



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Sperrin Supported Living & Peripatetic Housing Support Services
Agency ID No:	11151
Date of Inspection:	11 November 2014
Inspector's Name:	Audrey Murphy
Inspection No:	18228

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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:	Sperrin Supported Living & Peripatetic Housing Support Services
Address:	Unit 29e Gortrush Industrial Estate Great Northern Road Omagh BT78 5EJ
Telephone Number:	028 8225 4430
E mail Address:	kerry.mallon@positive-futures.net
Registered Organisation / Registered Provider:	Positive Futures Ms A Lunny
Registered Manager:	Kerry Mallon (Acting manager)
Person in Charge of the agency at the time of inspection:	Kerry Mallon (Acting manager)
Number of service users:	16
Date and type of previous inspection:	28 May 2013, Primary announced inspection
Date and time of inspection:	11 November 2014, 9.30 – 17.00
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 the people supported 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:

People supported	4
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	25	10

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 requirements and one recommendation made during the previous inspection was assessed. The agency has fully met the minimum standards and regulations with regard to these areas for quality improvement.

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

The agency provides a supported living type domiciliary care service, as well as a peripatetic domiciliary service in the Omagh area. A service is provided to 16 individuals with a learning disability and they are supported by 25 staff.

Each individual person supported is provided with a comprehensive person centred plan unique to their needs and aspirations. Each person supported also has in place a personal and housing support assessment.

Staffing at the time of the inspection was provided by an acting manager who had been covering for the manager's absence since September 2013. The inspector was advised that the registered manager is due to return to her position in December 2014.

Staffing also consists of a deputy manager, senior support workers and support workers.

At the time of the inspection there were seven individuals in receipt of a supported living service and a further nine receiving care and support in a range of settings including their family homes throughout the community.

Some of the people supported were sharing accommodation with others also in receipt of support and two individuals were noted to be living alone and in receipt of intensive care and support from agency staff.

Many of the people supported rent their accommodation from Triangle Housing Association while others rent from a range of private and other housing providers.

All of the people supported were reported to be in receipt of funding from the Northern Ireland Housing Executive's (NIHE) Supporting People Programme. All of the people supported were having their care commissioned by the WHSCT.

At the request of the people who use Positive Futures supported living services, Positive Futures has requested that RQIA refer to these individuals as 'the people supported'.

Summary of inspection

The announced inspection was undertaken at the agency's registered premises, Unit 29e Gortrush Industrial Estate, Great Northern Road, Omagh on 11 November 2014, 09:30 – 17:00. The acting manager, Kerry Mallon and Positive Futures' Operations Manager, Jo Corcoran were present throughout the inspection.

The inspector met with four people who are supported by Positive Futures and with six staff during the inspection.

The people supported discussed with the inspector aspects of the support they received from agency staff including assistance with cooking, budgeting, shopping and planning activities of their choice. The people who use the service provided very positive feedback in relation to the quality of the support they receive. The inspector observed agency staff interacting with the people supported in a warm and friendly manner.

Ten agency staff returned a questionnaire to RQIA and these provided evidence of staff having received training in adult safeguarding. Staff who returned a questionnaire all indicated that each person supported has a care / support plan in place that adequately reflects their needs. The staff also indicated that they had access to the agency's whistleblowing policy and had received training in the supported living model of care.

Comments made by staff in their questionnaires in relation to the principles of supported living included:

'Live life like everyone else in the community'

'Giving an individual choice on where they live and who they live with'

'Supported living is based on person centred care; where the person chooses to live, with whom they choose and promotes social inclusion and community networking'.

'It is based on a person centred approach and on giving choice'.

Staff who met with the inspector spoke enthusiastically about the person centred nature of the service provided to the people supported and of the outcomes of 'live planning' work that is underway with a number of the people supported. Outcomes have included reviews of staffing in the homes of people supported and evaluations of person centred tools to determine the views and preferences of the people supported.

The inspector spoke with two relatives of the people supported following the inspection and their feedback was very positive. Staff were described as caring and compassionate and one relative commended staff for their efforts to encourage their relative to try out new activities. Relatives commented on the efforts made by agency staff to promote individuality and reported that the people supported are encouraged to personalise their homes.

A HSC Trust professional who contributed to the inspection described staff as caring, professional and rights focussed. The Trust professional also described agency staff as good at promoting independence and advocating for people supported.

Detail of inspection process:

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

The agency maintains policies and procedures that direct the provision of assessment and support to individuals supported in respect of their finances.

