

## **PRIMARY INSPECTION**

<b>Name of Agency:</b>	<b>Triangle Housing Association (Baronscourt Close)</b>
<b>Agency ID No:</b>	<b>12208</b>
<b>Date of Inspection:</b>	<b>20 January 2015</b>
<b>Inspector's Name:</b>	<b>Rhonda Simms</b>
<b>Inspection No:</b>	<b>INO20847</b>

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

<b>Name of agency:</b>	Triangle Housing Association (Baronscourt Close)
<b>Address:</b>	4 Baronscourt Close Carryduff Belfast. BT8 8RE
<b>Telephone Number:</b>	028 90813628.
<b>E mail Address:</b>	Amanda.crawford@trianglehousing.org.uk
<b>Registered Organisation / Registered Provider:</b>	Triangle Housing Association
<b>Registered Manager:</b>	Amanda Crawford
<b>Person in Charge of the agency at the time of inspection:</b>	Erin Brown Service Manager
<b>Number of service users:</b>	9
<b>Date and type of previous inspection:</b>	Pre-Registration Inspection 28 October 2013
<b>Date and time of inspection:</b>	20 January 2015 9.30 am – 4.45 pm
<b>Name of inspector:</b>	Rhonda Simms

## Introduction

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

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

## Purpose of the inspection

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

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

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

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

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

## Methods/process

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

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

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

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

- File audit
- Evaluation and feedback

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

### Consultation process

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

Service users	7
Staff	6
Relatives	2
Other Professionals	2

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	30	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 inspector reviewed the agency's compliance towards four requirements made at the previous inspection of 28 October 2013. The agency has achieved compliance with the regulations in respect of all four requirements.

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:

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

## Profile of service

Triangle Housing Association 4 Baronscourt Close is a supported living type domiciliary care agency which is based in a residential area in Carryduff. The agency currently provides domiciliary care and housing support to nine service users who experience learning disability with complex needs, and who may additionally experience physical disability or mental ill health. Services are provided to service users who live in three bungalows in the Baronscourt area.

Under the direction of the Registered Manager, Amanda Crawford, and the Service Manager, Erin Brown, thirty staff provide services with the aim of enhancing independent living, developing living / life skills, involvement in the local community, and maintaining a tenancy, with the overall goal of maximising quality of life.

## Summary of inspection

The inspection took place in the agency's registered office, 4 Baronscourt Close, Carryduff, on 20 January 2015. During the inspection a range of policies and procedures, care and support plans, service user agreements and other documentation was examined. The inspector met with Amanda Crawford, registered manager, Erin Brown, service manager, and four support staff. The inspector met six service users in their own homes; observed service users in the course of their daily routines; and spoke with two relatives. The inspector received verbal feedback from two HSC Trust professionals.

Following the inspection, eight staff returned questionnaires to RQIA. The inspector viewed the questionnaires, which stated that staff had received effective training in safeguarding vulnerable adults, human rights and the supported living model. Staff provided feedback regarding their understanding of the supported living ethos, which included comments regarding empowerment, choice, dignity, respect, and encouraging independence:

'Empower the individual so they are fully supported and able to carry out as many day to day tasks as possible.'

'Supporting people to live a secure and fulfilling life adjusted to their personal preferences.'

'To promote independence within the community'.

In the course of inspection it was evident that staff had a detailed knowledge of the needs and preferences of service users and took pride in the standard of care provided to them. Some staff who spoke with the inspector had worked with service users in their previous accommodation setting, as part of the process of preparing service users to move to Baronscourt Close. Staff were positive about the benefits of this experience in understanding the needs of and challenges for service users in adapting to a change in lifestyle. Staff who participated in the inspection were able to discuss the supported living ethos and were aware of human rights issues. The inspector noted that staff were able to discuss examples of how they work to progressively promote the independence and choice of service users.

Comments included:

'human rights means treating the service users the same as others, giving dignity and choice'  
'I try to be sensitive when providing (personal care) support, to give as much privacy as possible'

'we enhance independence and choice, like doing different activities in the day, and having a choice about attending activities'

'we give the service user the choice to do what they want to do, with support'.

The training received by staff was consistently described as good. Staff felt well supported in their working environment and knew how to access managerial support at all times.

