

PRIMARY INSPECTION

Name of Agency: Praxis Care Group – Dunmisk Manor

Agency ID No: 10825

Date of Inspection: 18 August 2014

Inspector's Name: Jim McBride

Inspection No: 18501

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	PCG Dunmisk Manor
Address:	1 Dunmisk Walk Belfast BT11 8JY
Telephone Number:	02890627895
E mail Address:	carolinehaughey@praxiscare.org.uk
Registered Organisation / Registered Provider:	Nevin Ringland
Registered Manager:	Caroline Haughey
Person in Charge of the agency at the time of inspection:	Caroline Haughey
Number of service users:	16
Date and type of previous inspection:	Primary Unannounced Inspection 8 August 2013
Date and time of inspection:	Primary Announced Inspection 18 August 2014- 09:00:13:00
Name of inspector:	Jim McBride. Accompanied by Michelle Kelly (Bank Inspector)

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- Evaluation and feedback

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

Consultation process

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

Service users	1
Staff	6
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	10	8

Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following four quality themes were assessed at this inspection:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**
- **Theme 2 – Responding to the needs of service users**
- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Review of action plans/progress to address outcomes from the previous inspection

The agency's progress towards compliance with the two requirements and four recommendations made following the inspection of 8 August 2013 was assessed. The agency has fully met the requirements stated previously. The agency has fully met the minimum standards with regard to the four recommendations 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, Dunmisk Manor, is a 16 place domiciliary care scheme for adults who have experienced severe and enduring mental ill health problems.

Dunmisk Manor is owned by, Trinity Housing Association and is managed by Praxis Care Group.

Services are commissioned by the Belfast Health and Social Care Trust and South Eastern Health and Social Care Trust Community Mental Health Teams.

Dunmisk Manor is located in the Andersonstown area of West Belfast and is convenient to shops, a leisure centre, transport systems and a variety of community resources.

Under the direction of the Registered Manager, Mrs Caroline Haughey, a staff team of 11 provides 24 hour support to enable service users to live as independently as possible in a community setting. All service users have shared or individual flats with en suite facilities.

Summary of inspection

The inspection was undertaken on 18 August 2014. The inspector met with the registered manager during the inspection.

The inspector had the opportunity to talk with one service user in her own home. The service user who participated in the inspection provided positive feedback in relation to the quality of care and support received from agency staff.

The service user advised the inspector that she experienced encouragement and support to maintain her independence and to take control of their life.

The inspector spoke to six staff. 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 a 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 user. One service user stated "This service has changed my life for the better".

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 as to the quality of the service received.

Service users Comments:

“Staff are very supportive”
 “This is the best place I have been and feel valued here”
 “Staff treat me as an individual, I’m free to come and go as I please with no restrictions”
 “Staff listen to me and help with difficulties or problems”
 “I feel safe and secure here”
 “I could not praise the staff enough for the service I and others receive”.

Staff Comments:

“We communicate well with each other “
 “Induction and training prepare us for our role”
 “The induction was comprehensive”
 “Supervision is good and gives you the opportunity to talk one to one”
 “We respect service users’ wishes and promote choice and independence daily”
 “We focus on outcomes for service users”

HSC Trust staff member comments:

“The staff are well informed and know the service users well”
 “The service seems well run and staff communicate well with the HSC trust”
 “The service users are positive about the service”
 “I have attended relevant service users’ reviews”
 “The service users feel well supported by the staff and have only positive comments about the service”.

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

The eight questionnaires returned indicated the following:

- Protection from abuse training was received by all eight staff
- Training was rated as good or excellent
- Staff competency was assessed via questions/answers, group work, case studies and evaluation.
- 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.

Individual comments received from staff in relation to the principles of supported living:

“Supported living includes promoting independence, inclusion and choice”
 “Seeing people as individuals”
 “Engaging in the local community”
 “Planning and goal setting”
 “Helping service users to complete daily living skills, through support and encouragement”
 “Helping them grow in confidence and learn new skills”.

It was evident from reading individual person centred support plans and discussion with staff and a service user that the service users 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
- Monitoring Visits
- Reviews
- Keyworkers discussions

The areas indicated above were verified by:

- Discussion with staff and a service user
- 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 a 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 user spoken to by the inspector was aware of the domiciliary care agreement and how her care, support and rent are paid. One service user stated "I have control over what I pay here and have complete control over my money".

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

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

The agency has in place comprehensive care/support plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery. These care plans reflect the input of the HSC trust and the thoughts and views of the service users and their representatives 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. One service user stated “Staff respect me listen to me and have respect for my privacy”.