Agency staff have received training in handling money of the people supported and there was evidence of financial checks being undertaken during monthly and other quality monitoring activity.

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

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

The agency has in place HSC Trust needs assessments and care plans and Person Centred Portfolios which have been prepared in a person centred manner. Agency staff who engaged with the inspector provided evidence of their commitment to promote the control, choice and independence of the people supported in their daily lives. The relatives of some of the people supported provided very positive feedback in relation to the quality of service provision. Agency staff have completed mandatory training and a range of other training linked to the needs of the people supported and receive regular supervision, in accordance with the agency's policies and procedures.

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

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

The agency has issued the people supported with a support agreement and an information handbook which sets out the amount of care / support allocated to each individual along with the numbers of staff and the times of their supply.

However, it was not clear during the inspection what amount of service each individual was receiving in respect of the payments they were making from their personal income for care / support.

The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.

The agency has been assessed as 'Moving towards Compliance' 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. The records contained evidence of discussions with the acting manager, agency staff the people supported and their representatives. Action plans were in place and it was evident that these were reviewed during the monitoring visits and progress towards completion noted.

The records contained monthly focus areas and these included an evaluation of the agency's financial arrangements, person centered plans and any restrictive practices.

Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging people supported.

The charging survey was discussed with the acting manager who confirmed that agency staff do not act as an appointee for any of the people supported. However the agency acts as an agent for six of the people supported and the returned questionnaire contained information in relation to four people supported who are in making payments to the agency for care which is provided. The questionnaire indicates that the HSC Trust are aware that these people supported are contributing towards care that is being provided in addition to the Trust's allocation of funding for their care.

This arrangement may be inconsistent with guidance issued by the former HSS Executive on 3 June 1999 "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."

Following the inspection, the registered person forwarded to RQIA communication with DHSSPS (dated 20/08/14) in relation to the charging arrangements. The communication specifically refers to the supported living services being 'wrongly' categorised as domiciliary care services. The communication also refers to DLA 'Eligibility for Care Components' information and sets out the criteria for entitlement to DLA.

An email sent to HSC Trusts by the registered person (09/08/14) was also forwarded to the inspector following the inspection in relation to 'the issues concerning the use of DLA care to contribute to the cost of care in supported living services'. The correspondence sets out the DHSSPS guidance issued to the statutory sector in 1999 and advises that current funding arrangements have been endorsed by HSC Trusts. The correspondence also seeks engagement with the Trusts in order to agree a more appropriate funding structure.

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 the people supported 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”).

There were 18 people supported eligible for review during this period and the acting manager reported that 16 were reviewed by the HSC Trust. The remaining individuals have since had a review of their needs and two individuals have left the service since the reporting period.

The acting manager reported that the Trust have provided the agency with HSC Trust review records within 6 weeks of their review meeting. The acting manager explained that agency staff prepare a report for the meeting and take notes during the meeting and that these are endorsed by the Trust.

Statement of purpose

The agency’s Statement of Purpose was submitted to RQIA in advance of the inspection and continues to reflect the range and nature of service provision.

The inspector would like to thank the people supported and the agency staff for their warm welcome and participation in the inspection. The inspector would also like to acknowledge the time taken by the relatives and other representatives of the people supported to contribute to 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.	15 (6) (d)	<p>The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable –</p> <p>(d) specify the procedure to be followed where a domiciliary care worker acts for, or receives money from, a service user.</p> <p>This requirement refers to the agency's charges for transport including the use of staff cars. Transport agreements to reflect charges and to be signed by the service user, their representatives and HSC Trust.</p>	<p>The people supported have been provided with information about the arrangements to meet their transport needs. A car (supplied to the agency by the WHSCT) has been made available to the people supported and people supported are not charged for the use of this.</p> <p>There are also arrangements for the people supported to avail of staff cars to meet their transport needs and the agency has in place a policy and a range of controls in relation to this. People supported have been advised of the charges for travelling in staff cars within their support agreements and within the Information Handbook.</p>	Two	Fully met

