PRIMARY INSPECTION

Name of Agency:	**Praxis Care Group - Larne**
Agency ID No:	**10832**
Date of Inspection:	**2 October 2014**
Inspector's Name:	**Michele Kelly**
Inspection No:	**INO20202**

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Praxis Care Group
Address:	13 Lower Cairncastle Road Larne BT40 1PG
Telephone Number:	02828279580
E mail Address:	francesphilpott@praxiscare.org.uk
Registered Organisation / Registered Provider:	Mr Nevin Ringland
Registered Manager:	Ms Karen Harding
Person in Charge of the agency at the time of inspection:	Ms Karen Harding
Number of service users:	14
Date and type of previous inspection:	Primary Inspection 18 November 2013 09:00 -12:00
Date and time of inspection:	2 October 2014 10:15am - 3:15pm
Name of inspector:	Michele Kelly

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	3
Relatives	2
Other Professionals	2

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

Issued To	Number issued	Number returned
Staff	2	2

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards full compliance with the recommendation issued during the previous inspection of the 18 November 2013 was assessed.
The agency has fully met this recommendation. The inspector verified compliance by the records made available and during discussion with the Registered Manager.

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

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

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

Profile of service

Praxis Care Group at 13 Lower Cairncastle Road, Larne, is part of Praxis Care, a registered charity and operates as a registered domiciliary care agency. Under the direction of the Manager, Ms Karen Harding three staff provide support to fifteen service users, as detailed below:

Dispersed Intensively Supported Housing (DISH) provides housing support to tenants in six properties in Larne. These properties are jointly managed by the NIHE or Housing Associations. The agency works in partnership with the NIHE's Supporting People Programme.

Staff are based at the registered office address and provide care and support in service user's homes. The scheme is designed to enable people who need varying levels of support to live within a community setting.

All service users have an individual support plan, which can include support with mental health needs, medication, and shopping, cooking, cleaning, budgeting and other daily tasks. Tenants are offered various social activities within and outside of the scheme.

A Home Response Service provide support in the individual's own home, to nine service users in the Larne and Carrickfergus areas.

The Home Response service includes support / guidance with day-to-day tasks such as maintaining the home, shopping, cooking, managing finances / debt and building social outlets.

The level of support provided is agreed with each service user, statutory Key Worker and Praxis staff.

All referrals are made by the Northern HSC Trust Community Mental Health Team.

Summary of inspection

Detail of inspection process:

The announced inspection was undertaken on the 2 October 2014, 10:15am – 3:15pm.
The inspector met with the registered manager, Ms Karen Harding during the inspection at the agency's registered office, 13 Lower Cairncastle Road Larne BT40 1PG.

The inspector had the opportunity to meet with two service users in the office of the scheme. Two care staff were interviewed by the inspector on the day of inspection. They confirmed they had received all mandatory training and were confident that all service users have a care and support plan which adequately addresses their needs.

The inspector also spoke to two representatives who were very happy with the care and support offered to their relatives by the staff in Praxis Larne.

A professional who was visiting the service contributed to the inspection process and confirmed she had an excellent working relationship with the service which she believes works very well in supporting service users with mental health needs. She said that staff within the agency were good at responding to changes in need and support requirements. Another

professional was telephoned after the inspection and confirmed she no concerns about the service and said the care provided was very good.

Prior to the inspection two staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision. Examination of these questionnaires demonstrated satisfaction with the training offered by Praxis and confirmation of their knowledge of the principles of supported living.

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

Service users' finances and property are not managed by agency staff and agency staff do not act on behalf of service users. Each service user has been given a service user handbook which details up to date information about the agency and the services provided

Each service user has the following documents within their files:

- Transport Agreement
- Domiciliary Care Agreement
- Bills Agreement

One service user has their affairs managed by the Office of Care and Protection Service and contributes from personal funds to support and housing costs. This matter was confirmed in email correspondence with the registered manager following the inspection. All the other services users do not contribute from their personal income towards their care, support or housing costs

The inspector examined the service user's file whose affairs are managed by the Office of Care and Protection and noted a document "Financial Expenditure Contract" which indicated that the scheme manager had agreed to extra funds being paid weekly to this service user to cover fuel payments. The manager and team leader discussed this contract with the inspector and agreed it was ambiguous and misleading. It is recommended that this document is reviewed to ensure accuracy and clarity.