The inspector visited six service users in their own homes, across two sites. The location of the registered office provided the inspector the opportunity to observe staff interaction with service users and to see service users in the course of their daily routines. The inspector noted that service users took pride in their home environment and had decorated their personal space in a manner of their choosing. Service users were able to show the inspector items of personal interest to them, which included evidence of activities the agency staff had supported them with. The service users who spoke with the inspector made positive comments regarding their lifestyle, the provision of service to them and their relationships with staff. Some service users described how their lives had improved since coming to live at Baronscourt Close.

The inspector spoke with two relatives as part of the inspection. Relatives were positive regarding the standard of service and quality of lifestyle afforded to their relative at Baronscourt Close. Relatives described effective and appropriate communication with agency staff.

‘the staff understand what they like and work well with (relative)’

‘the staff are very open and communicate well with the family’

‘this is home to (relative), there is independence and privacy, (relative’s) skills are developing, this is much better than (previous environment)’.

The inspector spoke with two HSC Trust professionals as part of the inspection. HSC Trust professionals reported the development of effective systems of communication and partnership working with agency staff.

#### **Detail of inspection process:**

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

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

The inspector examined 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 reviewed the arrangements for receiving and handling service users’ monies, including assessments and financial support plans which clarified the support each service user required in respect of handling and managing money. The terms and conditions and amounts paid for services were stated in the financial agreements and service user guide. Cash books which maintained a clear and up to date record of all financial transactions, including those made on behalf of service users were reviewed by the inspector.

Two requirements and one recommendation have been made in relation to Theme 1.

A recommendation has been stated in relation to 4 Baronscourt Close, where the agency office is situated. The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of their home and what measures are taken to ensure service users obtain maximum benefit from their home.

The inspector was advised that two bungalows have a staff sleepover room, and one bungalow houses the agency office and has staff on waking and sleeping night duty. The inspector noted that the agency's payment of 10% of utility costs in each bungalow may not be equitable; the registered person must review the proportion of utility costs paid.

The registered manager explained that the agency had been advised verbally by the HSC Trust that six service users did not have financial capacity, however these arrangements were not stated in writing and no original documentation has been made available to the agency. A requirement has been made in relation to seeking clarity regarding financial capacity from the HSC Trust.

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

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

A range of care and support plans viewed by the inspector incorporated service users' needs from assessments completed by the HSC Trust. Care and support plans were completed in a person centred manner, reflected a range of interventions, and included the involvement of the service user and/ or their representative.

Documentation and feedback from staff, service users, and HSC Trust professionals showed that the agency responds to the changing needs of service users, evaluates 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 inspector noted that any care practices which could be regarded as restrictive in nature were implemented as a result of a needs and risk assessment by the HSC Trust and included consideration of human rights implications. Agency staff highlighted how the needs and preferences of a service user had resulted in a temporary impingement on the choices of other service users. The registered manager and agency staff described how this practice had been identified and care provision changed in order to remove any restriction. There are no requirements or recommendations in relation to Theme 2.



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

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

The inspector viewed a range of care and support plans which were completed in a person centred manner, individualised, reflected the assessment of the HSC Trust and the needs and preferences of the service user. Service users had an understanding that staff were available to meet their needs when required.

The inspector viewed financial agreements which stated the number of hours of care and support provided by the agency, including those paid for out of the service user's income. Financial agreements were signed by the service user and an agency representative.

The registered manager confirmed the report of care reviews commissioned by the HSC Trust that one out of two service users had annual reviews from 1 April 2013 – 31 March 2014, due to sickness absence within the HSC Trust. The inspector was informed that in recent months eight out of nine reviews have been completed with the HSC Trust.

Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users. The inspector was advised that reviews can be arranged with the HSC Trust when required.

There are no requirements or recommendations in relation to Theme 3.

### **Additional matters examined**

#### **Monthly Quality Monitoring Visits by the Registered Provider**

Reports of monthly quality monitoring were viewed by the inspector. The reports reflected the views of service users and staff. The reports noted the views of professionals, and attempts to contact professionals were recorded. The registered manager advised the inspector that senior management have stated that evidence of attempts to contact professionals in relation to monthly monitoring activity should be collated with the monthly monitoring report.

The registered manager advised the inspector that following a survey of families, a plan has been devised to ensure that family contact is made in accordance with their wishes. This outcome is not always noted in the reports. The monthly monitoring reports reflect quality improvement measures and monitoring of standards in the service.

