



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Praxis Care Group
Agency ID No: 10817
Date of Inspection: 29 September 2014
Inspector's Name: Jim McBride
Inspection No: 020200

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:	Praxis Care Group
Address:	PCG The Courtyard 2, 3 and 4 The Courtyard Off Main Street Crumlin BT29 4UR
Telephone Number:	02894470009
E mail Address:	teresaduffy@praxiscare.org.uk
Registered Organisation / Registered Provider:	Irene Sloan
Registered Manager:	Teresa Duffy
Person in Charge of the agency at the time of inspection:	Teresa Duffy
Number of service users:	9
Date and type of previous inspection:	Primary Announced Inspection 9 December 2013
Date and time of inspection:	Primary Announced Inspection 29 September 2014 09:00-14:00
Name of inspector:	Jim McBride

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- Evaluation and feedback.

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

Consultation process

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

Service users	1
Staff	4
Relatives	1
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	14

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 one requirement and three recommendations issued during the previous inspection of the 9 December 2013 was assessed.

The agency has fully met the recommendations made. The inspector verified compliance by the records made available and during discussions with the Registered Manager. However the one requirement has been restated.

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

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

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

Profile of service

Praxis Care at The Courtyard, Crumlin is a domiciliary care agency providing a 12 place supported living project consisting of 3 houses for individuals who present with challenging behaviour / learning disabilities, and underlying mental health care needs. Under the direction of the Registered Manager, Ms Teresa Duffy, 27 staff provide support to service users over a 24 hour period.

The emphasis of the service to individuals is supporting them to maximise their independence by offering support, advice, information and assistance in the following key areas:

- Setting up and maintaining their home
- Developing social and life skills
- Budgeting advice
- Emotional support

Referrals to the scheme are accepted primarily from the Northern Health and Social Care Trust, however all HSC Trusts can make referrals.

Summary of inspection

The inspection was undertaken on 29 September 2014. The inspector met with the registered manager during the inspection.

The inspector had the opportunity to talk with one service user who was at home all other service users were out during the inspection. The one Service user who participated in the inspection provided positive feedback in relation to the quality of care and support they receive from agency staff and did not want to move from the Courtyard where she felt safe and secure.

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

The inspector had the opportunity to discuss the quality of the service with two HSC Trust staff members and one relative whose comments were positive in relation to the support received by service users. The comments received have been added to this report.

Records examined show clear evidence that the service is person centred and individual. This was acknowledged within individual care plans examined by the inspector as well as during discussion with the manager, staff and service users.

It was good to note that human rights legislation is outlined explicitly in each care and support plan.

Staff interviewed stated that they have attended human rights training and that they promote individual human rights daily in their work with service users.

Staff Comments:

“Good induction and training”
 “Staff communicate well with each other”
 “We promote as much independence as possible”
 “Training is valuable to our work”
 “We have good management support and an open door policy to raise concerns”.

Relatives Comments:

“**** is very happy in the service and has a good relationship with her friends who she lives with”
 “Staff are friendly and approachable”
 “Staff contact me if they have any concerns”
 “I’m happy with the service and have no complaints”.

HSC Trust staff member comments:

“Staff know the clients well and are always professional”
 “Staff always involves the client in their preparation for review”
 “Staff are always courteous and encourage privacy during my visits”
 “I have no concerns about the care and support for my client”
 “Staff communicate well with me and the tenants”
 “There’s good staff communication if they have to contact me about any concerns”
 “Staff always contact me for advice”
 “I have a great working relationship with staff”

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

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

The fourteen questionnaires returned indicated the following:

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

Records in place, examined by the inspector verify the above statements received from staff.

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

Comments by staff on the principles supported living from staff:

- “Promoting independence and respect to everyday living”
- “Assisting/supporting individuals to make informed choice”
- “Developing community networks with individuals”
- “Promoting inclusion”
- “Promoting daily living skills”
- “Promoting informed choice”
- “Help people to achieve their full potential”.

Individual comments made by staff:

- “A fantastic service with service users’ rights being at the centre of care provision.
- “A well run by the manager and team leaders and staff”
- “I feel the care and support provided is appropriately located to provide the needs of individuals with the scheme”.