<p>2.</p>	<p>15 (5) (a) (b) (c)</p>	<p>The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable –</p> <ul style="list-style-type: none"> (a) Ascertain and take into account the service user’s and where appropriate their carer’s, wishes and feelings; (b) Provide the service user, where appropriate their carer, with comprehensive information and suitable choices as to the prescribed services that may be provided to them; and (c) Encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services. 	<p>The inspector was advised of the efforts that agency management had made in relation to ensuring that there is an assessment of the capacity of the people supported to consent to care practices which are restrictive. The agency engages with the Trust on a quarterly basis and the records of these meetings were examined. The records reflected discussions in relation to the capacity of people supported to consent to care practices and the Trust’s inability to undertake these practices. HSC Trust representatives had endorsed the restrictive practice assessments prepared by the agency. The inspector was satisfied that agency staff had appropriately engaged with the HSC Trust in relation to these matters.</p>	<p>One</p>	<p>Fully met</p>
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3.	15 (12) (b)	<p>The procedure referred to in paragraph (6) (a) shall in particular provide for –</p> <p>(b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person -</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police</p>	<p>The arrangements for reporting to RQIA were discussed. These include the on call arrangements and the procedures for staff to report internally any concerns in relation to safeguarding.</p> <p>Since the previous inspection several incidents of this type have been appropriately reported to RQIA.</p>	One	Fully met
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	8.11	<p>It is recommended that 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 services 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>This recommendation refers specifically to the inclusion of the date on monitoring reports and the agency's engagement with service users and their relatives during monthly quality monitoring visits.</p>	<p>The agency's monthly monitoring reports were examined and included the date of the visit and a summary of the views of the people supported and their relatives / representatives.</p>	One	Fully met

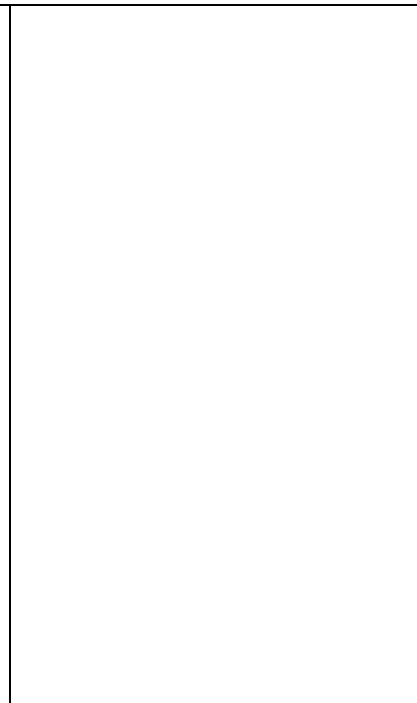
THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to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

<p>Provider’s Self-Assessment</p> <p>Each person supported is provided with a Handbook and a personalised Support Agreement which details the support provided, all charges payable by the person supported, terms and conditions, amount and method of payment. All Support Agreements are reviewed and updated on an annual basis or more frequently if there is any change that affects the Support Agreement. If a person we support pays for additional care and support, the arrangements are documented and shared with the HSC Trust.</p> <p>The Handbook and personalised Support Agreement outlines the costs that are payable by the person we support and those paid by Positive Futures in relation to any shared costs relating to the provision of support in the person’s home.</p> <p>The ‘Contributions from the people we support towards staff expenses when being supported in social activities – Supported Living and Short Break Services’ Policy outlines all arrangements with respect to staff meals.</p> <p>The ‘Personal Finances Policy and Procedure Supporting Living Services’ details all the arrangements and records in place regarding the management of finances and property of the people we support in line with all the RQIA criteria identified above.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The agency has in place ‘Personal Finances Policy and Procedure – Supported Living Services’ and this sets out the arrangements for meeting the financial needs of people supported. The document states: ‘In supported living services, people are expected to use their DLA care component income to contribute towards the cost of their care / support. The amount to be paid to Positive Futures must be recorded in the person’s Support Agreement and any changes to this payment must be notified to the person in writing. Where a person is supported on an overnight visit by families or friends outside the service (minimum of 24 hours) they are entitled to a refund of their DLA care on a pro rata basis.’</p> <p>Each of the people supported has in place a personalised Support Agreement which sets out the charges made to each person supported for their care / support. The agreements outline for each individual the times that agency staff will be available to support them in their home and these details correspond with the individual’s person centred portfolio and support planner.</p>	<p>Compliant</p>

The agreements also set out the method of payment and the people supported are advised at least four weeks in advance of any changes to be made to the charges. The agreements have been signed by the person supported and by their relatives and agency staff. While the agreements had not been signed by a HSC Trust representative, there was a separate page signed by a HSC Trust representative indicating satisfaction with the individual's support plan.

The inspector noted that several people supported were sharing their home with other people being supported. Each of these households has a spare bedroom and agency staff described the arrangements that had been put in place to make this more accessible to the people supported. The agency has in place an arrangement for making contributions towards the utility costs associated with these areas of the homes of people supported. These arrangements were outlined within the support agreements.