The registered person should ensure that the views of representatives, including families and professionals are included in the reports of monthly monitoring and that any factors impacting on the agency's ability to ascertain their views are noted.

## 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 two service users contribute Disability Living Allowance towards the cost of their care. The registered manager confirmed that six service users are reported by the HSC Trust to lack financial capacity and have assistance in accordance to their assessed needs to manage their finances. The agency's registered manager acts as nominated appointee for two service users.

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 must provide 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.

## Statement of Purpose

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

Information was provided regarding the mission statement, values and philosophy of the organization, aims and objectives, nature and range of services provided. The name of the registered person and registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described, including appropriate reference to restrictive practices.

## Care reviews

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

The registered manager explained that in the survey period one out of two service users received reviews involving the HSC Trust as the Trust did not have staff available due to sickness absence. The inspector saw a letter from the HSC Trust to this effect.

Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users.

**The inspector would like to thank the agency staff, service users, relatives and HSC Trust professionals for their participation, co-operation and hospitality throughout the course of the inspection.**

## 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	Minimum Standard 4	Each service user has a written individual service agreement.	The inspector viewed the individual service agreements for the three new service users to whom the recommendation related. The inspector also viewed other individual service agreements.	One	Fully met
2	13 Sch 3 9	The registered person must ensure that recruitment records include details of employees' physical and mental health including immunisation status, and a statement by the registered provider that the employee is physically and mentally fit for the work he is to perform.	The registered manager provided assurance that that the required information is obtained during the recruitment process which is signed off by the registered manager.	One	Fully met
3	15(3) (a)	<p>The registered person shall- (a) make the service user's plan available to: (i) the service user: (ii) any representative of a service who was consulted on its preparation or revision.</p> <p>This requirement refers to service users' needs assessments and care plans</p>	The inspector viewed a range of care and support plans which were signed by service users and/or their representatives.	One	Fully met

		which are required to be signed by the service user and or their representatives.			
4	21(1) Schedule 4	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained.</p> <p>This relates to the need to have signed contracts of employment.</p>	The induction records seen by the inspector have been updated to include a section for the line manager to ensure a signed contract is returned to Human Resources.	<b>One</b>	<b>Fully met</b>

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

<b>Provider's Self-Assessment</b>	
<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.</p> <p>The agency notifies in writing each service user increases in charges yearly which is attached to the Service User guide.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector read the service user guide which includes the terms and conditions of the service to be delivered. The inspector viewed individual financial agreements and the service user guide which state the amount and payment of charges for services and methods of payment. The inspector was advised by the registered manager that service users only pay for care that is provided on the basis of an HSC Trust assessment of need. No service user is paying for care additional to an HSC Trust plan.</p> <p>The registered manager described the arrangements for shared costs within the agency. Three bungalows contain a staff sleepover room due to the assessed needs of the service users. The financial agreements seen by the inspector states that Triangle Housing Association pays 10% of utility costs for these bungalows. The agency's registered office is situated in the home of three service users. The inspector was advised that two staff are on duty in each bungalow during the day, and a member of staff sleeps over at night. In the house where the agency office is located, there is an additional staff member on waking night duty to meet the needs of the service users in this bungalow.</p> <p>The inspector noted that the agency's payment of 10% of utility costs not be equitable, the registered person must review the proportion of utility costs paid in each bungalow.</p> <p>The registered manager described that agency's arrangements to minimise the disruption to the service users in whose home the agency office is situated. The office and staff bathroom are situated off the sunroom of the bungalow. Agency staff have a separate fridge in the service users' kitchen, and use the</p>	Substantially compliant

kitchen equipment belonging to service users in the preparation of their breaks. The registered manager advised the inspector that the agency provides a budget which can be used to contribute towards the cost of kitchen items, and that agency staff use separate crockery. The inspector was advised that meetings relating to service users take place in a separate venue outside of the service user's home. Handover meetings, liaison with professionals and administrative work take place in the relevant service user's home and in the staff area where possible. The inspector noted that service users who are present in their home during the day have an assessed need for a staff presence.

A recommendation has been stated in relation to 4 Baronscourt Close, where the agency office is situated. The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of their home and what measures are taken to ensure service users obtain maximum benefit from their home.

The inspector was advised that there are no unused areas within service users' homes.