The agency has been assessed as 'Compliant' with this theme.

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

Service users have been issued with an individual agreement which outlines their allocation of care and support from agency staff.

Service users within the agency have had their annual review by the HSC Trust and care plans updated accordingly. Comprehensive care and support plans are in place which demonstrates consideration of service users' human rights.

There were no requirements or recommendations made with regard to this theme.

The agency has been assessed as 'Compliant' with this theme.

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

Domiciliary Care Agreements examined by the inspector showed clear details of the amount and type of care provided by the agency to each service user. Referral information from the HSC Trust informs assessment of need and care planning.

The manager and staff interviewed by the inspector discussed the care and support provided to individuals throughout the week. Service users also have the opportunity to avail of drop- in sessions and a Sunday Lunch club.

The service is person-centred and the needs and preferences of individual service users are set out in their individual care plan. Relatives and professional representatives verified that the service responds well to the needs of service users and this was endorsed by two service users who contributed to the inspection.

There were no requirements or recommendations made with regard to this theme.

The agency has been assessed as 'Compliant' with this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider
The reports of quality monitoring visits undertaken on behalf of the registered provider were examined. The reports reflected engagement with the service users, staff, service users' representatives and HSC Trust professionals involved in the service.

The agency's reporting template includes references to training, supervision and appraisal. There was evidence of action plans being developed during the monitoring visit and actions from previous monitoring visits being monitored and progressed.

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. No service users' money or valuables is stored by staff.

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

Statement of Purpose:

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

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.

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

Follow-up on previous issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records.	Care records examined had specific reference to service users human rights	Once	Fully met

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 1: **The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care** • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement user's home looks like his/her home and does not look like a workplace for care/support staff.	**COMPLIANCE LEVEL**

Provider's Self-Assessment	
Each service user in the Larne scheme has been issued with a service user guide which details all information relating to the service provided. All service users have signed agreements in relation to charges, each detailing the relevant costs for specific services - e.g. transport agreement, support agreement, tenancy agreement and domiciliary care agreement. All service users pay their utitilty bills independently and manage their own budgets.	Compliant
Inspection Findings:	
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. One service user is self –funding for support and housing and all the other 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. 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. The registered manager confirmed that agency staff do not share the food purchased by the service users.	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**

• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.	
Provider's Self-Assessment	
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. 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. The scheme is not directly in receipt of any service users benefits. No service user monies held are in the safe. At present all service users hold their own money.	Compliant
Inspection Findings:	
The manager verified that all of the current service users manage their finances independently of agency staff; this was confirmed by two service users who met with the inspector. Agency staff spoken to on the day of inspection stated that they do not handle service users' money. The agency operates a Sunday Lunch Club at the agency office which tenants can choose to attend. Service users contribute £2.50 towards this meal and records of this contribution were available, these had been checked and receipted against expenditure incurred in buying groceries for the meal.	Compliant

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 3: **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:** • 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; 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
No service user money is held in the safe and is only accessible by the Manager and the Team Leader. At each daily handover the petty cash is reconciled. This is recorded and held on site. Monthly safe contents checks are completed by the scheme Administrator and records held at scheme.	Compliant
Inspection Findings:	
As stated earlier in this report service users have responsibility for their own money and expenditure. One service user has finances controlled by the Office of Care and Protection the inspector examined this service user's file and noted a document "Financial Expenditure Contract" which indicated that the scheme manager had agreed to extra funds being paid weekly to this service user to cover fuel payments. The manager and	Substantially compliant

team leader discussed this contract with the inspector and agreed it was ambiguous and misleading in respect of the agency's role in the service user's finance. It is recommended that this document is reviewed to ensure accuracy and clarity.	

