



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Praxis Care Group - Banbridge
Agency ID No: 10820
Date of Inspection: 23 June 2014
Inspector's Name: Jim McBride
Inspection No: 17514

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Praxis Care Group
Address:	1 - 2 Crozier Mews Edenderry Road Banbridge BT32 3AT
Telephone Number:	02840669453
E mail Address:	info.banbridge@praxiscare.org.uk
Registered Organisation / Registered Provider:	Mr Nevin Ringland
Registered Manager:	Ms Aine Mary Murnin
Person in Charge of the agency at the time of inspection:	Ms Aine Mary Murnin
Number of service users:	16
Date and type of previous inspection:	Primary Announced Inspection 14 October 2013
Date and time of inspection:	Primary Announced Inspection 23 June 2014 09:00 -13:30
Name of inspector:	Jim McBride

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	3
Staff	5
Relatives	2
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	12	9

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 recommendation and one requirement issued during the previous inspection of the 14 October 2013 was assessed. The agency has fully met the requirement and recommendation made. The inspector verified compliance by the records made available and during discussions with the Registered Manager.

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, Crozier Mews, Banbridge, is a domiciliary care agency providing services to people in the Craigavon and Banbridge area of Northern Ireland.

Under the direction of the Manager, Mrs Aine Murnin, 14 staff provide a range of services to 16 adults who have experienced mental ill health.

These services include advice, guidance and support on practical issues, to enable service users to live independently.

Praxis Care, Crozier Mews consist of a shared building containing seven bedsits, six individual flats and a three person bungalow.

Service users receive support at a variety of levels, as assessed by the Southern Health and Social Care Trust, who commissions their services.

Summary of Inspection

The inspection was undertaken on the 23 June 2014, the inspector met with the registered manager during the inspection. The inspector had the opportunity to meet two service users in their own home. The inspector also spoke to five staff.

The inspector also had the opportunity to speak with two relatives who stated:-

“Marvellous great staff”

“It’s home from home here”

“Staff communicate well with me and keep me informed re changes”

“My relative benefits from good activities”

“I’m made welcome at all times by staff”

“It’s such a relief that my relative is well cared for and supported by staff”

“I appreciate what the staff do for my relative”

“Communication works well for me and the staff, we discuss with each other if we have any concerns”

Tenants Comments:

“Staff are caring and listen to me”

“I have no complaints about here”

“I have no restrictions in place; I can come and go as I please”

“I have control over my money and how I spend it”

“My keyworker is great”

“This is a new life for me and so different from the hospital I lived in”

“The staff are excellent and treat me as an individual and support me at all times”

The inspector also noted the positive responses made by tenants during the agency’s annual survey and has added some of the comments made by them to this report:

“I think Praxis is a good scheme, because between staff and myself it has kept me out of hospital with help and support”

“I can become unwell without warning and I feel safe knowing staff can care for me during my period of relapse”

Prior to the inspection, nine staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision.

Feedback in relation to the inspection findings and comments made by agency staff in the nine questionnaires was provided to the manager during the inspection. It should be noted that the feedback in relation to the service was positive and staff comments have been added to this report.

The nine questionnaires returned indicated the following:

- Protection from abuse training was received by all nine staff
- Training was rated as excellent
- Staff competency was assessed via written test questionnaire and verbal questions
- 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
- All nine staff stated they have received training in handling service users finances during induction
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts

Records in place and discussions with the manager and staff, verify the above statements received from staff.

It was evident from reading individual care plans and discussion with staff and tenants, that the tenants and their representatives have control/input over individual care and support.

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

- Service users meetings. The inspector read records of meetings provided during inspection.
- Monitoring Visits. The inspector read the last six months monitoring visits reports; these clearly show discussions with staff, tenants and relatives as well as HSC Staff.
- Reviews
- Keyworkers discussions. This was verified by the three tenants interviewed.

The areas indicated above were verified by:

- Discussion with staff
- Monthly monitoring visit records
- Staff training records
- Person centred care plans

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

“Being able to live in their own home and receive support”

“Having choice, privacy, dignity and promoting independence”

“Promoting service users involvement”

Individual comments made by staff:

“I believe Praxis is exceptionally well run, focussing on service users in a fully person centred way”

Staff comments:

“Good supervision for all staff”

“Induction prepared me for my role”

“Staff training is flexible and is relevant”

“We encourage independence and support choice”

“Service users are supported with their human rights daily and in all their care”

The inspector would like to thank the manager, staff and tenants for their cooperation and warm welcome during the inspection process.

