



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Agency:** Praxis Care Group  
**Agency ID No:** 10831  
**Date of Inspection:** 22 September 2014  
**Inspector's Name:** Jim McBride  
**Inspection No:** 020203

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Praxis Care Group
<b>Address:</b>	43 Gardenmore Place Larne BT40 1SE
<b>Telephone Number:</b>	02828279746
<b>E mail Address:</b>	Karenhardging@praxiscare.org.uk
<b>Registered Organisation / Registered Provider:</b>	Irene Sloan
<b>Registered Manager:</b>	Karen Harding
<b>Person in Charge of the agency at the time of inspection:</b>	Karen Harding
<b>Number of service users:</b>	12
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 11 November 2013
<b>Date and time of inspection:</b>	Primary Announced Inspection 22 September 2014 09:30-14:00
<b>Name of inspector:</b>	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	1
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 one recommendation and four requirements made following the inspection of 11 November 2013 was assessed. The agency has fully met the minimum standards with regard to the one recommendation stated previously and three requirements; however one requirement has been restated.

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

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

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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, Laurel Lodge, Larne, offers support to adults experiencing mental health problems. It is a domiciliary care agency which provides supported accommodation in partnership with the Northern Health and Social Care Trust and Supporting People. Under the direction of Mrs Karen Harding the Registered manager a staff team of 10 staff provides care/support to 12 service users.

The scheme is made up of an eight place core building, where service users have their own rooms and shared kitchen, lounge and dining areas. On the same site, there is a block of four specially designed flats for service users who are more independent.

Services users are encouraged to be as independent as possible and are supported with mental health needs, shopping, cooking, cleaning, budgeting and other daily living tasks.

The Northern Health and Social Care Trust commission their service and referrals to this service are made through the Community Mental Health Team.

## **Summary of inspection**

The inspection was undertaken on 22 September 2014. The inspector met with the registered manager during the inspection.

The inspector had the opportunity to talk with two service users one in depth and one in passing. 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 manager had met with all service users and asked if the inspector could speak to their relative's, one service user did give permission and their comments have been added to this report.

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 which 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.

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.

**Service user's comments:**

"Staff are helpful and supportive"  
 "I like it here staff are good"  
 "If I'm down staff listen to me and help me"  
 "I love living here"  
 "All staff are great and support me well".

**Staff Comments:**

"Training is good and helps me in my role"  
 "Induction is adequate and shadowing other staff is helpful"  
 "Service users are encouraged to be as independent as possible"  
 "We have a good staff team and communicate well with each other".

**HSC Trust staff member comments:**

"I'm in regular contact with the agency and find the staff helpful"  
 "I have good communication with staff"  
 "The clients speak of the staff as helpful and supportive"  
 "I have attended all relevant reviews".

**Relatives' comments:**

"\*\*\*\*\* is encouraged well by staff to be as independent as possible"  
 "Staff help \*\*\*\*\* to monitor her diet and encourage her to eat healthily"  
 "I have great communication with \*\*\*\*\* keyworker"  
 "I have no concerns about my relative; all staff are friendly, caring and supportive"  
 "This is the best thing that has happened to \*\*\*\*\* she is happy and contented".

Five questionnaires were received prior to inspection and three during inspection; the inspector also spoke to four 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, 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.

**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 service users share costs with the agency and clearly shows the contribution made by the agency to costs.

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



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

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

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

The agency has in place comprehensive 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 2 October 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 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**

### **Restated requirement:**

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

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

### **Monthly monitoring:**

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

Records examined show evidence of discussions with:

- Staff
- Service users
- Relatives
- HSC Trust staff

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

### **Charging Survey**

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

The 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 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 one service user 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.

**Care reviews**

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

The returned survey states that all service users eligible for review have had their review completed. This was verified by the inspector on examination of the records as well as during discussions with a member of the HSC Trust staff interviewed.