The agency has in place comprehensive risk assessments that measure the ability of individuals to achieve greater independence and choice in daily living. Staff interviewed stated “We promote independence and support individuals daily with their individual needs” Staff stated they had received human rights training; the last recorded session was completed on 26 June 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. 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 is provided to each service user. 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.

The agency's statement of purpose states:

"Every service user keeps a copy of his/her own Assessment & Plan and is encouraged to participate as fully as possible in the support planning process." This was verified by the service user interviewed during the inspection.

"Praxis Care staff are always keen to hear from Service Users and representatives. Assistant Directors will endeavour to make contact with service users on a monthly basis as part of the organisations monitoring processes".

This was verified by the records of monthly monitoring visits in place that clearly show regular contact with service users. Eight returned staff questionnaires also stated that monthly monitoring visits take place and views are sought from staff and service users.

Additional matters examined

The inspector read a number of monthly monitoring reports in place from April 2014 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 (The registered manager confirmed that she will be seeking individual permissions from service users in relation to discussing the service with relatives)
- HSC Trust staff

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

Charging Survey:

At the request of RQIA, 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 manage these independently of agency staff but with support from family and others when required.

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 user spoken to during the inspection.

Service charges are paid by service users by direct debit.

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. Service users do have a Sunday lunch club that the agency subsidises. A charge of £4.00 is made for those who wish to avail of the service.

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 13 September 2013.

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.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15 (6) (d)	<p>The registered person shall specify the procedure to be followed where the agency acts as agent for, or receives money on behalf of individuals.</p> <p>This requirement refers to the arrangements in place for one individual for whom the agency holds in their account and monies have to be requested.</p>	This requirement was assessed as fully met; the reporting documentation in place was satisfactory.	Once	Fully Met
2	Regulation 14 (e)	<p>It is recommended that the agency review the use of cameras within the scheme, and if necessary align them with individual risk assessment, ensuring there continued use has no impact on people's individual human rights in their own home.</p> <p>Standard 1.1</p>	<p>This requirement was assessed as fully met; the reporting documentation in place was satisfactory.</p> <p>The inspector read evidence of a meeting held with service users who have all expressed a wish for the cameras to remain in their home.</p>	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 3.2	It is recommended that the agency review the use of the "sign in and out book" within the scheme, and if necessary align them with individual risk assessment, ensuring the continued use has no impact on people's individual human rights in their own home.	<p>This recommendation was assessed as fully met; the documentation in place was satisfactory.</p> <p>The inspector read evidence of a meeting held with service users who have all expressed a wish for the book to remain in their home.</p>	Once	Fully Met
2	Standard 3.2	It is recommended that the agency review the use of the visitor's book within the scheme, and if necessary align them with individual risk assessment, ensuring the continued use has no impact on people's individual human rights in their own home.	<p>This recommendation was assessed as fully met; the documentation in place was satisfactory.</p> <p>The inspector read evidence of a meeting held with service users who have all expressed a wish for the book to remain in their home.</p>	Once	Fully Met
3	Standard 1.1	<p>It is recommended that the following is actioned by the registered manager in line with good practice issues in supported living:</p> <p>Each tenant should have in place an agreement specifying the number of support hours available to them individually.</p>	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met

4	Standard 1.1	The agency should ensure that the human rights of all service users are explicitly outlined in care records. Regulation 14.	<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
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THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment	
<p>Each service users is provided with both a written domiciliary care and support agreement detailing the specific terms and conditions in respect of the service to be delivered, including the amount and method of payment. There are no service users in Dunmisk Manor who pay additional charges to Praxis Care. Service users are not charged for communal/unused areas in Dunmisk Manor. Staff do not eat meals in service users own home. Each service user has been provided with a Bills Agreement and Costs Guide detailing the cost of their care and support, how often it is paid, by whom it is paid and to whom it is paid. This is signed by the service user and a member of Praxis Care staff.</p> <p>Praxis Care has a service user finance policy as part of this a financial profile is completed for all service users. If service users require financial support from staff this is detailed in the financial profile and procedures for managing finances are detailed in their finance file.</p> <p>All service users are given four weeks notice in writing of increases in cost of the service and changes to the domiciliary care and support agreements. This is evidenced in these agreements that are signed by service users and kept in their individual files.</p> <p>Each service users' home looks like his/her home and doesn't resemble a place of work for care/support staff.</p>	Compliant
Inspection Findings:	
<p>Service users have been issued with a Domiciliary Care Agreement and this reflects the support and care 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. As outlined in the self-assessment, 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>The agency's registered office is within the service users' home and agency staff provide sleep over arrangements in service users homes. All utility bills are paid by service users for their own home, staff and a service user interviewed stated they do/can help and support with budgeting if requested by service users for bills etc. 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.</p>	Compliant

