



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY UNANNOUNCED INSPECTION**

**Name of Agency:** PCG Carmen Lane  
**Agency ID No:** 11033  
**Date of Inspection:** 31 July 2014  
**Inspector's Name:** Jim McBride  
**Inspection No:** 18502

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

<b>Name of agency:</b>	Praxis Care Group
<b>Address:</b>	5 Carmen Lane Bangor BT20 3PL
<b>Telephone Number:</b>	02891271907
<b>E mail Address:</b>	newtownards@praxiscare.org.uk
<b>Registered Organisation / Registered Provider:</b>	Nevin Ringland Irene Sloan
<b>Registered Manager:</b>	Karen McRoberts
<b>Person in Charge of the agency at the time of inspection:</b>	Karen McRoberts
<b>Number of service users:</b>	13
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 24 October 2013
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 31 July 2014
<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	0
Staff	3
Relatives	0
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	8	5

### Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards full compliance with the one requirements and one recommendation issued during the previous inspection of the 24 October 2013 was assessed. The agency has fully met the requirement and the recommendation made. The inspector verified compliance by the records made available and during discussion with the Registered Manager during the inspection.

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 Group, Carmen Lane, Bangor, is a domiciliary care agency and has been providing services to people in Bangor since 1992.

Under the direction of the acting manager, Ms Karen Mc Roberts, the staff of nine provide support to 13 adults with mental health care needs, in their own homes. The domiciliary care service is provided to six adults in a flat cluster in Carmen lane and also within the community within the individual homes of service users.

The services provided include a range of support (practical, social and emotional), and guidance on integration into a community setting.

The agency works in conjunction with the South Eastern Health and Social Care Trust, who commission their services, and Supporting People, who funds their schemes.

The acting manager stated that personal care if required by individual tenants following assessment is provided by the HSC trust domiciliary care providers and not Praxis Care Group.

## Summary of inspection

The unannounced inspection was undertaken on the 31 July 2014, the inspector met with the registered manager and staff during the inspection.

The inspector had no opportunity to meet any service users in their own home due to the nature of an unannounced inspection. The inspector did speak to the staff members on duty.

Five staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision following the unannounced inspection.

Feedback in relation to the inspection findings and comments made by agency staff in the five questionnaires was provided to the manager during the inspection.

### **The five questionnaires returned indicated the following:**

- Protection from abuse training was received by all five staff
- Training was rated as excellent
- Staff competency was assessed via written test questionnaire and verbal questions
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- All nine staff stated they have received training in handling service users finances during induction
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts

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

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

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

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

**The areas indicated above were verified by:**

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

Records examined show clear evidence that the service is person centred and individual. This was acknowledged in four individual care plans examined by the inspector as well as during discussion with the manager and staff.

**Staff Comments:**

“Good individual staff support”

“Training is good and helps with your role”

“Supervision is comprehensive and one to one”

“Staff communicate well with each other during handovers, staff meetings and supervision”

“Tenants are treated as individuals and given choice in their daily lives”

**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.**

The agency provided supporting evidence of documentation currently in place to ensure each individual service user has in place the following:

- Transport Agreement
- Domiciliary Care Agreement
- Service User Handbook
- Care Support Agreement
- Bills Agreement
- Finance Assessment
- Capacity Assessments

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with a domiciliary care agreement. 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 agency does not share the costs with service users as the service users are billed separately for their own flats.

The documentation highlighted above shows evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments, whilst the current statement of purpose describes the nature and range of services provided. The manager stated that staff buy and eat their own food whilst on duty.

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

The agency has in place comprehensive care/support plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery. These care plans reflect the input of the HSC trust and the thoughts and views of the service users and their representatives.

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users.

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 describing capacity, as well as measuring the ability of individuals to achieve greater independence and choice in daily living.

Staff stated they had received human rights training; the last recorded session was completed on 9 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.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The service users and their representatives are made aware of the number of hours care and support provided to each service user, this information is within the domiciliary care agreement. Individual care plans state the type of care and support provided.

The manager and staff interviewed by the inspector discussed what care and support was provided to individuals daily. The service is person centred, whilst the needs and preferences of individual service users are set out in their individual care plan.

The agency’s policy on assessment and care planning and their statement of purpose/tenants guide describe how individual service user agreements are devised. The agency’s domiciliary care agreement is consistent with the care commissioned by the HSC Trust.

## **Additional matters examined**

The inspector read a number of monthly monitoring reports in place from January to September 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 reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The manager stated that she and the agency's monitoring individual discuss the report following each visit.