**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 8 August 2014.

The inspector would like to thank the service users, relative HSC Trust 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	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:                      Utilities bills</p> <p>The service users' individual financial agreements will have to be further developed to reflect any payments made by them for, utilities costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	<p>This requirement was assessed as substantially met; the documentation in place was satisfactory regarding payments, however there was no evidence in place of any reimbursements of previous charges to service users. This requirement will be restated.</p> <p>(see additional matters examined )</p> <p>The inspector read a number of bills agreements in place that clearly show contributions made by the agency for utilities.</p>	Once	Substantially Met

2		<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <p>Care/support</p> <p>The service user's individual financial agreements will have to be further developed to reflect any payments made by them for, care//support costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	<p>This requirement related to one service user who was self-funding and is no longer applicable as the service user has moved on. No current service users are charged for care/support.</p>	Once	Fully Met
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3	15 (6) (d)	<p>It is required that the agency review and update their personal finance agreements and procedures to ensure:</p> <ul style="list-style-type: none"> <li>• All people supported have individual assessments of their capacity to manage finances.</li> <li>• Financial support arrangements reflect the outcome of this and any support required.</li> </ul>	<p>This requirement was assessed as fully met; the documentation in place was satisfactory.</p> <p>The inspector examined a number of capacity assessments in place.</p> <p>Finance support arrangements have been updated and recorded as required.</p>	Once	Fully Met
4	15 (6) (d),	<p>A record should be maintained by the agency showing the name of the appointee for the tenant highlighted and the date approved by the Benefits Agency.</p> <p>Up to date records should be in place identifying the member(s) of staff authorised by Office of Care &amp; Protection to operate tenants 'accounts.</p>	<p>This requirement was no longer applicable as the service user this related to has moved on.</p>	Once	N/A

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records.	<p>This recommendation was assessed as fully met; the documentation in place was satisfactory.</p> <p>Within each care plan there are references to the relevant human rights considerations.</p>	Once	Fully Met

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 1:</b></p> <p><b>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>



<p><b>Provider's Self-Assessment</b></p>	
<p>Each service user in the Larne scheme has been issued with a service user guide which details all information relating to the service provided.</p> <p>All service users have signed agreements in relation to charges, each detailing the relevant costs for specific services - e.g. transport agreement, support agreements, bills agreements, Licence agreement and domiciliary care agreement. All service users can choose how they wish to pay their weekly service user contributions as detailed in the Bills agreement by direct debit or card payment.</p> <p>Staff on duty, including sleepover staff purchase their own food and bring this with them to eat in work. At no time do staff consume food purchased by service users. Staff have been provided with appropriate storage/refridgeration facilities for their own food.</p> <p>Where service users require support with their finances this is detailed in the service users assessment plans. Praxis has policies in place which detail financial procedures to be followed in relation to service user money and also safeguarding adults policy.</p> <p>Written notification is received at least 4 weeks in advance by the scheme from the Finance department in Head Office . Scheme administrator then goes through these with each service user and obtains the relevant signatures before placing the document in the service users file.</p> <p>Laurel Lodge and Larne DISH are owned by Trinity Housing. Therefore any changes, redecoration etc to be carried out will be done in consultation with the service users and their choices included in any works completed.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></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. Service users do not make any personal contribution to the cost of their care or support. The individual's weekly entitlement to care and support hours is outlined within their service agreement.</p> <p>Costs are itemised within the service agreements and within the Tenants' Guide. The agreement advises services users that they will be notified four weeks in advance of any changes in charges. Agency staff do not share the food purchased by the service users.</p>	<p>Compliant</p>

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

**Statement 2:**

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

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;

**COMPLIANCE LEVEL**

<ul style="list-style-type: none"> <li>• 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;</li> <li>• 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,</li> <li>• 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;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<p><b>Provider’s Self-Assessment</b></p>	
<p>Within each individual service users assessment plan any support required for the service user to manage their finances is detailed. Financial capability assessments are completed and held in service user files. Any cash paid by a service user for a service i.e transport is receipted and the service user is given one of the 3 copies. Most service users pay their weekly contributions by direct debit to Trinity Housing. All monies received into scheme for any type of service provided are lodged by the Administrator and a detailed record is held in scheme. Monthly remittance are completed for Trust monies received for each individual service user.</p> <p>The scheme is not directly in receipt of any service users benefits.</p> <p>No service user monies held are in the safe. At present all service users hold their own money.</p> <p>At present the agency does not act as appointee/agent to any service user, nor do we operate bank accounts for service users.</p> <p>The Manager completes a monthly service user money audit and the Assistant Director audits this monthly during Reg 23 visits.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The manager stated all of the current service users manage their finances independently of agency staff, this was verified by one service user who spoke to the inspector.</p>	<p>Compliant</p>