Detail of inspection process:**Theme 1 - Service users' finances and property are appropriately managed and safeguarded**

The agency has achieved a compliance level of “Not Compliant” for this theme.

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
- Finance Assessment
- Capacity Assessments

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with a domiciliary care agreement; however it was unclear how the agency contributes to the other utilities costs. It is required that the agency review its procedure and show clear evidence of shared costs within the bills agreements section of individual support plans.

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. The manager stated that staff buy and eat their own food whilst on duty.

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.

Records examined show a range of interventions used in the care and support of individuals. The manager 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 and as well as measuring the ability of individuals to achieve greater independence and choice in daily living. Staff stated they had received human rights training; the last recorded sessions were completed on the 18,25,26 November 2013.

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.

The manager, staff and tenants 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

The inspector read a number of monthly monitoring reports in place from January to May 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 x 15
- Service users x 18
- Relatives x 0 although the manager stated that relatives have contact with the agency regularly. This was confirmed by the relatives spoken to by the inspector.
- HSC Trust staff x6

The 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:

Prior to inspection the agency were asked to complete and return to the RQIA a charging survey, outlining the procedures and any charges incurred by service users in a supported living scheme.

The returned survey shows that no service user is paying for additional care services that does not form part of the HSC Trust’s care assessment.

The registered manager confirmed that agency staff do act on behalf of two service users as appointees and do act as agents and are in receipt of monies for safekeeping ensuring they

keep income and expenditure records. Records examined by the inspector verify the procedures in place.

It was unclear how the agency contributes to the other utilities costs. It is required that the agency review its procedure and show clear evidence of shared costs within the bills agreements section of individual support plans.

Statement of Purpose:

The agency's statement of purpose was examined and reflected the current nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed in 3 June 2014.

Annual review:

The agency has a comprehensive Policy Statement, Procedure and associated documentation to ensure that Service Users' care plans are recorded and maintained. The Procedure allows for additional reviews and/or changes to the plan to be easily implemented to reflect any changing need.

Records examined show clear evidence that annual review of service users' needs having been completed by the relevant HSC Trusts and show evidence of attendance by the agency and representatives of the service users.

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	Regulation 15(2)(c)	<p>It is required that the following is completed by the registered manager.</p> <p>Each tenant must have in place an agreement specifying the number of support hours available to them individually.</p>	This requirement was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	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 user's home looks like his/her home and does not look like a workplace for care/support staff. 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>Each service user is provided with individualised agreements - These include Support Agreement, Domicillary care Agreement, Service user Handbook, Bills Agreement and Transport agreement- These documents outline all charges payable to the service</p> <p>Service users do not pay for additional personal care services which are not part of the Trusts care assessment. Service users pay for electricity and heating in their own bedsit areas and communal areas and Praxis care pay for the office and staff areas electricity and heating and maintenance. Within our service user guide and SOP details are given what arrangements are in place for staff meals while on duty in the service users home. Financial support is all detailed within the individualised Assessment plan and Risk assessment and if necessary a financial capability form completed- Praxis Care has policies and procedures in place to support service users manage finances and 4 weeks notice is provided in writing detailing any changes to charges payable by the service user.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Documents in place included the service users' guide, care/support agreements, care plans and individual finance summary's show clear evidence of how service users manage their finances. Two service users have an identified appointee who is part of the agency and documentation clarifying this was in place.</p> <p>Staff that assist service users with shopping etc. have in place a procedure for recording all transactions with two signatures and regular reconciliations of monies. The manager stated that "Staff provide their own food when on duty.</p> <p>The agency stated in their returned review documentation that records of reviews were completed. Records in place verify that the agency has notified each service user in writing, of the 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 were included in each service user's agreement and were processed in April 2014.</p> <p>It was unclear how the agency contributes to the other utilities costs. It is required that the agency review its procedure and show clear evidence of shared costs within the bills agreements section of individual support plans.</p>	<p>Not 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>Within application form, Risk assessment and individualised reviews the Statutory keyworkers are aware of support in regards to managing service user finances and are fully involved in decision making record. All support plans detail level of support with regards finances and all relevant policies and procedures followed . All service users have access to their personal money and staff are there to support if any issues arise with finances . The manager of Crozier Mews acts as nominated appointee for two service users, this has been agreed with the service user and their statutory keyworker, this is documented in the service users support plan. The Social Security Agency have approved the manager to act as nominated appointee. This agency does not operate a bank account on behalf of a service user All concerns around the service users capacity would be consulted with the statutory keyworker and a review held</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a number of finance assessments, capacity 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. One staff on duty stated that she had received training on the handling of service users' monies as part of her induction. The manager confirmed this training is part of the induction process. Four service users have been assessed by the relevant authority as lacking the capacity to take responsibility for their finances whilst two people's monies</p>	<p>Not Compliant</p>

