



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: PCG Belfast
Agency ID No: 10822
Date of Inspection: 11 August 2014
Inspector's Name: Jim McBride
Inspection No: 18500

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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General Information

Name of agency:	Praxis Care Group
Address:	64 Upper Suffolk Road Belfast BT11 9RH
Telephone Number:	02890610635
E mail Address:	roismccotter@praxiscare.org.uk
Registered Organisation / Registered Provider:	Irene Ringland Sloan
Registered Manager:	Rois McCotter
Person in Charge of the agency at the time of inspection:	Rois McCotter
Number of service users:	14
Date and type of previous inspection:	Primary Announced Inspection 30 December 2013
Date and time of inspection:	Primary Announced Inspection 11 August 2014 09:00 -13:00
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	2
Staff	4
Relatives	0
Other Professionals	1

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	5

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 compliance with the one recommendation made following the inspection of 30 December 2013 was assessed.

The agency has fully met the minimum standards with regard to the one recommendation stated previously.

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 Group at Upper Suffolk Road, Belfast, is a domiciliary care agency operating a non 24 hour, 12 place supported living scheme, providing accommodation with support. A Dispersed Intensive Support Housing service is also provided for 4 service users, totalling service provision for 16 people.

The agency provides a range of services to adults who have experienced mental ill health and related complex needs. The agency's statement of purpose states: Praxis Care strives to achieve the above aims by:-

“Offering support and care to vulnerable people in the form of practical, social and emotional support which will facilitate the service user's functioning and their inclusion as citizens in the community”.

Under the direction of the Manager, Ms Rois Mc Cotter, five staff assist service users in the planning and management of their own social routines, and provide support to enable service users to live as independently as possible within the community.

The service staff are available from 9am-9pm Monday-Friday and 9am-5pm Saturday and Sunday.

The services are commissioned by the Belfast Health and Social Care Trust.

Summary of inspection

The inspection was undertaken on 11 August 2014. The inspector met with the registered manager during the inspection.

The inspector had the opportunity to talk with two service users. Service users who participated in the inspection provided positive feedback in relation to the quality of care and support they receive from agency staff.

Service users advised the inspector that they experience encouragement and support to maintain their independence and to take control of their life.

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 an HSC trust staff member whose comments were positive in relation to the support received by service users.

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 one service user stated “I make my own choices and have my privacy here”.

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.

It was also noted that the agency's annual quality review completed by service users, was positive in its responses as to the quality of the service received.

Results from the agency's annual quality survey show that when asked if their life had changed since getting help, thirteen service users said yes and made some positive comments:

"I find staff helpful and would definitely tell them if I had a problem"

"I go to the tenants meetings regularly and find it useful, my comments are taken seriously and this makes me feel valued".

Service user's comments:

"I have privacy here"

"I make my own decisions"

"Supported living means so much to me it makes me feel like a real tenant"

"I have no restrictions and can come and go as I please"

"I have good support from staff; they are helpful and listen to my concerns"

"My health has been great since moving here".

Staff Comments:

"Training and induction is good and helps with my role"

"We support the service users to be as independent as they can"

"We have a good relationship with the HSC trust and reviews are held regularly"

"It's important to support the service users through concerns and worries".

HSC Trust staff member comments:

"I find the staff professional, warm and welcoming"

"Staff communicate well with the trust and do highlight concerns"

"The service users have a good relationship with the staff and feel supported"

"The quality of the service is excellent"

"The popularity of the service with service users is testimony to the quality care and support received".

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

The five questionnaires returned indicated the following:

- Protection from abuse training was received by all five staff
- Training was rated as good or excellent
- Staff competency was assessed via questions/answers, group work, individual participation.
- 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.

Individual comments on the principles supported living from staff:

“To support service users to live independently and to choose where they live and who supports them”

“To support service users to take control of their lives”

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:

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

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

Service users’ finances and property are not managed by agency staff and agency staff do not act on behalf of service users. 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 no service users share costs with the agency, as they all have individual tenancies within the community and are responsible for all their own utilities.

The service users spoken to by the inspector were 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.

It was good to note that service users discussed the following during a tenant's meeting 16 June 2014.

- Domiciliary care agreements
- Support agreements
- Transport policy

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 individual 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 and explicitly highlight the human rights of service users.

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant; this was verified by the HSC trust staff member spoken to during the inspection.

Care plans show clear evidence that the agency appropriately responds to the needs of service users. 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 that measure the ability of individuals to achieve greater independence and choice in daily living.

Staff stated they had received human rights training; the last recorded session was completed on 18 September 2013. It was good to note that service users discussed their human rights during a tenants meeting 18 June 2014.

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

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. Service users do not make a contribution from their personal income for care or support costs.

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 individual. Individual care plans state the type of care and support provided.

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

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 individual discuss the report following each visit.