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• 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;</li> </ul> <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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The safe contains petty cash, lodgements etc. No service user money is held in this safe and is only accessible by the Manager and Administrator.</p> <p>At each daily handover the petty cash is reconciled - one staff member going off shift reconciles with one staff member coming on shift. This is recorded and held on site.</p> <p>Monthly safe contents checks are completed by the scheme Administrator and records held at scheme. The Manager completes a monthly service user money audit and the Assistant Director audits this monthly. during Reg 23 visits. .</p>	Compliant

Inspection Findings:	
The manager stated that 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:**

**COMPLIANCE LEVEL**

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

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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>If and when a service user wishes/needs to travel in staff cars the mileage is recorded at the start of the journey and at the end of the journey and is charged at a set rate per mile as detailed in the transport agreement.</p> <p>When on a social outing all services users participating pay equal share of the total charge - miles travelled charged at a set rate per mile as detailed in the transport agreement.</p> <p>Should a service user choose to use public transport they are responsible for the payment of this.</p> <p>All journeys travelled, with the exception of public transport, are recorded in the transaction book and all monies received for these charges are receipted and a copy given to the service user.</p> <p>All service users have a transport agreement.</p> <p>Any service user with any specific needs in relation to transport will have this discussed prior to admission and reviewed as needed/per requirements.</p> <p>The scheme is not in receipt of any service user DLA mobility component.</p> <p>All vehicle costs including fuel and maintenance are paid for by Head Office and can be accessed via Finance Department.</p> <p>Staff private vehicles are subject to the relevant legal requirements regarding insurance and road worthiness. Copies of relevant documents are held at Head Office, including driver licences, valid MOT certificates, private insurance.</p>	Compliant
<b>Inspection Findings:</b>	
<p>As outlined in the self-assessment, the agency does not have a transport scheme. Service users were availing of the scheme. The transport policy outlines costs and terms and conditions of use.</p>	Compliant

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

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



<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>All service users have an individualised assessment plan which clearly detail their needs, the associated risks and the support/care to be provided. They also all have generic and brief risk documents. Every new service user that moves into the scheme will have a Trust careplan which we work from until our own document is completed. All service users have a review at least annually, more often than not 6 monthly. At these reviews the Trust statutory keyworker, the scheme manager, the service user and the scheme keyworker/team leader are present. Quite frequently the service users Consultant Psychiatrist attends thus ensuring a multidisciplinary approach for the service user. A written record is kept of these reviews.</p> <p>Each service user has a log book in which daily records are kept and relevant issues. Staff complete a monthly summary with the service users and this is based on the individuals assessment plan and what has happened during the month.</p> <p>Service users assessment plans detail all needs of the service user and include a wide range of interventions to be used in order to address the assessed needs. This also includes various agencies input into meeting the assessed needs.</p> <p>Assessment plans are completed along with the individual service user and any changes or updates are done in this way. The document is then shared with the Statutory keyworker who then signs if in agreement. The human rights of service users is of the utmost importance and is considered in all aspects of service</p>	Compliant

<p>delivery including service users assessment plans.</p>	
<p><b>Inspection Findings:</b></p>	
<p>A range of care records were examined and service users' needs and risks were clearly documented by agency staff and had been reviewed by the HSC Trust.</p> <p>The inspector examined a range of needs assessments and care / support plans for service users; these were noted to contain references to the service users' human rights which had been aligned to the specific outcome for service users.</p> <p>The care records of four service users were examined and contained daily progress notes and key worker summaries of the individual's progress towards aspects of their care and support plan. Agency staff had written an evaluation cross referenced against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff do make referrals to HSC trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC trust and advised the inspector that they could contact the trust at any time in relation to any changing needs identified. This was verified by the member of trust contacted by the inspector.</p>	<p>Compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>All staff receive mandatory training as and when required and any additional training which is relevant to the needs of the service users/service. Ongoing guidance and review of practices is provided through regular supervision, team meetings and annual appraisal. Staff are encouraged to continuously feed back about the effectiveness of training in their practice and after each training session they attend they complete an evaluation form.</p> <p>All staff are aware of what restrictive practice is and can describe the potential human rights implications of any such practices. All staff and all service users have been provided with human rights legislation documents for their attention and review.</p> <p>All staff have access to the Agency's policies and procedures at all times via the EDMS system.</p> <p>Staff, along with service users complete a monthly summary which includes a review of the month in relation to the assessment plan. Statutory key workers are notified of any changes made. Staff also review service user files in monthly supervision. Staff discuss service users needs/changes in monthly team meeting.</p>	Compliant