are handled by the office of care and protection and the official solicitor. The inspector examined the relevant documents in place. Annual reviews completed by the HSC Trust show evidence of finance arrangements in place. The manager stated that service users have the support of their family members 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; However It was unclear how the agency contributes to the other utilities costs. It is required that the agency review its procedure and show clear evidence of shared costs within the bills agreements section of individual support plans.

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 as per praxis care policy and procedure. There is a record of staff names who have access to the safe and a record is kept of valuables held for safe keeping, this is signed when an item has been removed and returned. The manager is appointee for two service users, this is recorded in their support plan and a record is kept of the date this was approved by the Social Security Agency. Service users are aware of the arrangements for safe storage and have access to their financial records. Daily audits are carried out and the manager completes a service user monthly money audit.</p>	Compliant

Inspection Findings:	
<p>Service users have individual safe storage areas for their monies within their own homes, no restrictions are in place for access. 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:

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;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>All service users are informed of transport arrangements with in the scheme and they have the opportunity to opt out of this - All staff would promote using other forms of transport, to promote independence - If a service user wishes to use the transport scheme a transport agreement is signed and kept in file and reviewed annually- A written log of journeys and payment are kept . There are no motability vehicle within the scheme</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge. Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept.</p>	<p>Compliant</p>

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

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Not 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. 	
Provider’s Self-Assessment	
<p>All service users have a completed assesment and plan which identify their needs,risks ,support and intervention taking into consideration their Human Rights and this is reviewed on an annual basis. All assessments are client centred and at each review statutory keyworkers contribute along with service users and or their representatives. Also when completing regulatory audit visits the service user and statutory keyworkers reviews are sought and documented. Daily notes and monthly summaries are completed for each individual service user.</p>	Compliant
Inspection Findings:	
<p>HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read five 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 sessions were completed on the 18, 25, 26 November 2013. 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>	Compliant

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
<p>Provider’s Self-Assessment</p> <p>All staff receive a comprehensive induction training and additional training is provided which reflects the needs of the service. All staff receive an employee handbook. Through staff meetings, supervisions and appraisals training is discussed and reviewed.</p> <p>All staff are aware of restrictive practice and the effects this may have on a service user’s human rights. The agency provides policies and procedures through our EDMS which all staff can access for guidance in responding to the needs of service users. All staff are aware of the policies and procedures through our EDMS which support good practice such as service user charter, Safeguarding Adults policy and procedure, whistleblowing policy, untoward incident reporting. All staff are registered with a regulatory body such as NISCC or NMC and each have a code of conduct.</p>	Compliant

Inspection Findings:	
<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.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3: The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Within our scheme we have a statement of purpose and service user handbook which outlines our service - All service users have individualised support plans which are reviewed on a monthly basis with them and staff would highlight all care and support including restrictive interventions and service user has the choice to decline or continue with support - All service users are offered a copy of their support plan and information in relation to external bodies are posted on notice board and discussed at service user meetings.</p>	Compliant
Inspection Findings:	
<p>Each service user has in place a care plan the inspector examined five of the records in place and the manager stated restrictive practices are not 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.</p>	Compliant

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
Provider’s Self-Assessment	
There are no restrictive care practices used within Crozier Mews.	Not applicable