Staff also stated that systems are in place to ensure individual opinions are heard they include:-

- Service users meetings
- Monitoring Visits
- Reviews
- Keyworkers discussions.

The areas indicated above were verified by:

- Discussion with staff and service users
- Monthly monitoring visit records
- Staff training records.

Detail of inspection process:

The agency has achieved a compliance level of “Compliant” for this theme.

Service users’ finances and property are not managed by agency but staff act as agents for some people. Service users do not contribute from their personal income towards their care or support.

The agency provided supporting evidence of documentation currently in place to ensure each individual service user has in place the following:

- Transport Agreement
- Domiciliary Care Agreement
- Service User Handbook
- Care Support Agreement
- Bills Agreement

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with domiciliary care agreement.

The current bills agreements in place show clear evidence that service users share costs with the agency and clearly shows the contribution made by the agency to costs.

One service user spoken to by the inspector was aware of the domiciliary care agreement and how their care, support and rent are paid.

The documentation highlighted above shows evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments, whilst the current statement of purpose describes the nature and range of services provided.

**Theme 2 – Responding to the needs of service users:
The agency has achieved a compliance level of “Compliant” for this theme.**

The agency has in place comprehensive care/support plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery. These care plans reflect the input of the HSC Trust and the thoughts and views of the service users and their representatives.

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users. It should be noted the ongoing review and user involvement in the areas of restrictive practice.

The manager and staff explained the agency’s awareness of human rights and how it is inherent in all its work with service users.

The agency has in place comprehensive risk assessments describing capacity, as well as measuring the ability of individuals to achieve greater independence and choice in daily living.

**Theme 3 - Each service user has a written individual service agreement provided by the agency
The agency has achieved a compliance level of “Compliant” for this theme.**

Each service user has in place an individual domiciliary care agreement provided by the agency. Records examined by the inspector show details of the amount and type of care provided by the agency.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The service users and their representatives are made aware of the number of hours care and support provided to each service user. Individual care plans state the type of care and support provided including one to one and two to one hours when required.

The manager and staff interviewed by the inspector discussed what care and support was provided to individuals daily. The service is person centred, whilst the needs and preferences of individual service users are set out in their individual care plan.

The agency's policy on assessment and care planning and their statement of purpose/tenants guide describe how individual service user agreements are devised. The agency's domiciliary care agreement is consistent with the care commissioned by the HSC Trust.

Additional matters examined

Restated requirement:

In relation to the payments made for utilities by service users and any reimbursements made by the agency,
In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person requesting a meeting to discuss RQIA's concerns regarding these matters. A meeting was held at RQIA's offices on 17 October 2014 which was attended by representatives of the registered person.

During this meeting RQIA were provided with an overview of the agency's calculations of a range of costs incurred by service users. RQIA were also advised of the agency's proposed reimbursements of costs met by service users and of the agency's planned liaison with the relevant Trusts.

Monthly Monitoring:

The inspector read a number of monthly monitoring reports in place from April to July 2014. These have been completed regularly and were up to date and include action plans for service improvement.

Records examined show evidence of discussions with:

- Staff
- Service users
- Relatives
- HSC Trust staff

The monitoring reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The manager stated that she and the agency's monitoring officer discuss the report following each visit.

Charging Survey

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

The registered manager confirmed that agency staff do act on behalf of some service users as appointees and do act as agents and are in receipt of monies for safekeeping ensuring they keep income and expenditure records.

Service charges are paid by service users by direct debit. No service users' money or valuables is stored by staff.

The returned survey shows that no service user is paying for additional care services that do not form part of the HSC trust's care assessment.

Care reviews

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

Reviews have been completed; confirmation of this was reviewed by the inspector and confirmed by the HSC Trust staff spoken to.

Statement of Purpose:

The agency’s statement of purpose was examined and reflected the current nature and range of services provided by the agency at the time of the inspection. The agency’s statement of purpose was reviewed 26 September 2014.