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>	
Provider's Self-Assessment	
<p>Four S U's are currently considered by statutory services not to have capacity to manage their own finances. Statements to this effect is held in the individual service users financial file. This has been discussed with the individual service user, statutory staff, scheme staff and families. Individual agreements have been reached on who manages finances on their behalf. This is evidenced in review reports and service user financial assessments plans. The SU finance file contains records of monies received on behalf of the SU and how this is to be distributed. Written authorisation is held in the finance file where items or services are purchased on behalf of the SU contingency plans are also detailed in the finance file to enable staff to respond to requests from SU to access their money at short notice. Transactions are signed and dated in an individual cash book held in the safe with the SU money. All transaction of SUs money are signed and dated by the SU and 2 staff. Receipts are kept in the SU finance file. The agency doesn't act as an appointee for any SUs. SU reviews take place every 6 months where SU economic well being is discussed, if there is evidence of a SU becoming incapable of managing their finances it will be discussed at the review. Staff liaise regularly with statutory services and can contact the statutory key worker at any time should concerns arise about a SUs ability to manage their finances. 12 SUs don't require support with their finances and this is evidenced in their financial profile and in the economic well being part of their review report.</p>	Compliant
Inspection Findings:	
<p>The manager stated all of the current service users manage their finances with the support/help of agency staff and others this was verified by the one service user who spoke to the inspector.</p>	Compliant

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	
<p>Praxis Care has policies and procedures in place to detail the recording of Service User monies. The safe containing service users monies is reconciled every day and safe contents counted by 2 staff and signed off by both staff members.</p> <p>All relevant receipts are kept in service user file.</p> <p>Service user cash books are signed off by service users and 2 staff at each transaction.</p> <p>Service users monies are kept in their individual cash wallets and locked in the safe.</p> <p>APO and TL keep safe key in locked cupboards.</p> <p>There is an insurance limit of £1000.00</p> <p>The scheme doesn't hold service users cash debit cards. One service user has requested that her pin number is recorded in her file to aid memory however staff do not have access to her card as she retains</p>	Compliant

<p>this.</p> <p>Four SUs have been deemed as not having capacity to manage their own money, a detailed financial file is maintained outlining who their appointee is and the process's in place to enable each individual to access their money.</p>	
Inspection Findings:	
As outlined in the self-assessment, agency staff do provide some 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:****COMPLIANCE LEVEL****Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:**

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures;
- Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private (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; <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
Dunmisk Manor doesn't provide a transport scheme for service users.	Not applicable
Inspection Findings:	
As outlined in the self-assessment, the agency does not have a transport scheme. None of the service users were availing of the Motability Scheme.	Compliant

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>A detailed application form assessing service users' needs and a risk assessment is completed on admission to scheme. Reviews are held every 6 months or when emergencies arise as per Praxis policy. SUs their families and statutory representatives are invited to attend the reviews. A written record is kept from the review and signed by Praxis staff, SU and statutory representative. Support plans are reviewed during the review and amended accordingly. These are signed by the SU, statutory representative and Praxis staff. The review report and support plan have sections that reflects SU human rights. Praxis policy has a range of communication processes in place that are completed in partnership with the SU including review meetings and reports, monthly summaries, risk assessments, support plans and key work sessions. Daily records and a written handover are kept for each shift to ensure SU needs are met by staff on duty. These processes are quality assured via the monthly service visit and Praxis internal audit system.</p>	Compliant
Inspection Findings:	
<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</p>	Compliant

<p>outcome for service users.</p> <p>The care records of four service users were examined and contained daily progress notes and key worker summaries of the individual's progress towards aspects of their care and support plan. Agency staff had written an evaluation cross referenced against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users, that staff 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.</p> <p>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 staff contacted by the inspector.</p>	
THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider's Self-Assessment	

