



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Praxis Care Group - Castlehill
Agency ID No: 11041
Date of Inspection: 13 November 2014
Inspector's Name: Jim McBride
Inspection No: 020736

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	PCG Castlehill House
Address:	Church Lane Lisnaskea BT92 0GJ
Telephone Number:	02867722778
E mail Address:	info.lisnaskea@praxiscare.org.uk
Registered Organisation / Registered Provider:	Mrs Irene Sloan
Registered Manager:	Mrs Siobhan Wilson
Person in Charge of the agency at the time of inspection:	Mrs Siobhan Wilson
Number of service users:	11
Date and type of previous inspection:	Primary Announced Inspection 3 March 2014
Date and time of inspection:	Primary Announced Inspection 13 November 2014 09:30-14:30
Name of inspector:	Jim McBride

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- File audit
- Evaluation and feedback.

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

Consultation process

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

Service users	0
Staff	4
Relatives	
Other Professionals	

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	7

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

No requirements or recommendations were issued during the previous inspection of the 3 March 2014.

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

Castlehill House is part of the Praxis Care Group, a registered charity. It is a domiciliary care supported living scheme designed to provide accommodation for up to 11 adults. Under the direction of the Manager, Siobhan Wilson, 10 staff provide support to 11 service users.

Situated in Lisnaskea Village, Castlehill House offers supported accommodation to adults with a range of mental health needs. The house has 11 self-contained flats and the staffs provide practical, social and emotional support to service users, whilst promoting greater independence and self-reliance.

The agency's Statement of purpose states that "Service users are encouraged to achieve their optimum level of independence through receiving practical help and support in dealing with everyday situations".

The Western Health and Social Care Trust commission these services.

Summary of inspection

The inspection was undertaken on 13 November 2014. The inspector met with the registered manager during the inspection.

The inspector had no opportunity to meet service users in their own home, although the manager had informed the service users of the inspection and the fact that the inspector would like to meet with them they all declined.

The inspector spoke to four staff. Staff stated that they had received training in human rights and that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement. The inspector had the opportunity to discuss the service with one HSC Trust staff member and two relatives; their comments have been added to this report.

Records examined show clear evidence of a consistency with a person centred approach and reflected that the service is person centred and individual. This was acknowledged within individual care plans examined by the inspector as well as during discussion with the manager and staff.

Staff Comments:

"We support the tenants to become involved within the community"

"We have seen the change in the support required by tenants"

"Staff training and supervision is good"

"Training and induction is comprehensive"

"We communicate well with each other and the manager has an open door policy"

"We feel well supported by the manager".

HSC Trust staff member comments:**Relatives Comments:**

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

The eight questionnaires returned indicated the following:

- Protection from abuse training was received by all eight staff
- Training was rated as good or excellent
- Staff competency was assessed via questions/answers, group work, individual participation.
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts.

Records in place, examined by the inspector verify the above statements received from staff.

It was evident from reading individual person centred support plans and discussion with staff that the service users and their representatives have control/input over individual care and support.

Individual comments on the principles supported living from staff:

“To meet the needs of the service users”

“To maintain and support people in their own home”

“Support service users with choice as to who supports them”

“Good support to maintain independent living”

“A right to take part in decision making and informed choices about their support”

“To empower individuals to do as much for themselves to live an independent life”

“Person centred planning promotes independence and choice to live as they wish”.

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

- Service users meetings
- Monitoring Visits
- Reviews
- Keyworkers discussions

The areas indicated above were verified by:

- Discussion with staff and service users
- Monthly monitoring visit records
- Staff training records

Detail of inspection process:**Theme 1 - Service users' finances and property are appropriately managed and safeguarded****The agency has achieved a compliance level of "Not Compliant" for this theme.**

Four service users' finances are managed by individual agency staff who act as agents holding and storing monies. Praxis named staff does act on behalf of one service user as appointees for benefits records examined verify this arrangement. Service users do not contribute from their personal income towards their care or support.

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

- Transport Agreement
- Domiciliary Care Agreement
- Service User Handbook
- Care Support Agreement
- Bills Agreement

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with domiciliary care agreement.

The current bills agreements in place show clear evidence that service users do not share costs with the agency.

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

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

The agency has in place what appear 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 of that the way the agency appropriately responds to the assessed needs of service users.

The manager and staff explained the agency's commitment awareness of human rights and how it is inherent in all its work with service users.

The agency has in place risk assessments using a comprehensive framework 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 5 November 2014. Records examined by the inspector verify this.

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. 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 June to October 2014. These have been completed regularly and were up to date and include action plans for service improvement.

Records examined show evidence of discussions with:

- Staff
- Service users
- Relatives
- HSC Trust staff

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

Charging Survey:

At the request of RQIA 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 four of the service users are helped with their finances and that Praxis staff act as agents and in some cases as appointee for one person, all documentation required was in place.