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 4: **Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:** • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance); • Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative; • Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges; • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; • The agency ensures that the vehicle(s) used for providing transport to service users, including private	**COMPLIANCE LEVEL**

(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified.	
Provider's Self-Assessment	
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. 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. Should a service user choose to use public transport they are responsible for the payment of this. 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. All service users have a transport agreement. Any service user with any specific needs in relation to transport will have this discussed prior to admission and reviewed as needed/per requirements. The scheme is not in receipt of any service user DLA mobility component. All vehicle costs including fuel and maintenance are paid for by Head Office and can accessed vis Finance Department. 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.	Compliant
Inspection Findings:	
Each service user has a transport agreement which outlines mileage costs when travelling in staff cars. The service users' payments for journeys undertaken in staff cars are receipted and recorded. Staff who use their own cars to transport service users are required to provide proof of insurance and road worthiness.	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	
Statement 1: **The agency responds appropriately to the assessed needs of service users** • 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	
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 annually. 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. 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. 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. 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 delivery including service users assessment plans.	Compliant

Inspection Findings:	
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. The care records of three service users were examined and contained daily progress notes and key worker summaries of the individual's progress towards aspects of their care and support plan. It was evident from these records and from discussions with agency staff that staff do make referrals to HSC trust staff in response to changing needs. The team leader discussed a situation involving a service user and medication which necessitated hospital admission, increased monitoring of medication management and consultation with HSCTrust representative 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 two members of the Trust contacted by the inspector. One community psychiatric nurse stated that she "didn't know what service users would do without the service" while another said that the care and support hours allocated were enough to provide "Great support".	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 2: **Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users** • 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	
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. 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. All staff have access to the Agency's policies and procedures at all times via the EDMS system. 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. All staff are aware of the whistle blowing policy, NISCC code of conduct (NMC for qualified nursing staff),	Compliant

Safeguarding Adults policy and procedure, untoward event procedure amd the complaints policy.	
Inspection Findings:	
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.	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 3: **The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency** • 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	
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.	Compliant
Inspection Findings:	
The tenants guide and the statement of purpose describe the nature and range of the service provided. At present there are no restrictive practices in place for any of the service users being supported by the agency Two service users who spoke with the inspector confirmed their involvement in assessment, care planning and review.	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 4 **The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.** • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user's needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
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.	Not applicable

Inspection Findings:	
The agency's policy on Restrictive Practice reflects consideration of Human Rights and DHSSPS guidance on restraint. As outlined in the self-assessment there are no restrictive practices used in the service.	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	
Statement 1 **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** • 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	
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 7 days a week, between the hours of 9am and 5pm and that they can contact Laurel Lodge outside of these hours in the case of an emergency. 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.	Compliant
Inspection Findings:	
Service users who met with the inspector were able to describe their allocation of care and support hours. Service users records contained signed domiciliary care agreements. Two relatives who spoke on the telephone with the inspector confirmed their satisfaction with the amount and type of support offered. One spoke of the "friendship and practical help" the service provided.	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2 **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.** • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
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.	Compliant
Inspection Findings:	
Service users who met with the inspector could demonstrate their understanding of the care they receive from the agency. From the agency's charging survey, service users domiciliary care agreements and discussion with agency staff it was evident that services users do not pay for any aspect of their care or support. The exception to this is the service user who is self –funding and has their affairs managed by the Office of Care and Protection. This service user contributes to support and housing management.	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3 **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.** • 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	
All service users have a review annually. 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. 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. 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. 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 delivery including service users assessment plans.	Compliant

Inspection Findings:	
In advance of the inspection and at the request of RQIA, the agency returned to RQIA a summary of HSC Trust reviews of service users' needs and care plans undertaken in the period 1 April 2013 to 31 March 2014. Records examined provided confirmation that service users' needs and care are reviewed at least once annually by HSC Trust staff. Staff confirmed that they prepare for the service users annual reviews and service users spoken to on the day of inspection verified their involvement in reviews of their care and support needs.	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
RQIA had requested complaints information for the period 1January 2013 – 31 December 2013**.** The registered manager confirmed that there were no complaints during this last year. This was verified by returns sent to RQIA.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Karen Harding, 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:

Michele Kelly
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 (Larne)

2 October 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 Ms Karen Harding during 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.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	8.15	The registered manager should ensure that the form entitled “Financial Expenditure Contract” is reviewed to ensure that it does not contain misleading information in respect of the agency’s role in the financial affairs of the service user concerned.	Once	On review of service user's support plan, 3/10/14, it was agreed that this form is not relevant to his financial situation and was removed from the file.	Immediate and ongoing.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Frances Philpott
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Andy Mayhew on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	yes	Michele Kelly	12/1/ 15
Further information requested from provider			