There were arrangements in place for agency staff to avail of a meal when supporting individuals within their home. Agency staff and the acting manager described the joint house agreements in place reflecting the views and preferences of the people supported in relation to staff meals in the homes of people supported. The agency has a policy in place which sets out the scale of repayments made to the people supported in respect of any meals eaten in their home by agency staff. The people supported were noted to be receiving these payments into the joint house accounts, where appropriate or into their individual bank accounts.



THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances; • The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement; • The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record; • Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services; • There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s); • The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date; • A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly; • If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee; 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<p>Provider’s Self-Assessment</p>	
<p>Positive Futures has liaised with all HSC Trusts requesting assessment of needs and care plans for all people supported. The HSC Trusts agree and sign off all Financial Capability Assessments completed by Positive Futures with the people we support and, if appropriate, their representatives.</p> <p>Positive Futures maintains records of any money received for the people we support regarding specific items detailed in the individual’s Support Agreement. The processes relating to the management of the money of the people supported and items or services purchased on behalf of the individual, the associated reconciliation and record keeping are detailed within the ‘Personal Finances Policy and Procedure Supporting Living Services’ and within the person’s Financial Capability Assessment.</p> <p>A Personal Finance Plan is agreed for people we support and details written authorisation, contingency and reporting arrangements regarding expenditure (including exceptional expenditure). This Personal Finance Plan is reviewed regularly as part of the ongoing review of their Person Centred Portfolio as per the ‘Person Centred Portfolio’ Policy.</p> <p>Arrangements in relation to acting as a nominated appointee or as an agent are also outlined within the ‘Personal Finances Policy and Procedure Supporting Living Services’ in line with all the RQIA criteria noted above.</p>	<p>Compliant</p>

Inspection Findings:	
<p>In accordance with the agency’s “Personal Finances Policy and Procedure – Supported Living Services’, staff have undertaken financial capability assessments of the people supported and it was evident that these had been shared with the HSC Trust and signed by Trust representatives . The financial capability assessments highlight those people who are entirely responsible for their own financial affairs, people who can manage some of their financial affairs with support from staff and who require someone to be legally responsible for their financial affairs; People without financial capability who require someone to manage their finances and someone to be legally responsible for their financial affairs.</p> <p>People supported have a Finance Plan in place and this outlines their income and outgoings. The outgoings include the fees paid to the agency for care / support and other expenditure. People supported also have a ‘My Money’ agreement which outlines their wishes in relation to the management of their finances. The agreements also outline the arrangements for reconciliations, storage, retention of receipts and checks undertaken by supervisory staff.</p> <p>The acting manager confirmed that the agency does not operate a bank account or act as appointee on behalf of any individual supported within the service.</p>	<p>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>Robust controls exist around ensuring an appropriate place for storage of money and recording the deposit and return of money and valuables (outlined in the 'Guidance on items securely stored in petty cash tins in houses'). Controls regarding the management of the property of people we support are outlined in 'Guidance on the management of the property of people we support in adult services'.</p> <p>Each person's Financial Capability Assessment informs the Personal Finance Plan and the specific arrangements to safeguard the finances and property of individuals which is agreed with people we support and their representative (if required).</p>	Compliant

<p>Positive Futures has requested the HSC Trust needs / risk assessments for all people we support and we are currently working with all the HSC Trusts to evidence Trust assessment of capacity and determinations of any restrictive practices required. Positive Futures completes Restrictive Practice Assessments for people supported who require them in relation to access of money or valuables and these Assessments are agreed with the person supported and / or their representative (if required) and the Trust. A named HSC Trust worker confirms that any planned restrictions are in line with the HSC Trust needs / risk assessment and care plan.</p>	
<p>Inspection Findings:</p>	
<p>The acting manager advised the inspector that the agency does not provide a secure storage area within the agency premises. The people supported have individual arrangements within their own home for the security of their money and valuables. Agency staff check the contents of their tins twice daily and there are arrangements in place for supervisory staff to check the financial records against the amounts held at the address of the person supported.</p> <p>As outlined within the self-assessment, some of the people supported experience some restriction in their access to their personal finances. The assessed needs of these individuals are outlined within their care records and HSC Trust staff have endorsed the implementation of these practices.</p>	<p>Compliant</p>

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

Statement 4:	COMPLIANCE LEVEL
<p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance); • Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative; • Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges; • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; • The agency ensures that the vehicle(s) used for providing transport to service users, including private 	