The registered manager confirmed that agency staff is available to offer advice and support with budgeting. Service charges are paid by service users by direct debit. The returned survey shows that no service user is paying for additional care services that do not form part of the HSC Trust's care assessment.

Care reviews

The registered manager completed and returned to RQIA a questionnaire which provided 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 the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance"). Records examined by the inspector shows that all relevant reviews have been completed.

Statement of Purpose:

The agency's statement of purpose was examined and reflected the current nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed 8 August 2014.

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

Follow-up on previous issues

No previous issues

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

Statement 1:

COMPLIANCE LEVEL

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

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

<p>Provider's Self-Assessment</p>	
<p>Each service user is provided with individualised agreements - These include Support Agreement, Domiciliary care Agreement, Service user Handbook, Bills Agreement and Transport agreement- These documents outline all charges payable to the service</p> <p>Service users do not pay for additional personal care services which are not part of the Trusts care assessment. Service users pay for electricity and heating in their own Flats. The staff area and office are separate to the service users home and no cost is charged to them. Within our service user guide and Statement of Purpose (SOP) details are given what arrangements are in place for staff meals while on duty in the service users home. Financial support is all detailed within the individualised Assessment and plan, Risk assessment and if necessary a financial capability form completed- Praxis Care has policies and procedures in place to support service users manage finances and 4 weeks notice is provided in writing detailing any changes to charges payable by the service user.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have been issued with a Domiciliary Care Agreement and this reflects the charges payable by the individual to the agency. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency. Service users do not make any personal contribution to the cost of their care or support. The individual's weekly entitlement to care and support hours is outlined within their service agreement.</p> <p>Costs are itemised within the service agreements and within the individual bills agreements and tenants guide. The agreement advises services users that they will be notified four weeks in advance of any changes in charges. Agency staff do not share the food purchased by the service users.</p> <p>Agency staff do provide sleep over arrangements. All utility bills are paid by service users for their own home.</p> <p>This is outlined in the individual bills agreements. There are no shared utility arrangements in place as the agency pay all costs for staff areas including the registered office.</p>	<p>Compliant</p>

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

Statement 2:

COMPLIANCE LEVEL

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;
- If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date

<p>they acted in this capacity and the service user on whose behalf they act as agent;</p> <ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Within Praxis cares application form, Risk assessment and individualised reviews the Statutory keyworkers are aware of support in regards to managing service user finances and are fully involved in decision making process. All support plans detail level of support with regards finances and all relevant policies and procedures followed .</p> <p>All service users have access to their personal money and staff are there to support if any issues arise with finances . At present the Manager is Appointee for one service User and all records are kept within his file and this is reviewed on a yearly basis.</p> <p>This agency does not operate a bank account on behalf of a service user</p> <p>All concerns around the service users capacity would be consulted with the statutory keyworker and a review held</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a number of finance assessments, capability 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. Records in place show receipts and signatures as well as regular reconciliations in line with procedures. The staff on duty stated that they have received training on the handling of service users' monies. This was completed on the 5 November 2014. Annual reviews completed by the HSC Trust show evidence of finance arrangements in place. 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.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>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:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Procedures for the storage of money and valuables is as per Praxis Care Policy and Procedure- Service users can use the office safe to store money or valuables and the proper procedures are carried out if this happens. There are always two signatures if money is removed form safe. At present we support 4 service users with finances and each have their level of support detailed in their individualised Assessment and Plan - these arrangements are discussed at monthly reviews and also with the statutory keyworker on a yearly basis.</p>	Compliant
Inspection Findings:	
<p>Service users have individual safe storage areas for their monies within their own homes, no restrictions are in place for access with the support of staff if required. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure for those service users who may need help. The inspector read four records of income and expenditure in place as well as discussing the reconciliations with staff.</p>	Compliant

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

Statement 4:

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

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

COMPLIANCE LEVEL

<p>Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>All service users are informed of transport arrangements within the scheme and they have the opportunity to opt out of this - All staff would promote using other forms of transport to promote independence - If a service user wishes to use transport scheme a transport agreement is signed and kept in file and reviewed annually- A written log of journeys and payment are kept . There are no motability vehicle within the scheme</p>	Compliant
Inspection Findings:	
<p>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 examined by the inspector shows clear evidence of individual invoicing.</p>	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	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	
Provider’s Self-Assessment	
<p>All service users have a completed Assessment and Support plan which identify their needs,risks ,support and interventions,taking into consideration their Human Rights and this is reviewed on an annual basis. All assessments are client centred and at each review Statutory Keyworkers contribute along with service users and or their representatives. Also when completing Regulatory audit visits service user and stat keyworkers reviews are sought and documented. Daily notes and monthly summaries are completed for each individual service user.</p>	Compliant
Inspection Findings:	
<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 for these four people whilst they discuss 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 stated they had received human rights training; the last recorded session was completed on the 5 November 2014. 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. It was good to note that the manager had discussed Human rights with tenants during their meeting on the 22 October; the inspector read a number of tenants’ meetings minutes that show discussions on Vulnerability, abuse and complaints.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All staff receive a comprehensive induction training and additional training can be provided which reflects the needs of the service. Through staff meetings, supervisions and appraisals training is discussed and reviewed. All staff are aware of restrictive practice and the effects this may have on a service users human rights . The agency provides policies and procedures through our EDMS which all staff can access for guidance in responding to the needs of service users . All staff are aware of the policies and procedures through our EDMS which support good practice such as service user charter, Safeguarding Adults policy and procedure , Whistleblowing policy, Untoward Incident Reporting . All staff are registered with a regulatory body such as NISCC or NMC and each have code of conduct.</p>	Compliant

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 any concerns forward. Agency staff described their understanding of restrictive practice and the necessity for the ongoing review of the same. The eight questionnaires returned by staff rated the training as good or excellent.</p>	Compliant
THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Within our scheme we have a statement of purpose and service user handbook which outlines our service - All service users have individualised support plans which are reviewed on a monthly basis with them and</p>	Compliant

<p>staff would highlight all care and support including restrictive interventions and service user has the choice to decline or continue with support - All service users are offered a copy of their support plan and information in relation to external bodies are posted on notice board and discussed at service user meetings.</p>	
<p>Inspection Findings:</p>	
<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 currently in place i.e. an alarmed door for security reasons only and one tenant's restricted tobacco consumption on advice of their doctor. 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>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>One service user has an alarm on her own front door which alerts staff that the service user is leaving. This has been agreed at Multi-Disciplinary level and is reviewed on a yearly basis and the service user is asked each month when completing Monthly Summary if she continues to consent to the measure. This restrictive practice has no negative impact on the other service users. Restraint is not used within the scheme.</p>	Compliant

Inspection Findings:	
<p>As stated by the agency in their self-assessment there are restrictive measures in place. This was verified by the manager and staff interviewed during discussion. Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</p> <p>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. This was discussed with the service user and the manager. Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users, i.e. locking a door at night.</p> <p>The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. This was in evidence the inspector reviewed the comprehensive records of the review and evaluation in place within the agency.</p> <p>Staff were able to describe the training in place both in challenging behaviour and human rights and how they uphold individual rights. One staff member stated “We promote choice and independence to all tenants and encourage community involvement”</p>	<p>Complaint</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Each service user has an individualised Support Agreement and Domicillary care agreement which details type of service - They also have access to Statement of Purpose, Service User Handbook and each Support Plan indicates the level of agreed support hrs available to each service user. Staff have knowledge of the above agreements and through staff meetings, supervisions,handovers all service users care is discussed.All agreements,statement of purpose service user guide and each service user assessment and plan is completed as per praxis policy and procedure. Each service users support plan is client centred and details the amount of support hrs available to them per week.</p>	Substantially compliant

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All service users would have knowledge through the relevant agreements which are discussed and signed at beginning of service and reviewed annually. There are no self funders currently within the scheme and the agency Bills Agreement outlines amount of costs payable which they can choose to opt out of at any stage.</p>	Substantially compliant

Inspection Findings:	
<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. This payment structure is also stated in the agency's self-assessment. Records in place examined during inspection shows that no service user makes a contribution from their personal income towards their care and support. Individual tenants. 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.</p> <p>The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. Each service user has in place a breakdown of the hours of care and support they will receive.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Praxis care reviews all care plans annually and invite the relevant statutory keyworker to attend. Within the review we discuss the careplan including all agreements. A review report is completed on each service user and signed off by the statutory representative and service user. As per service user Guide, Dom care agreement and support agreement a review can be held at any time if a service user feels this is appropriate- Emergency reviews can also be held if there are any concerns with deterioration of health or following an untoward incident. All records within the scheme confirm that the relevant agreements and support plans are reviewed and documented with service user and statutory representative signatures</p>	Compliant

Inspection Findings:	
<p>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, service user’s reviews are held annually and more often if necessary with HSC Trust staff. The manager stated that she is in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Substantially compliant</p>

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

Any other areas examined

Complaints

The agency has had eight complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site. Discussion with the manager and records examined show that all complaints were resolved satisfactorily.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Siobhan Wilson the registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the announced inspection of PCG Castlehill House which was undertaken on 13 November 2014 and I agree with the content of the report. Return this QIP to **supportedliving.services@rqia.org.uk**.

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

NAME OF REGISTERED MANAGER COMPLETING	Siobhan Wilson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Andy Mayhew on behalf of Irene Sloan

Approved by:	Date
Jim Mc Bride	3/12/14