Charging Survey:

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The survey was discussed during the inspection and the registered manager advised the inspector that all of the service users are responsible for their own finances and that they manage these independently of agency staff.

The registered manager confirmed that agency staff do not act on behalf of service users and are available to offer advice and support with budgeting; this was verified by the service users spoken to during the inspection.

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.

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 7 July 2014.

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

Follow-up on previous issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The registered manager should ensure that the human rights of service users are explicitly outlined in care records, when required	<p>This requirement 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

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

Statement 1:

COMPLIANCE LEVEL

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

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

<p>Provider's Self-Assessment</p>	
<p>Each service-user has a Domiciliary Care Agreement , the purpose of which sets out details, charges and term and conditions of the service provision.</p> <p>Each service-user has a Support Agreement which sets out the housing support service that Praxiscare provides. This is updated annually and all renewed costs are stated on the agreement. Project Manager has attended continuous Quality Improvement training re; new bills agreement.</p> <p>Managers receive regular updates from Finance Department- these detail Supporting People payments and Housing benefit payments.</p> <p>Service Users do not pay for additional personal care services at Upper Suffolk.</p> <p>The individual agreement that apportions shared costs between the agency and service-user does not apply to the Upper Suffolk Scheme.</p> <p>All service- users have exclusive possession of their own property. There are no unused areas within the service-users home which they do not have exclusive possession of .Each Service Users home looks like their own home and not a workplace.</p> <p>Staff do not eat meals in the Service Users home.</p> <p>The agency is not involved in supporting any Service user or undertaking financial transactions on the Service Users behalf.</p> <p>Praxiscare ServiceUser Personal Monies and Property Policy and Procedure details the arrangements where support is provided by staff to enable the service users to manage their finances and property.</p> <p>Licence agreements have been provided on four properties which are owned by Praxis Care and tenants agreements have been provided by Oaklee/Trinity Housing Association for the remaining Twelve.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<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.</p> <p>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>

<p>The agency's registered office is not within the service users' home and agency staff do not provide sleep over arrangements in any service users home. All utility bills are paid by service users for their own home, staff and service users interviewed stated they do/can help and support with budgeting if requested by service users for bills etc.</p> <p>Service users who participated in the inspection advised the inspector that agency staff respect their privacy. One service user stated " My privacy is important to me and it's so different living here rather than in a hostel, where you had no privacy"</p>	
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<p>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
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<p>Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances; • The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement; • The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record; • Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services; • There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s); • The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date; • A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly; • If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, 	<p>COMPLIANCE LEVEL</p>
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<p>and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;</p> <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; 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>Provider's Self-Assessment</p>	
<p>Praxis Care's application form asks for financial capability to be confirmed and where any concerns are raised on admission or subsequently, a capability assessment will be conducted by scheme staff and the MDT personnel meeting to make arrangements to ensure protection from financial abuse or loss. Any identified needs would clearly be defined within individual Risk Assessments/6-monthly reviews/ support plans as applicable.</p> <p>Staff do not manage any of the 16 Service User monies at Upper Suffolk.</p> <p>There is no member of staff that acts as an agent nor acts as an nominated appointee for any service-user at Upper Suffolk scheme.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The manager stated all of the current service users manage their finances independently of agency staff, this was verified by the two service users who spoke to the inspector.</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
Provider's Self-Assessment	
The agency does not store service users money or valuables for safekeeping.	Compliant
Inspection Findings:	
As outlined in the self-assessment, agency staff do not provide service users with secure storage for their money or other property.	Compliant

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;
- 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.

COMPLIANCE LEVEL

<p>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>Praxis care has a Transportation of service-users policy in place which aims to promote fair and equal transport arrangements for all service-users</p> <p>At Upper Suffolk scheme a Transport Agreement is on offer to all service-users. It outlines the term and conditions of the transport scheme operated by the service and any costs for which the service-user is liable in relation to using the scheme. Service Users are not obligated to participate in the scheme and have the option to use other means of transport as suits their individual needs. At present no Service Users avail of the service.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As outlined in the self-assessment, the agency does have a transport scheme. None of the service users were availing of it. The transport policy outlines costs and terms and conditions of use.</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>Compliant</p>

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
<p>Provider’s Self-Assessment</p> <p>Care and Support needs are assessed in collaboration with the Service-user, Family (where invited to do so by the Service-User), PraxisCare staff and the Multidisciplinary team represented by their own Statutory Keyworker and are recorded in agency documentation. There are range of recording procedures in place at scheme Application Forms, Risk Assessments, 6-Monthly Service User Reviews, Daily Records, Handover Records, Monthly Summaries, which are used to reflect on progress towards identified goals. Service Users Support Plans (which are signed off by their statutory keyworker), AD's Monthly Audit, Praxis Care Annual Audit with CEO</p> <p>These are comprehensive and person-centred</p> <p>Risk Assessments are assessed in the same manner. They are individual and reviewed regularly.</p> <p>Service Users have the capacity to make decisions about their lifestyle and with guidance and support from staff when specified in their support plans</p>	Provider to complete