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

Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
		<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <p>Utilities bills The service user's individual financial agreements will have to be further developed to reflect any payments made by them for, utilities costs and any reimbursements received. This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	<p>This requirement was assessed as substantially met; the documentation in place was satisfactory regarding payments, however there was no evidence in place of any reimbursements of previous charges to service users.</p> <p>This requirement will be restated. (see additional matters examined)</p> <p>The inspector read a number of bills agreements in place that clearly show contributions made by the agency for utilities.</p>	<p>Once</p>	<p>Substantially Met</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records.	<p>This recommendation was assessed as fully met; the documentation in place was satisfactory.</p> <p>Within each care plan there are references to the relevant human rights considerations.</p>	Once	Fully Met
2	Standard 1.1	The registered manager should ensure that the number of support hours available to tenants is outlined in their individual support plans.	<p>This recommendation was assessed as fully met; the documentation in place was satisfactory.</p> <p>Within each care plan there are references to the relevant number of support hours available to tenants.</p>	Once	Fully Met
3	Standard 1.1	The registered manager should ensure that the staff receive guidance/training on human rights.	<p>This recommendation was assessed as fully met; the documentation in place was satisfactory.</p> <p>Training was completed by staff on the 6 March 2014.</p>	Once	Fully Met

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

Statement 1:

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

- The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
- The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment;
- Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user;
- The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home;
- There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of;
- The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;
- Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
- The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property;
- The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement user's home looks like his/her home and does not look like a workplace for care/support staff.

COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>The following documents meets the requirements of Theme 1 Statement 1:</p> <p>Bills Agreements:</p> <ul style="list-style-type: none"> - Provide up to date information pertaining to contributions paid to Praxis Care in accordance with a 'shared costing' to each tenant, demendent on living situation - Contributons 'broken down' into accessable amounts - Contribution to staff meals during activities detailed in agreement - Details of holiday arrangements detailed in agreement - Tenants promptly notified of changes as and when they occur. Staff attempt to adhere 1 week notice best practice - - See Tenants File. <p>Agreement/Support Agreement/Licence Agreement/Occupancy Agreements/Financial Agreement</p> <ul style="list-style-type: none"> - Details agreements for each charge: - Agreement/Service User guide agreed by the Statutory Keyworker. The agreements outline charges which are reviewed yearly or as required. All Care plans, reviews, risk assessments are contained in the Service - Each Tenant have been asked and have all agreed that certain areas of their house are used by staff for adminstrative duties with all attempts made to ensure home appears as a home - - See Tenant File <p>Staff Meals:</p> <ul style="list-style-type: none"> -Staff provide their own meals whilst in Scheme. <p>Support Plans:</p> <ul style="list-style-type: none"> - Details needs of tenant and action requirements for staff regarding finance management/support details - - See Tenants Support Plan <p>Tenant agreements and plans updated yearly, 6 monthly where possible and/or appropriate</p>	<p>Compliant</p>

Inspection Findings:	
<p>Service users have been issued with a Domiciliary Care Agreement and this reflects the charges payable by the individual to the agency. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency. Service users do not make any personal contribution to the cost of their care or support. The individual's weekly entitlement to care and support hours is outlined within their service agreement.</p> <p>Costs are itemised within the service agreements and within the Tenants' Guide. The agreement advises services users that they will be notified four weeks in advance of any changes in charges. Agency staff do not share the food purchased by the service users.</p>	<p>Compliant</p>

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

Statement 2:

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

- 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"> • 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>Each individual Care Plan/Bills Agreement/Licence Agreement/Domicillary and Support/ Agreement outlines support given by the Agency regarding management of finances.</p> <p>All tenants but 1, avail of money tin service which is supervised by staff with tenants possessing key and full free access to same. For auditing purposes finances within money tins audited weekly for 6 of 9 tenants. This is signed by two staff and tenant</p> <p>Staff complete daily audit finances of 2 tenants (monthly by manager) (1 assessed as incapable of managing finances, 1 believed to be lacking capacity but not assessed as such). This is signed by two staff and tenant where possible. Both tenants finances are managed by the Northern Trust with no set appointee. Staff liaise with Statutory keyworker regarding expenditure and budgeting for both.</p> <p>1 tenant declines to avail of staff support Re: finances. This tenant has been assessed as lacking financial capacity and is supported under the Office of Care and Protection, manager acts as appointee for benefits .</p> <p>6 of 9 Tenants manage own finances/benefits etc and require minimal staff support Tenants advised that any correspondence relating to finances be recorded in tenants file</p> <p>Written communication is completed when there are concerns around the Service User capacity and sent to Statutory Keyworker. Staff take lead regarding capacity and assessment of capacity from Statutory Worker</p>	<p>Compliant</p>