<p>Each new staff member participates in an induction training programme and completes a detailed work book as part of this process. Supervision occurs monthly this provides ongoing guidance training needs are also identified and booked for individual staff members. Training plans are completed as part of the annual appraisal process. The registered manager completes an annual training needs analysis for the scheme which is sent to the staff development department to facilitate the planning of training programmes. The agency sets mandatory training with timescales. This is recorded on a grid and kept at scheme. Staff participation/compliance in training is recorded in the Operational Plan and quality assured as part of the monthly service visit.</p> <p>Service user reviews are held every 6 months where individual support plans are amended to reflect SUs changing needs.</p> <p>Monthly supervision provides staff with the opportunity to raise concerns about poor practice and they can also discuss this during the monthly service visit. In addition to this staff receive training in the following to ensure they are aware of their obligations to raise concerns about poor practice, protection of vulnerable adults & children, administration of medication, fire safety, food safety, COSH and debriefing. Praxis also have a Whistle blowing Policy, staff can access these and all other policy via the EDMS. Policies are regularly discussed at staff meetings to refresh staff knowledge. All untoward events are reported and recorded and sent to the appropriate parties.</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.</p> <p>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.</p> <p>Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice and described the manager and team leaders as approachable.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Praxis Care has Policies and Procedures in place to ensure that the rights of Service Users are not restricted unless to protect those who are deemed not to have the capacity to protect themselves. Protection against Infringement of Liberty Procedure.</p> <p>Restrictive Intervention is not used within this Scheme.</p> <p>The Statement of Purpose and Service User guide makes appropriate references to the nature and range of service provision.</p> <p>The review meeting notes and service user support plans demonstrate the involvement of service users in their support and identify support and outcomes which focus on the best interest of the service users. Service users complete support plans in partnership with Praxis staff and statutory key workers that is in a format that is appropriate to their needs.</p> <p>Four service users are considered by statutory services as not having the capacity to manage their finances</p>	Compliant

and this is documented in their files.	
Inspection Findings:	
Each service user has in place a care plan the inspector examined Four of the records in place and the manager stated restrictive practices are 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 for 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.	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
<p>Provider's Self-Assessment</p> <p>Praxis Care has Policies and Procedures in place to ensure that the rights of Service Users are not restricted unless to protect those who are deemed not to have the capacity to protect themselves. Protection against Infringement of Liberty Procedure.</p> <p>Restrictive Intervention is not used within this Scheme.</p>	Not applicable

The review meeting notes and service user support plans demonstrate the involvement of service users in their support and identify support and outcomes which focus on the best interest of the service users	
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 a service user 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
	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>All service users complete a support plan in partnership with staff and their statutory key worker. This details the type of care/support provided by staff. The support provided to service users on a daily basis is put into the staff communication diary to inform staff of the individual daily needs of service users. These daily needs are discussed at handover and individual tasks are allocated to staff coming on duty each day. The service user guide states that reviews are held every six months in accordance with the HSC Trust care management policy. Reviews are held in partnership with the service user, statutory representatives and Praxis staff to ensure they are consistent with the care offered by the HSC Trust. Care plans are provided to service users in an accessible format.</p>	Compliant
Inspection Findings:	
<p>One service user 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 assessed care and support needs.</p>	Compliant

<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 is available to them. Care plans state the type of care and support provided. The manager, service user 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 individual 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 align="center">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 align="center">COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Domicillary care agreements and support agreements detail the costs of support provided by staff and who is responsible for paying the cost of this. These agreements are signed by staff and service users. Service users do not pay for any hours from their own income.</p>	<p align="center">Compliant</p>

Inspection Findings:	
<p>As outlined in the self-assessment, service users do not make contributions from their personal income towards their care or support.</p> <p>Domiciliary care agreements show evidence that the costs and service provided have been discussed with service users and their representatives as well as the HSC trust. The documentation in place was signed off by the service users' representatives, HSC trust staff and agency staff. Each service user has in place a breakdown of the hours of care and support they will receive.</p> <p>One service user who participated in the inspection outlined her understanding that their care is paid for by the HSC trust.</p>	Compliant
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>Review reports and support plans evidence that service users' needs are reviewed at least annually. They also evidence HSC Trust staff participation in this process. The Service User Handbook outlines the</p>	Compliant

frequency of reviews; all service users have been given a copy of this and have access to a copy that is kept in the communal area. Support plans evidence that they have been reviewed and updated to reflect any changes in service users' needs following reviews. Domiciliary care agreements and support agreements are reviewed annually as per Praxis policy.	
Inspection Findings:	
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 and validated during the inspection. 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.	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

Any other areas examined

Complaints

The agency has had no complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Caroline Haughey 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 Dunmisk Manor** which was undertaken on **18 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: C Haughey

NAME: Irene Sloan
Registered Provider

NAME: Caroline Haughey
Registered Manager

DATE 2/9/14

DATE 2/9/14

Approved by:	Date
Jim Mc Bride	2 October 2014