<p>Each Service User has been provided with a Service User Charter along with a service user handbook which enables them to understand the rights and responsibilities of tenancy in a format suited to their needs. Each Service User has also been given an information leaflet which explains the Human Rights Act. Human Rights and complaints policies are discussed with Service Users at Service User meetings.</p> <p>All staff have received guidance in the Human Rights Act. This is also explicit in vulnerable adults, child protection and complaints training. The Human Rights of every ServiceUser is outlined in their Support Plan.</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 three 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 the member of trust contacted by the inspector.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2: 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 are given induction training and mandatory training. Training plans are completed at appraisal Monthly Management Reports & Operational plans record training completion. Training records are held at scheme. Staff are aware of the importance of good record keeping practices. Staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices by the values and attitudes training, medication training, 6 monthly reviews. Staff are aware of formal and informal lines of communication and swift reporting to statutory services when necessary. A/D monthly service visits and monthly supervision Staff are also aware of the Whistleblowing Policy</p>	Compliant

<p>Inspection Findings:</p> <p>The agency’s staff training records were examined and reflected uptake in training in the mandatory areas. Agency staff confirmed that they can access all of the agency’s policies and procedures. Staff who participated in the inspection advised the inspector that they felt they had received adequate training for their roles.</p> <p>Agency staff described their understanding of restrictive practice and could identify types of a restrictive practice. The staff and service users stated that no restrictive practices are 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. Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice.</p>	<p>Compliant</p>
<p style="text-align: center;">THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</p>	
<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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>There are no restrictive care practises undertaken by staff at Upper Suffolk.</p>	<p>Provider to complete</p>

<p>All Service users have a Support Plan which is laid out in a format that is appropriate to their needs and level of understanding and have access to information regarding external support. This is evidenced in the Service-user Handbook.</p> <p>A Statement of Purpose outlines the care/support available to all Service Users.</p>	
<p>Inspection Findings:</p>	
<p>Each service user has in place a care plan, the inspector examined three 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/or 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>	<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>There are no restrictive care practices undertaken by staff at Upper Suffolk.</p> <p>Staff have been provided with a basic awareness of the principals regarding the guidance on the deprivation of liberty safeguards (DOLS)</p>	Compliant

Inspection Findings:	
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. Agency staff who met with the inspector described their understanding of restrictive practice. Both staff and service users stated that no restrictive practices are in place.	Compliant

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
<p>Provider’s Self-Assessment</p> <p>All service users have signed a service user agreement The amount and type of care provided by the agency is assessed, reviewed and amended accordingly at the 6 monthly reviews and is based on organisational policy.</p> <p>The Statment of Purpose and the Service User guide explains the types of care provided by Upper Suffolk staff.</p>	Compliant
<p>Inspection Findings:</p> <p>Service users and agency staff who contributed to the inspection described the amount and type of care provided by the agency.</p> <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 their 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</p>	Compliant

<p>hours care and support that is available to them. Care plans state the type of care and support provided. The manager, service users and staff interviewed by the inspector were able to describe what care and support was provided to individuals daily. The service is person centred whilst wishes, preferences and choices are 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>	
<p>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</p>	
<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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Service users/representatives understand the amounts of payments of services they receive. This can be evidenced in the domiciliary care agreement and support agreement. This will be further clarified with the proposed new Bills Agreement coming into practise. Service users do not pay for care from their own income.</p>	<p>Compliant</p>

<p>Inspection Findings:</p>	
<p>As outlined in the self-assessment, service users do not make contributions from their personal income towards their care or support. 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>Service users who participated in the inspection outlined their understanding that their care is paid for by the HSC trust.</p>	<p>Compliant</p>
<p>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</p>	
<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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Records and discussion with staff are evidenced in the Service Users 6 monthly reviews. The reviews are held in the Service user file</p> <p>Emergency reviews are convened as and when required depending on the Service Users needs. Records of</p>	<p>Compliant</p>

<p>these are held in the Service users files. All minutes of all emergency and 6 monthly reviews are minuted, updated and kept in Service Users files. The Domicillary Care agreement details the provision of care and the payment of fees.</p>	
<p>Inspection Findings:</p>	
<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>

<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>Compliant</p>

Any other areas examined

Complaints

The agency has had three 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 Rois Mc Cotter 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



No requirements or recommendations resulted from the **primary announced** inspection of **PCG Belfast** which was undertaken on **11 August 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: Andy Mayhew on behalf of Irene Sloan

SIGNED: Rois McCotter

**NAME: Irene Sloan
Registered Provider**

**NAME: Rois McCotter
Registered Manager**

DATE 22/08/14

DATE 22/08/14

Approved by:	Date
Jim Mc Bride	29 August 2014