<p>Tenants can avail of Praxis Care Loans policy if required</p> <p>Praxis Care finance department maintain records for amounts paid regarding all agreed services and facilities</p>	
Inspection Findings:	
<p>The inspector examined a number of finance assessments and domiciliary care agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed when handling service users' monies. Records in place show receipts and signatures as well as regular reconciliations in line with procedures. The staff on duty stated that they have received training on the handling of service users' monies. The manager stated this training is part of the induction process. Annual reviews completed by the HSC Trust show evidence of finance arrangements in place. The manager stated that service users have the support of staff if required to help 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 their domiciliary care agreement. Finance capacity assessments have been requested by the agency from the HSC Trust. However in place in each individual service users' file is a financial capability assessment completed by the agency, service user and signed off by the HSC Trust keyworker.</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>Procedures for the storage of money and valuables is recorded within the Service Users File. Safe Records are maintained as per agency policy. Income and Expenditure records are kept as per agency policy. Service users are aware of the procedures in place and have access to their individual financial records. Restrictions of money is reflected in the Service User Support plan. Regular reconciliation of money are audited daily/weekly and by the manager monthly</p>	Compliant

Inspection Findings:	
<p>Service users have individual safe storage areas for their monies within their own homes; any restrictions in place for access are fully recorded in individual assessments. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure for those service users who may need help.</p>	<p>Compliant</p>

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

Statement 4:

COMPLIANCE LEVEL

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

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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>Tenants needs are discussed with the tenant themselves, Statutory keyworker, family and any other members of the MDT. - - See Support Plan</p> <p>All tenants have a transport agreement which they have signed and avail of on a regular basis. - - See Bills and Transport Agreements</p> <p>Transport Processes - Each time a tenant undertakes a journey it is logged in the Mileage Book.</p> <p>Tenants receive an itemised mileage bill informed by records kept in the Mileage Book; every 2 months for journeys undertaken.</p> <p>The Transport Agreement is determined by the individual's needs/wishes and so if tenants wish to utilise public transport they are supported to do so in place of scheme transport.</p> <p>Road worthiness - The scheme minibuses are serviced as and when required and vehicle safety is maintained at all times. Before each journey is undertaken staff complete a visual check of the vehicle. Any anomalies are reported immediately.</p> <p>Records are held in Central Office relating to running costs of the vehicles.</p> <p>The Manager verifies and checks that all staff vehicles used to transport SU are roadworthy.</p> <p>Currently no service users share a vehicle under the Mobility Scheme</p>	<p>Compliant</p>

Inspection Findings:	
As outlined in the self-assessment a transport scheme is in place within the agency. The service users are charged per mile and this is outlined in their bills agreement as well as the transport policy. Service users are invoiced separately for millage costs.	Compliant

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each individual Care/Support plan is completed for all service users, detailing assessed need and risk elements connected to each needs.</p> <p>Specific mention and focus on restrictive practice as well as explicit consideration the Human Rights of each tenant.</p> <p>A Comprehensive Risk Assessment is completed by the HSC Trust when appropriate. Service Users provide feedback to the HSC Trust at their reviews and to staff on an ongoing basis. Monthly summaries are completed and discussed with the tenant each month and go to form the Statutory review process. Family and tenants views are considered throughout the care/support planning stages as well as review stage.</p> <p>Care/Support Plans are wholly reviewed yearly, 6 months where possible. Additionally, the plan is reviewed on an ongoing basis in order to meet the changing and dynamic nature of tenants needs.</p> <p>- - All relevent information contained in the Support Plan section of Tenant file</p>	Compliant
Inspection Findings:	

<p>HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read four care plans and these clearly show that the service is person centred whilst discussing outcomes and personal goals. The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Records in place show the involvement of the HSC Trust and service user representatives in the process. It was good to note that human rights considerations are implicit in the agency’s documentation and include specific human rights articles relevant to the service users. Staff stated they had received human rights training; the last recorded session was completed on the 6 March 2014. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users. Records examined show a range of interventions practiced in the care and support of individuals.</p>	<p>Compliant</p>
---	------------------