### **Charging Survey:**

Prior to inspection the agency were asked to complete and return to the RQIA a charging survey, outlining the procedures and any charges incurred by service users in a supported living scheme. The returned survey shows that no service user is paying for additional care services that do not form part of the HSC Trust's care assessment.

The registered manager confirmed that agency staff do not act on behalf of service users as appointees but do act as agents and are in receipt of monies for safekeeping ensuring they keep income and expenditure records.

### **Statement of Purpose:**

The agency's statement of purpose was examined and reflected the current nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed in May 2014. However, during discussion with the manager, it was noted that the area of restrictive was not included within the statement of purpose; however, before the end of the inspection the manager had added a further statement that clearly reflects the nature and range of service provided.

### **Annual review:**

The agency has a comprehensive Policy Statement, Procedure and associated documentation to ensure that service users' Personal Plans are recorded and maintained. The Procedure allows for additional reviews and/or changes to the Plan to be easily implemented, to reflect any changing need.

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

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

**Follow-up on previous issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Number of Times Stated</b>	<b>Inspector's Validation of Compliance</b>
1	Regulation 23	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This requirement relates to the separation of the monthly monitoring reports, currently shared with another registered service within Praxis Care Group.</p>	<p>This requirement was assessed as fully met; the documentation in place was satisfactory.</p>	Once	Fully Met

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

<p><b>Provider's Self-Assessment</b></p>	
<p>All service users in Carmen lane have assesment planning documentation and a domiciliary care agreement detailing the specific terms and conditions in respect of any specified service to be delivered .The agreement details all charges payable by the service user to the agency and the method of payment received . In Carme one service user has a personal care package provided by the trust and this is documented in her AMP and a care plan from the trust which breaksdown that the service user recieves minium assisatnce with personal care and dressing tasks and supervises the client in bath shower once a week . and assists with breakfast if required Mon - Sunday thirty m,ins wed 45 mins There are no shared costs between staff and service users . The organisation pays communal electric ,heat . The agency does not support any service users with money the social groups money is , checked on a daily basis by day staff , checked weekly by the manager and monthly by the assistant director . . The agency have policies and procedures in relation to finance such as The management of service user monies and the financial capacity assesment tool to support staff and to ensure that the correct procedures are being followed .In home response staff do not purchase meals . The agency notifies service users of a rent increase four weeks in advance as documented in the finance section of the service user files . Each service user has a completed finance section in their assessment and planning document and an annual review is held where finances are discussed</p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>Documents in place included the service users' guide, care/support agreements, personal care plans and individual finance summary's show clear evidence of how service users manage their finances. One service user has an identified appointee who is not part of the agency and documentation clarifying this was in place. Service users do not make any personal contribution to the cost of their care or support.</p> <p>Staff who assist service users with shopping etc. have in place a procedure for recording all transactions with two signatures and regular reconciliations of monies both by the manager and the monthly monitoring officer. The manager stated that staff provide their own food when on duty.</p> <p>Records or rent increases examined by the inspector verify that the agency has notified each service user in writing, of the increase in the charges payable by the service user at least four weeks in advance of the increase and the arrangements. The written notifications were included in each service user's agreement and were processed in April 2014.</p>	<p>Compliant</p>

<p>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 agency does not share the costs with service users as the service users are billed separately for their own flats.</p>	
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<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 2:</b></p> <p><b>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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);</li> <li>• 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;</li> <li>• A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;</li> <li>• 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;</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>



<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>	
<b>Provider's Self-Assessment</b>	
<p>In Carmen lane there is one service user who is under trust apointeeship as a safeguarding measure ..Praxis does not have any direct involvement of this money . In Carmen Lane the only other arrangements which include service users monies is the social group's . The agency keeps an account of any monies paid in for this group in a hard back book as specified in the service agreement .In Carmen Lane we do have financial profiles of incomes or allowances as per supported accomadatoion policy . Where items are purchased on behalf of the service there is written authorisation to highlight that the service user has agreed for the staff to purchase the items . The organisation includes a service user loan policy for contengincy planning to allow service users to access monies at short notice or in a crisis period . The agency ensures that all receipts are signed by the service user and monies are checked by two staff on a daily basis at the handover period . A reconciation of any monies held by the agency is carried out by themanager and administrator on a weekly basis and by staff on a daily basis. The assistant director also does a monthly financial audit which is attached to the regulatory visits.</p>	Provider to complete
<b>Inspection Findings:</b>	
<p>The inspector examined a number of finance assessments, capacity assessments and domiciliary care agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed when handling service users' monies. The staff on duty stated that they do not handle service users' monies. One service user has been assessed by the relevant authority as lacking the capacity to take responsibility for their finances and their monies are handled by the HSC trust. The inspector examined the relevant documents in place. Annual reviews completed by the HSC</p>	Compliant