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider’s Self-Assessment</p>	
<p>The transport needs and resources of an individual are considered as part of the referral and assessment process for any person to be supported.</p> <p>The Service provides a car at no charge to the people we support for primary purpose journeys. The arrangements are outlined in the ‘Guidance for the use of Service Cars’.</p> <p>In addition, staff can use their own cars to transport people we support. Records are maintained for each journey detailing the name of the person supported and miles travelled. Each person supported is charged on a per mile basis (as outlined in the Handbook and Support Agreements and the guidance ‘Procedure for staff and volunteers in adult services on being reimbursed for using their vehicle for journeys with, or on behalf of, the people we support’).</p> <p>Any social security benefits received by Positive Futures on behalf of the person supported are managed and recorded by the Finance Department and reconciled on a monthly basis. Positive Futures does not receive any benefits directly for the provision of transport.</p> <p>Positive Futures only charges and receives amounts that cover actual usage so arrangements to reimburse people we support are not required.</p> <p>All legal requirements as noted above by RQIA are met.</p>	<p>Compliant</p>

Inspection Findings:	
<p>As outlined within the self-assessment, a car is made available by Positive Futures to the people who use the service. People supported have an individual agreement in place with regard to their use of the car. One person supported was noted to have opted out of the use of the service car. The service car is provided to Positive Futures by the WHSCT and no charges for mileage are made to the people supported for their use of the car.</p> <p>The people supported can also access staff cars and there are procedures in place to govern this. Transport charges that relate to the use of staff cars are outlined within the support agreements.</p> <p>The agency has in place a system for monitoring journeys undertaken and guidance has been produced for agency staff in relation to the records they must maintain in order to receive a reimbursement for journeys undertaken with people supported. There is also a system in place for ensuring the road worthiness and insurance of the vehicles used.</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>

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 views and preferences of people referred to the Service are actively sought throughout the referral and assessment process, as detailed in the ‘Referral and Assessment Policy and Procedure’.</p> <p>Throughout the process of referral and assessment and in the provision of support, appropriate consideration of the human rights of the person is integral and is implemented through our person centred approach.</p> <p>For every person supported, a Person Centred Portfolio is developed and regularly reviewed in conjunction with the person supported, their representative (if required) and Trust staff. Person centred tools are used to develop all Person Centred Portfolios which inform the care and support planning and the range of planned interventions.</p> <p>The people we support are at the centre of decision making processes and this is evidenced through their direct involvement in the development and ongoing review of their Person Centred Portfolio. All Person Centred Portfolios also reflect the input of the HSC Trust including Trust needs and risk assessments. Positive Futures adopts a positive risk taking approach and risk management approaches are agreed with</p>	<p>Compliant</p>

<p>the individual and / or their representative as well as HSC Trusts.</p> <p>Each person supported has regular person centred reviews which records individual outcomes.</p>	
<p>Inspection Findings:</p>	
<p>The agency maintains a WHSCT care plan for each individual in addition to a Person Centred Portfolio. The person centred portfolios contain a range of documentation including ‘How Do I want My life to be’, staff matching information, ‘My Perfect Week’, Community Networks Map, ‘Good Day ‘ ‘Bad Day’, Decision Making Profile, Communication chart, important, ‘How best to support’.</p> <p>There were detailed daily recordings evident in relation to ‘working’ and ‘not working’, social activities, independent living and learning logs.</p> <p>It was evident from the agency’s documentation and from meeting a group of the people supported and their staff that agency staff employ a range of strategies and interventions in the support of each individual. Agency staff were observed using gentle encouragement and warm engagement skills when supporting individuals and there was evidence of good working relationships between the people supported and their support staff.</p> <p>Staff who participated in the inspection described their involvement in the support of an individual who had been most recently referred to the service. It was clear that staff were enthusiastic about their role in supporting this individual and proud of the progress the individual had made in their first experience of being a tenant.</p> <p>The role of the HSC Trust in relation to the ongoing needs of the people supported was discussed during the inspection and it was evident that agency staff value the role of the HSC Trust and refer to them appropriately.</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>Staff are provided with mandatory training and any additional training required (specific to the Service or individuals supported).</p> <p>An annual Training Needs Analysis is undertaken to plan Service specific training. In addition to policies and guidance, specific support (e.g. Positive Behaviour Management) is available to all staff.</p> <p>Evaluations are completed for training provided in relation to how the learning outcomes are met. Training evaluation sheets are reviewed by the L&D Department to inform and adapt future training as required.</p> <p>Guidance in relation to restrictive practices is outlined in the ‘Human Rights and Restrictive Practices’ Policy.</p> <p>The ‘Person Centred Portfolio’ Policy provides guidance for staff on how to ensure the support provided</p>	Compliant