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>All staff receive regular mandatory training and additional training which reflects the needs of the service as well as RQIA and NISCC requirements.</p> <p>Ongoing guidance and professional practice development is provided through regular formal supervision, team meetings and practice shadowing.</p> <p>Awareness and reflection on restrictive practice occurs at the team meeting and supervision forum. Considerations and implications of the Human Rights Act are discussed during monthly team meetings.</p> <p>Staff are aware of the policies and procedures which support good practice ie Service User Charter, management of challenging behaviours, the whistleblowing policy/NISCC code of conduct/Service User Involvement Strategy/Risk Assessment and Management Policy for Service Users/Safeguarding Adults</p>	Compliant

<p>Proceedure/Service Support Standards/Risk Management Strategy.</p> <p>Reviews take place regularly which evaluates the care provided to each tenant.</p>	
<p>Inspection Findings:</p>	
<p>The inspector examined a number of training records, staff competency assessments and evaluation records in place. The manager and staff stated that training completed shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. The manager discussed with the inspector the on-going competency assessments of staff and shared the written records in place. Records in place show that training is evaluated and discussed during supervision and appraisal with staff this was also verified by staff during discussions. The inspector discussed with the manager and staff, reporting procedures if they had any concerns about poor practice, staff were clear about the reporting procedures and were able to explain in detail how they would take these concerns forward. Agency staff described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>The Statement of Purpose outlines the range and nature of the services provided by the agency.</p> <p>Restrictive practices are highlighted in the Care Plans and are reviewed regularly.</p> <p>The Tenant's Handbook highlights the provision of care available to them.</p> <p>All Service Users are consulted and included in their care provision package.</p> <p>Information is available to service users in making decisions or seeking help from outside agencies.</p>	Compliant

Inspection Findings:	
<p>Each service user has in place a care plan the inspector examined four of the records in place and the manager stated restrictive practices are currently in place. The tenants guide and the statement of purpose describe the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative. Care plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their tenants' handbook of their right to decline aspects of their care provision. The inspector spoke to three service users who were aware of restrictions on pace but stated that they discuss this with staff regularly and do know why restrictions are in place.</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 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All tenants deemed to be capacitate regarding consent regarding restrictive practice and all discussion of restrictive practice is completed in consultation with the tenant and statutory services. - - See Support Plans</p> <p>Audits of restrictive practices are reviewed monthly with the tenant and six monthly with Statutory keyworkers.</p>	Compliant

<p>Reflection and discussion of restrictive practice with staff occurs at supervision and at staff meetings. Discussion occurs with regards serious case reviews involving restrictive practice and from that reflection of the practices in scheme.</p> <p>Restrictive practice is implemented through multi-disciplinary agreement. Tenants Human rights are considered throughout this process, particularly issues and practices relating to individuals Article 5 rights</p> <p>Policies and procedures are in place in relation to untoward reporting, managing challenging behaviours, whistleblowing, safeguarding vulnerable adults.</p> <p>Untoward Event reports are completed and copied to all relevant parties as per the agency policy including where restraint has been implemented as a last resort. A record of restraints is maintained. These are completed with cognisance of and adherence to DHSSPS guidance.</p>	
<p>Inspection Findings:</p>	
<p>As stated by the agency in their self-assessment there are restrictive measures in place. This was verified by the manager and staff interviewed during discussion. Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</p> <p>Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. This was discussed with the service user and the manager. Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users, i.e. locking a door at night.</p> <p>The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. This was in evidence the inspector reviewed the comprehensive records of the review and evaluation in place within the agency.</p> <p>Staff were able to describe the training in place both in challenging behaviour and human rights and how they uphold individual rights.</p>	<p>Complaint</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	
<p>Statement 1</p> <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. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>A comprehensive support plan and integrated needs assessment proforma has been completed for each tenants. This is also integrated with the risk assessment and management plan for each tenant on scheme. It is in a format with has a clear structure, takes account for the individual needs of the tenant and is completed in conjunction with the tenant and their external representatives.</p> <p>Tenants and staff can describe the process of Assessment & Care Planning as well as all agreements pertaining to their tenancy at the Courtyard.</p> <p>Service Users all have a Tenants Handbook and can access the Statement of Purpose within their own home. An easy read version of the tenants handbook is currently in development following direction from the tenants themselves.</p> <p>Policy regarding tenacy agreements exists via head office and online policy</p> <p>Statutory workers are actively involved in all support/care planning, reviews and consequential amendments to plans and agreements.</p>	Provider to complete