The registered manager advised the inspector that staff are responsible for purchasing food they consume whilst on duty. The arrangements for staff meals during an outing with a service user are stated in the financial agreement. The agency provides an allowance which can be used by staff to purchase tea, coffee, and breakfast foodstuffs for the use of staff, which are kept separately to service users' food.

A range of support plans reviewed by the inspector stated the arrangements for supporting service users with their finances; in accordance with the agency's financial policy and procedure.

The service user guide viewed by the inspector states that written notification is given annually in advance of changes in charges. The inspector viewed letters to service users providing at least four weeks written notice.



## 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;

### COMPLIANCE LEVEL

<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p><b>Provider's Self-Assessment</b></p> <p>Prior to admission the HSC Trust presents at panel the identified needs of the Service User and the trust 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</p> <p>Where items over the value of £250 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 a Service User wishes to withdraw more money the agency support the service user to do so. Where the Trust manage the Service User finances a request will be made to the named worker for additional money.</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. Audits are carried out monthly by the Service Manager off all transaction, receipts and expenditure. The Regional Manager carried out sample audits to ensure the procedure is followed. Triangle finance department also carry out internal audits yearly.</p> <p>The Service Users finance support plans details the arrangements if the agency acts as nominated appointee.</p> <p>A record is kept of sample signature for all staff.</p>	Substantially compliant

Inspection Findings:	
<p>The inspector examined records of assessment of needs and reviews completed by the HSC Trust which evaluate the needs of service users in relation to financial capability and the appropriate level of support which should be provided.</p> <p>The inspector was informed that agency staff assist service users to handle money which is kept in a safe place in their home. The inspector viewed a range of cash books which recorded details of transactions in respect of the service user. The inspector noted that each transaction is signed by two staff members. The inspector noted that records and receipts of transactions undertaken by service users with the assistance of agency staff were maintained and up to date.</p> <p>The registered manager advised the inspector that the HSC Trust provides money in advance for the five service users for whom it acts as corporate appointee and holds patient property accounts, in order to ensure that service users have access to sufficient funds. A member of staff on duty holds the keys for money tins and can provide access to money at any time. The registered manager advised the inspector that all service users require assistance to access and handle money. A relative who spoke with the inspector stated that their relative could access money as required.</p> <p>The registered manager discussed the financial checks conducted by the agency. The inspector noted evidence of daily balance checks completed at shift handover, and reconciliations completed monthly by the registered manager or service manager. Random finance checks are completed by the registered manager or service manager and also by the person completing monthly monitoring visits on behalf of the registered person. The monthly monitoring reports viewed by the inspector noted random finance checks of service users' records. The inspector was advised that the agency operates a system to ensure that different records are checked each month as part of the monitoring process. The inspector was advised that the organisation conducts an annual internal finance audit, in addition to yearly sampling by outside auditors. The registered manager advised the inspector that in accordance with guidance from the agency's accountant, future random checks will be collectively captured.</p> <p>The registered manager advised the inspector that the agency acts as appointee for one service user, the HSC Trust acts as appointee for five service users, and family act as appointee for three service users. The inspector viewed financial support plans which record the name of the appointee and the arrangements to assist service users; these plans are signed by service users.</p>	Substantially compliant

The registered manager explained that the agency had been advised verbally by the HSC Trust that six service users did not have financial capacity, however these arrangements were not stated in writing and no original documentation has been made available to the agency. A requirement has been made in relation to seeking clarity from the HSC Trust regarding the financial capacity of service users.

The registered manager advised the inspector that the agency does not operate a bank account on behalf of any service user. The agency does not hold property for any service user; records of transactions from the service users' money tins are maintained in cash books viewed by the inspector.

The managers advised that changes in a service user's financial capacity would be referred to the HSC Trust.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>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. The support plan details the level of restriction where appropriate in regard to money and property.</p>	Substantially compliant