<p>meets individual need. 'The Life I Want' Strategy provides all adults supported with the opportunity to plan the support they want and need to achieve what they want out of life.</p> <p>Individual person centred reviews are undertaken with the person supported and include monitoring and evaluation of outcomes for the person. Review information is shared and reported to all relevant parties. Staff are aware of their obligation to raise concerns about poor practice, in line with our 'Challenging Bad Practice at Work (Whistleblowing)' Policy in line with NISCC Code of Practice.</p>	
<p>Inspection Findings:</p>	
<p>A relative of a person supported described agency staff as 'competent, compassionate and understanding'. Agency staff who contributed to the inspection indicated that they had received training in safeguarding vulnerable adults and rated their knowledge of the reporting procedures as 'very good' or 'excellent'. Staff also confirmed they had received training in human rights and in the supported living model of care and support.</p> <p>Staff reported that they had received training in restrictive practices and that any restrictive practices in place are discussed regularly during team meetings. Staff also commented on a range of restrictive practices which had been reviewed with the HSC Trust since the previous inspection and eliminated or replaced with less restrictive alternatives. Examples included the reduction in the locking of cupboards containing cleaning materials in the homes of people supported, cutlery in the home of people supported secured only in certain circumstances, staff areas within the homes of people supported opened up and made accessible to them when not in use by staff.</p> <p>Staff reported that they had reviewed the key holder arrangements with the people supported and staff no longer use a key to access the home of people supported as they ring the doorbell instead. Staff also reported that they were reviewing the use of terminology within the service and that this had become more person centred.</p> <p>It was clear from speaking with staff that the rights and views of the people supported are considered when developing care / support plans and that changes are made in conjunction with the people supported and the HSC Trust.</p> <p>The agency's training records were examined and discussed with the acting manager. The records provided</p>	<p>Compliant</p>

<p>evidence of all staff having received training in the mandatory areas.</p> <p>All of the staff who returned a questionnaire to RQIA confirmed they had access to the agency's whistleblowing policy. The acting manager and Operations Manager described the arrangements in place to ensure that any new staff are made aware of the agency's whistleblowing policy and encouraged to report any practice they find concerning.</p>	
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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>Where restrictive practices are deemed necessary, the person supported and / or their representative and relevant HSC Trust personnel are consulted and any restrictions are agreed with all parties. The HSC Trust Care Plan includes a determination of the person’s capacity to consent to any restrictive practices that are required.</p> <p>All restrictive practices require the approval of Positive Futures' Managing Director or designated other. The principle of least restriction underpins all decisions made where any intervention of a restrictive nature is necessary.</p> <p>The Statement of Purpose and Handbook detail the nature and range of services including the use of, and arrangements for, restrictive interventions if required. The rights of the individual to decline aspects of their care is confirmed.</p>	Compliant

<p>If a person no longer wishes to be supported by the Service or if they wish to change tenancy, they are supported to do so. This is detailed in our ‘Move on and Termination of Tenancy’ Guidance.</p> <p>People supported who lack capacity to consent to care practices have this information documented within their care records.</p> <p>The impact of restrictive practices on people supported who do not require restrictions is evaluated and acted upon to ensure that the rights of these people are not infringed.</p>	
<p>Inspection Findings:</p>	
<p>The agency’s Statement of Purpose outlines the range and nature of service provision and makes reference to the agency’s arrangements for the implementation of restrictive practices in the homes of the people supported and the role of the HSC Trust in relation to these.</p> <p>There are arrangements in place to secure the personal records of the people supported within their homes. The ‘Person Centred Portfolio’s had been developed in user friendly formats and reflected the involvement of the people who are supported and their representatives. The portfolios examined included photographs and other pictorial information.</p> <p>The capacity of individuals to consent to or decline aspects of their care provision was discussed with agency staff and there was evidence of liaison between Positive Futures and the WHSCT in relation to this. The inspector viewed agency records which were evidenced requests made to the WHSCT to take responsibility for assessing capacity to consent to care practices.</p> <p>The impact of restrictive practices on other people supported was discussed with agency staff and it was clear that consideration has been made of the potential and actual impact of certain interventions. Some of the people supported share their home with other people who receive support and it was evident that all of the restrictive practices in the homes of these individuals were subject to regular review and evaluation.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The ‘Human Rights and Restrictive Practices’ Policy details how restrictions are managed and approved. This Policy is in line with all current guidance as detailed above. In addition, Positive Futures has a Rights Advisory Committee which comprises a Trustee, Senior Managers and independent external experts to oversee the management of restrictive practices within the Organisation.</p>	<p>Compliant</p>