<p>trust show evidence of finance arrangements in place. The manager stated that service users manage their finances; however staff would help with budget advice. The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in their domiciliary care agreement. The manager stated that service users on occasion have a “social group” fund this money is a shared fund whereby service users may decide to buy something collectively i.e. food or a social outing this is shared equally between those involved, receipts are kept and shared with service users.</p>	
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<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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>In Carmen lane there is one service user's moneys managed by the trust through appointeeshiip . praxis care does not have involvement in this money being managed Any monies recieved for social groups are s kept in the safe .. The safe is locked and at the handover period two member of staff will access the safe and check the balance. The administrator and manager check this on a weekly basis and by the assistant director monthly . . The social groups monies are recorded in a hard back book and signed for by the service users .These books are kept in a locked and secure cabinet . .</p>	<p>Provider to complete</p>

Inspection Findings:	
<p>Service users have individual safe storage areas for their monies within their own homes, no restrictions are in place for access. Where money is deposited by service users with the agency for the social group activities a record is signed and dated by the service users and the member of staff receiving or returning the monies. The manager and the team leader stated that service users are aware of the arrangements for the safe storage of social group monies and have access to the records.</p>	<p>Compliant</p>

<p><b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b></p>	
<p><b>Statement 4:</b></p> <p><b>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</b></p> <ul style="list-style-type: none"> <li>• The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;</li> <li>• The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;</li> <li>• 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;</li> <li>• 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;</li> <li>• Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;</li> <li>• Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;</li> <li>• 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);</li> <li>• 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;</li> <li>• 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;</li> <li>• Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;</li> <li>• The agency ensures that the vehicle(s) used for providing transport to service users, including private</li> </ul>	<p><b>COMPLIANCE LEVEL</b></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;	
<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>	
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All service users have assessment and planning documentation , which are reviewed annually in conjunction with the trust .. All service users have a transport agreement in place detailing the terms and conditions of the transport scheme . The agreement includes the charges that are applied and the method of payment which is documented on an invoice and signed by the service user .The invoice has the details of the journey the name of the service user and the miles travelled . ..The organisation has a transportation of service users policy and a supplementary charges for service users policy to ensure the safe management of transporting a service user . Service users sign the transport agreement and if they do not wish to avail of it may opt out .Service users in home response use only staff cars and not mobility cars . . The agency ensures all staff and vehicles meet the legal requirements and have valid business insurance, driving licence and current Mot, All documentation is held by the administrator on file within scheme . .	Provider to complete
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<b>Inspection Findings:</b>	
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The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge. Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept. As stated in the self-assessment service users can opt in and out of the current transport scheme.	Compliant
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<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

<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>  <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>
<b>Provider’s Self-Assessment</b>	
<p>Each service user goes through a referral process which highlights identified needs and risks . This is reviewed on an annual basis in conjunction with trust and assesment and planning documentation is updated after reviews . All reviews are signed and dated by the trust ,. NDA have not required the use of any agency staffing since the registered manager has commenced post . All staff record interactions daily with service users after visits . Service users assesment and planning documentation includes the consideration of human rights . Serious incidents are recorded on an untoward event file which is securely locked in home response cuboard and forwarded to the relivent bodies . There is an out of hours number to contact in crisis and this is displayed in the office file . Complaints are recorded in a complaints file and sent to the relevent bodies .</p>	Provider to complete
<b>Inspection Findings:</b>	
<p>HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read four care plans and these clearly show that the service is person centred whilst discussing outcomes and personal goals. The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Records in place show the involvement of the HSC trust and service user representatives in the process. It was good to note that human rights considerations are implicit in the agency’s documentation and include specific human rights articles relevant to the service users. Staff interviewed stated they had received human rights training; the last recorded</p>	Compliant

<p>session was completed on the 9 October 2013. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users. Records examined show a range of interventions practiced in the care and support of individuals. One care plan examined shows clear evidence of a recent intervention from community care services to help a service user with a short term nursing requirement.</p>	
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<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b>  <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>
<b>Provider’s Self-Assessment</b>	
<p>A staff training matrix can be accessed by the registered manager, the team leaders and the administrator through the computer system and is monitored by the registered manager through supervision. Praxis have a training needs analysis which the registered manager completes on an annual basis and reports to the assistant director. Supervision is carried out on a monthly basis for all permanent staff, and after 8 shifts, or within 3 months for relief staff. The team leaders supervise the support workers and the manager supervises the team leaders and the scheme administrator. The manager is supervised on a monthly basis by the Assistant Director. The supervision and appraisal process gives the opportunity to evaluate work, identify what needs to be done and who is responsible. On an annual basis, all staff completes a training needs assessment as part of their annual appraisal. This training needs assessment identifies any training required during the following year. The Staff Development Department of Praxis Care provides an annual calendar of available courses and sends out regular updates of any extra, including external training. Staff in the Carmen Lane have a morning handover to ensure that all staff are responding to the needs of service users and a full staff team meeting every two months. Carmen Lane also have a staff meeting every month. The registered manager meets the trust quarterly to discuss any changes to the needs of service users</p>	<p>Provider to complete</p>