Inspection Findings:	
<p>The inspector was advised that service users are provided with a safe place to store their property; and that one member of staff on duty holds keys. The agency maintains a consent form signed by service users and/or their representative which includes the holding of keys by agency staff.</p> <p>The inspector noted evidence of finance books which detailed transactions from the service users' locked money tin, including the date, purpose, and signatures of staff. Evidence of daily reconciliations by agency staff, random and monthly reconciliations by the service manager or registered manager were examined by the inspector.</p> <p>The registered manager advised the inspector that service users are not restricted in relation to access to their money. A service user who spoke to the inspector in the course of inspection was aware of how to access money and discussed how they chose to spend their money. The inspector was advised that records of financial transactions are kept in the home of each service user. The inspector noted that the arrangements for access to money for service users to manage their finances are noted in their financial support plans.</p> <p>The inspector noted evidence of reconciliations completed daily by agency staff in addition to checks made by the registered manager. The inspector was advised that deficits would be handled through the procedure for safeguarding vulnerable adults.</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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>• Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>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.</p> <p>The procedure details the arrangements between Service Users who invite other users into their motability car. A log book is kept in each motability car of all journeys, mileage incurred, passengers and costs per mile. This is recharged to the Service Users using the motability car quarterly. The Service User /Representative completes a consent form which details they are agreeing to pay the mileage cost incurred if they choose to use another persons vehicle.</p> <p>Each year the Social Security Agency provides each Service Users with benefit entitlement which is stored in individuals files.</p> <p>Within the Travel by car procedure it is detailed their responsibilities in regard to the legal requirement. when a staff member uses their car to transport Service User</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector was advised that the agency does not operate a transport scheme. One service use has a motability vehicle for their sole use.</p>	Not applicable



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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users' current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>Each Service User has a completed assessment of need which outlines the current needs and risk. The HSC Trust is involved in the assessments and contain the users views.</p> <p>The Agency staff record daily the outcome of care plans and risk assessment on progress records which capture a wide range of interventions to meet assessed need.</p> <p>Care plans have been now reviewed to include the appropriate consideration of human rights. We are currently in the process of changing to the new documentation.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The inspector viewed a range of care and support plans which incorporated service users' needs from assessments completed by the HSC Trust. The inspector noted that needs assessments from the HSC Trust contained detailed information relating to the provision of care required by service users with complex needs. Care and support plans seen by the inspector were adapted to reflect the changing needs of service users and included HSC Trust involvement. HSC Trust professionals who took part in the inspection reported that the agency responds appropriately to the changing needs of service users and communicates effectively with the HSC Trust.</p> <p>The involvement of the service user and/or their representative and the HSC Trust was reflected in care and</p>	Substantially compliant

support plans seen by the inspector. Agency staff who participated in the inspection described a process of maintenance and updating of care and support plans.

Care and support plans were completed in a person centred manner and reflected a range of interventions appropriate to the needs of the individual. Care documentation examined by the inspector in relation to service users with changing complex needs demonstrated partnership between the HSC Trust professionals, the agency and the service user.

The inspector viewed a range of care records which showed that the outcome of the service was recorded regularly. The registered manager described a process of monthly review within the agency to evaluate the outcome of services provided and ensure that care and support plans are accurately updated to reflect changing need.

The inspector reviewed a range of care and support plans which reflected an appropriate consideration of human rights. The registered manager advised the inspector that the agency has been in the process of implementing new care plan documentation which includes a specific consideration of human rights for the service user in each section of the care and support plan. All care plans reviewed by the inspector contained implicit or explicit human rights considerations. An easy read guide to human rights included in service user's files.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Staff on induction receive the following training which underpins the implementation of care practice. At Respect training which is the management of challenging behaviour staff complete an assessment afterwards the training which shows their understanding of the course delivered around restrictive practice and the potential human rights implication.. If the trainers have concerns around their response their line manager would be contacted so they could discuss further with the staff member.</p> <p>The Organisation maintains the relevant policy &amp; procedures in these areas.</p> <p>The agency keeps a risk registrar of all restrictive practices which is reviewed quarterly by the the relevant registered manager with multi disciplinary involvement.</p> <p>The impact of care practice is evaluated and reported to the relevant named worker when required.</p> <p>At training staff are reminded of their obligation to raise concerns about poor practice..</p>	Substantially compliant