<p>All staff are aware of the whistle blowing policy, NISCC code of conduct (NMC for qualified nursing staff), Safeguarding Adults policy and procedure, untoward event procedure and the complaints policy.</p>	
<p><b>Inspection Findings:</b></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. 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>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>At present there are no restrictive practices within the scheme.                      The statement of purpose outlines the range and nature of the service provided by the service.                      The service user guide contains all relevant information in relation to the service.                      Service users are fully involved in their assessment plans and can review the content at any time with their key worker. All service users are offered a copy of their assessment plan and it is their choice whether or not they want this. Within various documents there are details of external agencies that can offer support to service users. All service users are also aware that we have access to an advocacy service.#</p>	Compliant

Inspection Findings:	
<p>Each service user has in place a care plan; the inspector examined four of the records in place. 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>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• 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.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• 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.</li> <li>• 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.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• 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</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>At present there are no restrictive practices used in the service. All staff are aware of what restrictive practice is and can describe the potential human rights implications of any such practices. All staff and all service users have been provided with human rights legislation documents for their attention and review.</p>	Not applicable

<b>Inspection Findings:</b>	
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 one service user stated that no restrictive practices are in place.	Compliant

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

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



<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 1</b></p> <p><b>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</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• 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.</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Service users can describe the support/ care they receive in the service. During their reviews service users are encouraged to highlight their support/ care needs and are asked what changes they would like if any. All service users know staff are available to them 24 hours a day, 7 days a week.                      All service users have a domiciliary care agreement which they have signed.                      Staff are fully aware of each individual service users care and needs.                      All services provided by the scheme are in agreement with the contract with the Northern Trust.                      Each individual service user assessment plan details the service users needs and care/support for these.</p>	Substantially compliant
<p><b>Inspection Findings:</b></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>	Compliant

The agency has in place referral information provided by the HSC trust and this information forms part of the overall assessment of need. The service users and their representatives are made aware of the number of hours care and support that is available to them. Care plans state the type of care and support provided. The manager, one 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 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.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• 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.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Service users are aware that their care is funded by the local Trust. They have all signed a domiciliary care agreement which details the amount of funding received from the Trust. At present there are no service users funding their care from their income.</p>	Compliant
<b>Inspection Findings:</b>	
<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>	Compliant

One service user who participated in the inspection outlined their understanding that their care is paid for by the HSC trust.	
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<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences.</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>All service users have a review at least annually, more often than not 6 monthly. At these reviews the Trust statutory keyworker, the scheme manager, the service user and the scheme keyworker/team leader are present. A written record is kept of these reviews. Trust personnel complete their annual review documentation during this review.</p> <p>Should an additional review be required this is discussed with the service user and the Statutory key worker and convened as necessary, involving all relevant disciplines.</p> <p>Service users assessment plans detail all needs of the service user and include a wide range of interventions to be used in order to address the assessed needs. This also includes various agencies input into meeting the assessed needs.</p> <p>Assessment plans are completed along with the individual service user and any changes or updates are done in this way. The document is then shared with the Statutory keyworker who then signs if in agreement. The human rights of service users is of the utmost importance and is considered in all aspects of service</p>	Compliant

<p>delivery including service users assessment plans.</p>	
<p><b>Inspection Findings:</b></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><b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

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

## **Any other areas examined**

### **Complaints**

The agency has had one complaint 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 complaint was resolved satisfactorily.

### **Quality improvement plan**

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Announced Primary Inspection

**Praxis Care Group**

**22 September 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with Karen Harding the registered manager both during and after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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



**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs: Utilities bills</p> <p>The service users' individual financial agreements will have to be further developed to reflect any payments made by them for, utilities costs and any reimbursements received.</p> <p>This requirement has been restated in relation to reimbursements of costs associated with utilities.</p>	Twice	Praxis Care attended a meeting at RQIA on the 17/10/14 to discuss the methodology by which the organisation would reimburse service users for costs that had been inappropriately allocated. A report was presented to RQIA and the proposed actions accepted. Praxis Care will refund those service users who are owed money by the 31/03/15.	Three months from the inspection date- 22 December 2014

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Karen Harding
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Andy Mayhew on behalf of Irene Sloan

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	4/12/14
Further information requested from provider			