Inspection Findings:	
<p>The inspector examined a number of training records, staff competency assessments and evaluation records in place. The manager and staff stated that training completed shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. Records in place show that training is evaluated and discussed during supervision and appraisal with staff this was also verified by staff during discussions. The inspector discussed with the manager and staff, reporting procedures if they had any concerns about poor practice, staff were clear about the reporting procedures and were able to explain in detail how they would take these concerns forward. Both the manager and the staff stated that no restrictive practices are in place for individual service users, care plans examined do verify this.</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>
<b>Provider’s Self-Assessment</b>	
<p>In Carmen Lane there is an up to date statement of purpose showing staff names , qualifaications and the nature of service.. Service users may decline any care provision as shown in the current statement of purpose . All service users have a copy of their current AMP . All documentation is signed by the service user to express autonomy and choice .</p>	Provider to complete
<b>Inspection Findings:</b>	
<p>Each service user has in place a care plan the inspector examined four of the records in place and the manager stated restrictive practices are not currently in place. The tenants guide and the statement of purpose describe the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative. Care plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their tenants’ handbook of their right to decline aspects of their care provision.</p>	Compliant

<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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>. Restraint is not applicable or acceptable in Carmen lane services . Any incidents are recorded in an untoward events form and is managed through communication . Any suspected abuse or safeguarding is reported to RQIA .</p>	<p>Provider to complete</p>

Inspection Findings:	
<p>The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice. The agency’s restrictive practice policy states clearly that agency staff do not practice restraint.</p>	

<b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Provider to complete</p>

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

<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 user representatives and commissioners report on a monthly basis to the Assistant director and can describe the care provided by the agency. All staff have an understanding of the care provided to service users and this is highlighted through staff adhering to policy and procedures. Staff record and report through the assessment and planning documentation, supervision, staff meetings, appraisals and handovers</p>	Provider to complete
<p><b>Inspection Findings:</b></p> <p>Records examined by the inspector show clear details of the amount and type of care provided by the agency. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs. The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need. The service users and their representatives are made aware of the number of hours care and support that is available to them. Care plans state the type of care and support provided. The manager and staff interviewed by the inspector were able to describe what care and support was provided to individuals daily. The service is person centred whilst wishes, preferences and choice is included in the care plan. The agency’s policy on assessment and care planning and their statement of purpose/service user guide describe how individual service user agreements are devised. The agency’s care plans are consistent</p>	Compliant

<p>with the care commissioned by the HSC trust. The agency's care plan information accurately details the amount and type of care provided by the agency in an accessible format.</p>	
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<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>
<p><b>Provider's Self-Assessment</b></p> <p>The registered manager can confirm that each service user understands the domiciliary care agreement and that the agreement is signed by their service user to highlight this. The agreement shows that service users sign and understand any payments paid. Service users understand how to terminate hours as shown in the statement of purpose. Service users sign the agreement.</p>	Provider to complete
<p><b>Inspection Findings:</b></p> <p>Each service user has in place a domiciliary care agreement that states the type and amount of care to be provided and what costs are being paid by the HSC trust for care and support. Records in place examined during inspection shows that no service user makes a contribution from their personal income towards their care and 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



<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>
<b>Provider’s Self-Assessment</b>	
<p>All assesment and care plans are reviewed at least annually as highlighted in section six of assesment and care planning documentation . All documentation is signed by the service user to show that they are in agreement with the care that is provided and any payment of fees .</p> <p>Records from assesment and planning documents confirm that the trust contributes to the review on an annual basis as highlighted on the service user minitues at the back page of signitures .</p> <p>All assesment and planning documents are updated following reviews</p> <p>All assesment and care plan's are updated following reviews and this is recorded in the monthly management report MMR</p>	Provider to complete

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

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Provider to complete</p>

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

## **Any other areas examined**

### **Complaints**

The agency has had no complaints during the last year; this was verified by returns sent to RQIA and examination of the complaints records and discussion with the manager and staff.

### **Quality improvement plan**

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

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**Riverside Tower**  
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**BT1 3BT**