Inspection Findings:	
<p>The inspector viewed training records and discussed the agency's system to deliver and maintain appropriate training to agency staff. The registered manager and service manager showed records of training planned, and attended. The agency has a system to identify and address non-attendance at training. Agency staff described a good standard of training which equips them to fulfil their roles.</p> <p>The registered manager discussed the agency's methods of evaluating the effectiveness of training including: staff feedback, training evaluation tools, 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. Staff receive one to one supervision twice yearly, and finance and medication competency testing yearly. Staff who took part in the inspection reported having good access to informal and formal supervision and support.</p> <p>Staff who participated in the inspection could identify practices which could be considered restrictive, for example, in relation to service users who need to be accompanied outside of their home. Staff were able to discuss the balance of risk, safety, and human rights in relation to the provision of care practices. Agency staff discussed how they work collaboratively with a service user who has a risk associated with food, to enhance independence whilst using the least restriction to minimise risk.</p> <p>The inspector viewed the agency policy in relation to staff responding to the needs of service users.</p> <p>During the course of inspection agency staff and professionals advised the inspector that the impact of care practices are evaluated and relevant parties notified of any changes. The inspector noted that the enhancement of effective communication with the HSC Trust has been particularly important for service users adapting to a process of transition in a new environment. The inspector examined records which showed how agency staff had evaluated the impact of care practices and reported changes in the service user's needs appropriately. These included reassessments involving the HSC Trust and agency, monthly and six monthly agency reviews, and care records. Relatives who took part in the inspection reported that agency staff communicate appropriate information in a timely manner.</p> <p>Staff who took part in the inspection were able to describe how to raise concerns regarding poor practice and knew how to raise concerns regarding safeguarding.</p>	Substantially compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home.</li> <li>• The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions</li> <li>• Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records.</li> <li>• Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Within the Service User guide &amp; Statement of purpose we identify any restrictive practice that impacts on the service users' control choice and independence in their own home. Also within this document Service Users are advised of their right to decline aspects of their care provision.</p> <p>Where a Service User lacks capacity their named worker and representative are informed.</p> <p>Service Users can have a copy of their care plan if they wish in a user friendly format.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector noted that the Statement of Purpose and service user guide provide information regarding the nature and range of service provision, including appropriate reference to restrictive practice. The Statement of Purpose and service user guide state that service users can decline aspects of care provision. The registered manager discussed and provided records of an example of a service user declining a care practice which resulted in the review and re-evaluation of their needs and support requirements.</p>	Substantially compliant

The inspector examined a range of care and support plans and Be Safe risk assessments which included any practices which could be regarded as restrictive or impact on the service users' control, choice and independence within their own home. These plans were written in a person centred manner and were signed by service users and/or their representative. The registered manager advised the inspector that all service users can consent to care practices.

The registered manager, service manager and agency staff discussed practices which could be restrictive, and which were stated on service users' care and support plans. All service users need to be accompanied by staff for safety reasons when outside their homes; this was noted in HSC assessments and care and support plans. Agency staff described how they worked in collaboration with a service user to place safe boundaries around the use of particular items of personal property, rather than restricting access to it.

Service users can be provided with a copy of, or have access to, their care and support plans at any time. The inspector was advised that care and support plans are stored in the home of the service user.

The registered manager and service manager described how the care preferences of a service user resulted in a temporary restriction on the movement of other service users. The inspector was informed of the agency's process of identifying and removing this restriction, thus maximising the control and choice of all service users regarding their movement outside their home.

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



<b>Provider's Self-Assessment</b>	
<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. Restrictive interventions are put in place in consultation with service users where possible, their representatives and with involvement of the Trust behaviour 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 focused 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>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The registered manager discussed how care practices which could be regarded as restrictive are implemented when the HSC Trust has assessed service users' needs and risks and are stated in care and support plans. Practices which impinge on privacy, such as requiring to be accompanied outside the home, were justified as necessary and proportionate to minimise risk for safety reasons.</p> <p>The registered manager described how the agency has recently installed a security system outside the home of service users which could be regarded as an infringement on their privacy. The registered manager discussed how the use of this equipment was recommended for security reasons by an outside agency and has been discussed with representatives of the service users concerned. The registered manager subsequently provided a written record of consultation and explanation of the system with service users.</p>	Substantially compliant

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

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 1</b></p> <p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<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 care plans and associated risk plan.</p> <p>The Agency has clear procedure ( SS3-2 ) which explains this process</p> <p>Each Service Users has an individual Financial Agreement which clearly states the amount of care and support hours commissioned .</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>Service users who participated in the inspection knew that staff provide the care they need and had an understanding that staff were available to them when required.</p> <p>Staff who participated in the inspection were confident that they understood the amount and type of care provided to service users, as stated in the service user's care plan.</p> <p>The inspector viewed the agency's policy on assessment on care planning, and noted that the Statement of Purpose describes how care and support plans are devised. The inspector saw service user agreements,</p>	Compliant

review records, and received feedback from Trust professionals which indicated that care plans were consistent with care commissioned by the HSC Trust.

