professionals are also formally asked to complete a Satisfaction Survey on an annual basis of the service provided to the tenant. Tenant reviews are held 6 monthly and provide an opportunity for the Trust professional to raise any issues regarding the services provided</p>	From the date of the inspection
2	11.4	<p>The registered person is recommended to obtain verification from the HR Department that contracts have been issued and maintain record of issue of same onsite.</p>	Two	<p>Verification has been sought and obtained from HR Department regarding the issuing of contracts and a record is held onsite</p>	Two months from the date of inspection – 2 January 2015

3	12.4	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>It is recommended that all supervisory staff receive training in staff supervision.</p>	One	<p>The Trust Training Team have agreed to provide training to supervisory staff regarding staff supervision. It is expected that the training of the senior team will be carried out within the recommended timeframe</p>	<p>Four months from the date of inspection – 27 February 2014</p>
4.	12.7	<p>A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff.</p> <p>It is recommended that the agency's system for recording staff training needs and training already undertaken is reviewed to facilitate the manager in seeking assurance that all mandatory training is up to date.</p>	One	<p>A template to capture Staff training records has been devised since inspection and forwarded to the inspector on 12.11.14. The template provides reassurances for the manager that mandatory training is up to date. The recording system for mandatory training is also planned for upgrade during January 2015</p>	<p>Four months from the date of inspection – 27 February 2014</p>

5.	2.1	<p>Prospective service users and where appropriate, their carers/ representatives are given at the earliest opportunity (and no later than 5 working days of the commencement of the service) a “service user’s guide” that provides comprehensive up-to-date information about the agency and the services provided. The information is available if required in a format and language suitable for the service user or his or her carer/representative.</p> <p>It is recommended that the agency’s service user guide is updated to include the use of CCTV within the scheme.</p>	One	CCTV Code of Practice has been consulted and the registered manager has included information into the service user guide to advise of the use of CCTV cameras within Hemsworth Court and within the car park area	Two months from the date of inspection – 2 January 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Olivia Clarke
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Michael McBride Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	31/12/14
Further information requested from provider			