<p>The principles of necessity, proportionality and least restriction are addressed within the ‘Human Rights and Restrictive Practices’ Policy and Restrictive Practice Assessments.</p> <p>All restrictive practices are documented in the Restrictive Practice Assessment which is regularly reviewed, with a view to reducing and / or removing these practices. Any restrictions are signed by the people we support and / or their representative and agreed with the Trust.</p> <p>Each time there is a significant behaviour event, staff record this on a Behaviour Incident Form including a record if any form of physical intervention was used and details of debriefing undertaken with staff. Any use of this physical intervention is reported to RQIA.</p> <p>Monthly monitoring is completed on behalf of the registered person which includes a specific focus on key areas of service delivery. Restrictive practices is one of the main focal areas incorporated into the Organisation’s service monitoring tools.</p>	
<p>Inspection Findings:</p>	
<p>Discussion with agency staff and examination of care records provided evidence that restrictive practices are undertaken in accordance with the HSC Trust’s assessment of needs and risks and that these remain under review by the Trust. Restrictive practices undertaken by agency staff are also evaluated during monthly quality monitoring visits and by senior care staff on an on-going basis. Agency staff advised the inspector that there are opportunities for staff and for the people supported to comment on the effectiveness of care practices and to make suggestions about improving the quality of the experience of the people supported.</p> <p>From speaking with staff it was clear that they were regularly evaluating the effectiveness of their interventions and seeking to ensure that any practice that is restrictive is justified and the least restrictive. There was evidence of the HSC Trust providing direct guidance to agency staff in the management of complex behavioural needs and of agency staff reporting regularly to the Trust in relation to changing needs. It was evident that one person supported was experiencing a deprivation of liberty and that this had been directed by the HSC Trust in response to clearly defined risks. Agency staff were able to describe how this practice was less restrictive than other interventions that would be necessary to ensure the safety of the person supported. Agency staff outlined their understanding of departmental guidance on deprivation of liberty and confirmed they were acting in accordance with the HSC Trust’s best interests decisions on behalf of the person supported.</p>	<p>Compliant</p>

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

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. 	
<p>Provider’s Self-Assessment</p> <p>The people we support and / or their representative and staff can describe the amount and type of care provided. This information is detailed within the Handbook and associated Support Agreement which is agreed with the people we support and / or their representatives.</p> <p>Positive Futures’ ‘Referral and Assessment’ Policy, guidance on ‘Supporting People to Access our Adult Services or Enter Accommodation’ and the Service’s Statement of Purpose detail how each individual’s Support Agreement should be developed in partnership with the people we support and, if required, their representative.</p> <p>Individual Support Agreements and Person Centred Portfolios are developed in line with the care commissioned by the Trust. These documents detail the amount and type of care provided by Positive Futures in accessible formats. We are working with all HSC Trusts to ensure all Person Centred Portfolios are signed off by HSC Trusts to evidence that care and support provided is consistent with the Trust needs assessments.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The people supported have been provided with an individualised support agreement which sets out the fees and their allocation of support from the agency. The role of the HSC Trust in the development of the person centred portfolios was discussed and each individual has been allocated Trust funding in respect of their care needs.</p> <p>Agency staff who participated in the inspection were clearly able to outline the type of care and support provided to individuals and the people supported described the range of supports they receive from agency staff. Support agreements specify the times that agency staff are allocated to work in the homes of the people supported and this is in accordance with their HSC Trust care plan.</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 people supported by Positive Futures and / or their representatives have an understanding of the care and support provided. An Information Handbook and the personalised Support Agreement regarding the support provided is agreed with the person supported and / or their representative. The Person Centred Portfolio further details the support provided. Person Centred Portfolios are reviewed at person centred review meetings (with the person supported, their representative and the HSC Trust as required).</p> <p>The support an individual receives and all associated costs are detailed within the Handbook and the individual's Support Agreement.</p> <p>For people who wish to purchase additional support hours, the hourly rate is £12.50 per hour. High-rate (£81.30) = 6.5 hours, mid-rate (£55.45) = 4.4 hours and low-rate (£21.55) = 1.7 hours per week.</p>	Compliant