Care and support plans seen by the inspector reflected the needs and preferences of service users and how these should be met. The number of hours of care and support provided by the agency was stated in financial agreements examined by the inspector.

The registered manager advised the inspector that care plans are discussed with service users; feedback from agency staff confirmed this.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p><b>Statement 2</b></p> <p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>At the yearly multi disciplinary review on our documentation we have included the care hours funded by the HSC Trust the care funded by their own income and the hours which they pay for is discussed and agreed by the Service User and their representative..</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 will not impact as a Tenant.</p>	Substantially compliant

Inspection Findings:	
<p>The inspector viewed financial agreements which stated the amount of care funded by the HSC Trust and the amount of care funded by service users from their own income. Financial agreements were signed by the service user and/or their representative, and a representative of the agency. HSC Trust representatives do not sign financial agreements.</p> <p>The inspector was advised that service users only pay for hours on the basis of an HSC Trust assessment. No service user is paying for any additional hours.</p>	Compliant

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <p><b>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences.</li> <li>• Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<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>	Substantially compliant

Inspection Findings:	
<p>The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).</p> <p>The registered manager explained that in the survey period one out of two service users received reviews involving the HSC Trust as the Trust did not have staff available due to sickness absence. The inspector saw a letter from the HSC Trust to this effect.</p> <p>The inspector was informed that in recent months eight out of nine service users’ reviews have been completed with the HSC Trust; a number of the review records were available at the time of inspection.</p> <p>Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are involved regularly and necessarily in the needs assessment and evaluation of care provided for service users. The inspector examined care and support plans which had been updated following reassessment and informal review of service users’ needs.</p>	Compliant



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

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

**Any other areas examined****Complaints**

The inspector viewed records of two complaints made in the period 1 January 2013 – 31 December 2013 which were responded to satisfactorily. Records relating to a further seven complaints received in 2014 were satisfactory.

**Quality improvement plan**

The details of the Quality Improvement Plan appended to this report were discussed with **Amanda Crawford registered manager and Erin Brown service manager**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Announced Primary Inspection

**Triangle Housing Association - 4 Baronscourt Close**

**20 January 2015**

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

The specific actions set out in the Quality Improvement Plan were discussed with **Amanda Crawford registered manager and Erin Brown service manager** during the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14 (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>The registered person must provide 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.</p>	One	<p>Triangle Housing has arranged a meeting with the Belfast Trust to discuss this ongoing issue of Service Users paying their DLA Care contribution towards their care package.</p> <p>RQIA will be kept up to date on progress</p>	20 April 2015
2	14 (b) (c)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(c) so as to promote the independence of</p>	One	<p>Email has been sent to the Director Of Support Services to review the proportion of utility costs paid by the agency to Service Users.</p>	20 April 2015

		<p>service users</p> <p>The registered person must review the proportion of utility costs paid by the agency in relation to each bungalow, taking into account the staff presence.</p>			
3	15 (2) (a) (b)	<p>(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—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>This registered person must ensure that the status of the financial capacity of service users is clarified by the HSC Trust. This relates to service users whom the registered manager was verbally advised lacked financial capacity, without written confirmation.</p>	One	Request has been sent to Belfast Trust to request in writing the financial capacity of Service Users who have recently moved in the last year to this scheme.	20 April 2015

**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.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
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> <ul style="list-style-type: none"><li>• This registered person should consult with relatives and professionals and record their views in the monthly quality monitoring report.</li><li>• Any factors impacting on the agency's ability to include consultation with relatives or professionals should be noted on the reports of monthly monitoring</li></ul>	One	<p>Quality Monthly Monitoring captures views of Service Users. Consultation has taken place with Families. The inspector was shown at inspection the Family who we can contact and times per year. Gaps in Family contact will be recorded on Quality Monthly Monitoring.</p>	20 April 2015

2	1.4	<p>Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>In relation to accommodation which is shared with agency staff:</p> <p>the registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and measures are taken to ensure the service users obtain maximum benefit from their home and control over who enters it. This process should be kept under review.</p>	One	Accommodation which is shared with staff will be discussed with Users at Tenants Meeting and their views sought.	20 April 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Amanda Crawfordf
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Christopher Alexander

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Rhonda Simms	24/02/2015
Further information requested from provider			