Inspection Findings:	
As stated in the self-assessment there are no restrictive practices in place. The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act.	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 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
Provider’s Self-Assessment	
<p>Each service user has an individualised support agreement and Domicillary care agreement which details type of service - They also have access to statement of purpose, service user handbook and each support plan indicates the level of agreed support hrs available to each service user. Staff have knowledge of the above agreements and through staff meetings, supervisions,handovers all service users care is discussed.All agreements,statement of purpose service user guide and each service user assessment and plan is completed as per praxis policy and procedure. Each service users support plan is client centred and details the amount of support hrs available to them per week.</p>	Compliant
Inspection Findings:	
<p>Records examined by the inspector show clear details of the amount and type of care provided by the agency. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs.</p> <p>The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need. The service users and their representatives are made aware of the number of hours care and support that is available to them. Care plans state the type of care and support provided. The manager and staff interviewed by the inspector were able to describe what care and support was provided to</p>	Compliant

<p>individuals daily. The service is person centred whilst wishes, preferences and choice is included in the care plan. The agency's policy on assessment and care planning and their statement of purpose/service user guide describe how individual service user agreements are devised. The agency's care plans are consistent with the care commissioned by the HSC Trust. The agency's care plan information accurately details the amount and type of care provided by the agency in an accessible format.</p>	
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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 service users would have knowledge through the relevant agreements which are discussed and signed at beginning of service and reviewed annually. There are no self funders currently within the scheme and the agency support agreement outlines amount of costs payable which they can choose to opt out of at any stage.</p>	Compliant
Inspection Findings:	
<p>Each service user has in place a support 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 the NIHE supporting people scheme for support. This payment structure is also stated in the agency's self-assessment. Service users do not make contributions from their personal income towards their care or support. These documents show clear evidence that the costs and service provided have been discussed with service users and their</p>	Compliant

<p>representatives. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. As stated by the agency in their self-assessment each service user has in place a breakdown of the hours of care and support they will receive.</p>	
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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>Praxis care reviews all care plans annually and invite the relevant statutory keyworker to attend-Within the review we discuss the careplan including all agreements. A review report is completed on each service user and signed off by the statutory representative and service user. As per service user Guide, Dom care agreement and support agreement a review can be held at any time if a service user feels this is appropriate- Emergency reviews can also be held if there are any concerns with deterioration of health or following an untoward incident.All records within the scheme confirm that the relevant agreements and support plans are reviewed and documented with service user and statutory representative signatures</p>	Compliant

Inspection Findings:	
<p>Prior to inspection the agency were asked to forward to the RQIA details of service users annual reviews. The information received and the records examined by the inspector shows clear evidence that annual reviews have taken place and the records were in place. It was clear from records and discussion with the manager that the agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed on an on-going basis.</p>	<p>Compliant</p>

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

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

Any other areas examined

Complaints

The agency has had five complaints during the last year, this was verified by returns sent to RQIA and examination of records held on site. Discussion with the manager and records examined show that all complaints were resolved satisfactorily

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Aine Murnin, 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

23 June 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 Anie Murnin 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:</p> <ul style="list-style-type: none">• Utilities bills <p>The service user's individual financial/bills 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 is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	Once	<p>The organisation has reviewed its current recording documentation and procedures in relation to any charges for utility costs and reimbursements. These revised documents and procedures will be communicated to the Registered Manager on the 21st July 2014 in a dedicated face-to-face training to ensure that the Registered Manager has full knowledge of the procedures and any information surrounding service users and the organisational financial responsibilities. A Senior Financial Accountant and Assistant Director for Governance will provide this training.</p> <p>Following this training a revised Bills Agreement and amended Support and Domiciliary Agreement will be published. Compliance with regard to completion of these documents</p>	3 Months from inspection date.- 23 September 2014

				<p>will be overseen by the Assistant Director as part of their Monthly Visit and also by the organisations internal audit function.</p> <p>The organisation will also seek to improve the documentation used to ensure that it is provided in a format that meets the needs of the service user.</p> <p>The organisation will develop a methodology for calculating any historical reimbursements required to be made to service users. This methodology will be shared with respective HSCCT's and with RQIA for agreement.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Aine Murnin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Andy Mayhew 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	30/7/14
Further information requested from provider			