<p>If a person no longer wishes to be supported by the Service or if they wish to change tenancy, they are supported to do so (see 'Move on and Termination of Tenancy' Guidance). The Support Agreement details how the people we support can change or terminate their hours of support.</p> <p>The people we support are informed that any cancellation of additional hours paid from their income will not affect their rights as a tenant.</p>	
<p>Inspection Findings:</p>	
<p>The people supported have been advised within their support agreement of the amount of payment they make for care / support they receive. Some of the people supported were noted to be charged the entire amount of their DLA care benefit.</p> <p>While the information handbook sets out the nature of care / support that a person supported could expect to receive in relation to this payment, the agreements did not specify the amount of care / support the individual was in receipt of in respect of the payments they were making from their own income.</p> <p>As the amount of care / support provision is not clear, it is therefore not possible for the individual or their representative to make an informed decision in relation to continuing or declining to purchase these services</p> <p>RQIA wrote to the registered person on 27 November 2014 to highlight concerns in relation these arrangements and meetings were held at RQIA offices on 18 December 2014 and 11 March 2015.</p> <p>At the meeting at RQIA offices on 18 December 2014, the inspector was advised by a representative of the registered person that it would not be possible to attribute an amount of service provision to payments made by the individuals supported and that to attempt to do so would be meaningless and a paper exercise only. The inspector was also advised that contributions from the people supported were in respect of the services provided to meet needs identified by the HSC Trust and that it would not be possible to separate out the amount of service received for the payment made.</p> <p>Subsequent to the meeting of 11 March 2014, the registered person forwarded to RQIA a copy of correspondence to the HSC Trust seeking engagement in relation to this matter. The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their financial agreements reviewed and approved by the HSC Trust.</p>	<p>Moving towards compliance</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	
Provider’s Self-Assessment	
<p>Positive Futures work closely with HSC Trusts to ensure that Person Centred Portfolios, Restrictive Practice Assessments and Financial Capability Assessments are reviewed at least annually with HSC Trust staff to ensure the support continues to be in line with the care commissioned by the Trust.</p> <p>Trust involvement in all annual review meetings has not been possible due to HSC Trust factors eg Social Work staff shortages. The Registered Manager works in partnership with HSC Trust senior staff to ensure that there is appropriate HSC Trust oversight of the support provided by Positive Futures on a minimum annual basis.</p> <p>Both HSC Trust and Positive Futures documentation evidences involvement of Positive Futures’ in the annual review process. The Handbook and personalised Support Agreement outlines that reviews can be convened as and when required, dependent upon people’s individual needs and preferences. Person Centred Portfolios are updated following person centred reviews. Any changes to support provided and charges made are discussed and agreed with the HSC Trust and the person supported and / or their</p>	<p>Compliant</p>

<p>representative.</p>	
<p>Inspection Findings:</p>	
<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 the people supported 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”).</p> <p>There were 18 people supported eligible for review during this period and the acting manager reported that 16 were reviewed by the HSC Trust. The remaining individuals have since had a review of their needs and two individuals have left the service since the reporting period.</p> <p>The acting manager reported that the Trust have provided the agency with HSC Trust review records within six weeks of their review meeting. The acting manager explained that agency staff prepare a report for the meeting and take notes during the meeting and that these are endorsed by the Trust.</p> <p>The support agreements have been signed by the person supported and by their relatives and agency staff. While the support agreements had not been signed by a HSC Trust representative, there was a separate page signed by a HSC Trust representative indicating satisfaction with the individual’s support plan.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving towards compliance</p>
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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.

Two complaints had been received during this period and had been discussed with agency staff during the previous inspection.

Agency staff had received some complaints from the neighbours of a person supported and these were discussed with the acting manager who provided a description of the matters arising and the support provided to the person supported with regard to their relationships with neighbours.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were not discussed during the inspection.

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

Sperrin Supported Living & Peripatetic Housing Support Services

11 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.

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 is required to forward to RQIA assurances that those service users who make a financial contribution towards their care have had their financial agreements reviewed and approved by the HSC Trust.</p>	One	The Registered Person has provided written assurance to RQIA about the arrangements for any person we support who makes a financial contribution towards their support. We will ensure that a review of the Support Agreement for any person we support who makes such financial contributions is taken forward within the relevant HSC Trust's normal review process.	30 June 2015

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Joanne Grimes
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Agnes Lunny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	18/06/15
Further information requested from provider			