<p>Staff have an understanding of the amount and type of care necessary in order to meet the needs of the individual and follow that strategy consistently.</p>	
<p>Inspection Findings:</p>	
<p>A range of care records were examined and service users' needs and risks were clearly documented by agency staff and had been reviewed by the HSC Trust.</p> <p>The inspector examined a range of needs assessments and care / support plans for service users; these were noted to contain references to the service users' human rights which had been aligned to the specific outcome for service users.</p> <p>The care records of four service users were examined and contained daily progress notes and key worker summaries of the individual's progress towards aspects of their care and support plan. Agency staff had written an evaluation cross referenced against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff do make referrals to HSC trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC trust and advised the inspector that they could contact the trust at any time in relation to any changing needs identified. This was verified by a member of the HSC trust contacted by the inspector.</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
Provider's Self-Assessment	
<p>All tenants can describe their support/care package and relate it directly to funding provided by the HSC trust.</p> <p>Tenants rarely require a 'topping up' of funding towards their provision of support/care. However, when on holiday and when requiring support from staff, tenants are aware that this additional support/care requirement is funded by themselves. Documentation of this is planned out and follows the policy of Praxis Care regarding 'holidays'.</p> <p>Additionally, tenants are charged £0.40 per mile used in the scheme vehicle if appropriate. When multiple tenants avail of transport the total cost of £0.40 per mile is divided across tenants.</p> <p>At present this is the only self funded element of tenants support/care while at the Courtyard and all costings</p>	Compliant

<p>are detailed explicitly. This process is safeguarded by the requirement that the Assistant Director must confirm the costings before any actions are completed.</p> <p>The Tenant's Handbook details the 24 hours of support provided by staff.</p> <p>Tenants are aware that should they wish to avail of a separate service than that offered to by the Courtyard they must speak to their Social Worker.</p>	
<p>Inspection Findings:</p>	
<p>Each service user has in place a domiciliary care agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and support. This payment structure is also stated in the agency's self-assessment. Records in place examined during inspection shows that no service user makes a contribution from their personal income towards their care and support.</p> <p>Domiciliary care agreements show evidence that the costs and service provided have been discussed with service users and their representatives as well as the HSC Trust. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. Each service user has in place a breakdown of the hours of care and support they will receive.</p> <p>.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Tenants agreements are reviewed yearly and Care Plans every 6 months where possible.</p> <p>Records show that Courtyard staff attempt to organise MDT review meetings are held every 6 months or more frequently if required.</p> <p>Should it become apparent that a tenants needs are changing/need amending a MDT review is requested immediately.</p> <p>Support Plans are reviewed and amended every 6 months in consultation with the tenant, their representatives if available, the MDT and Statutory keyworker</p>	Compliant

Inspection Findings:	
<p>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, service user’s reviews are held annually and more often if necessary with HSC trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</p>	<p>Compliant</p>

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

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

Any other areas examined

The agency has had eleven complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site. Records in place show that all complaints have been resolved satisfactorily.

Quality improvement plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Inspection

Praxis Care Group – The Courtyard

29 September 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Teresa Duffy the registered manager both during and after 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	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs: Utilities bills</p> <p>The service users' individual financial agreements will have to be further developed to reflect any payments made by them for, utilities costs and any reimbursements received.</p> <p>This requirement has been restated in relation to reimbursements of costs associated with utilities.</p>	Twice	<p>Praxis Care attended a meeting at RQIA on the 17th October 2014 to discuss the methodology by which the organisation would reimburse service users for costs that had been inappropriately allocated. A report was presented to RQIA and the proposed actions accepted. Praxis Care will refund those service users who are owed money by the 31st March 2015.</p>	Three months from the inspection date- 29 December 2014

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	Teresa Duffy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Willie McAllister on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	15/12/14
Further information requested from provider			