



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Praxis Care Group - Magherafelt
Agency ID No:	11050
Date of Inspection:	30 September 2014
Inspector's Name:	Michele Kelly
Inspection No:	IN020198

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Praxis Care Group
Address:	14 Sandy Grove Sandybrea Estate Magherafelt BT45 6PU
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Registered Organisation / Registered Provider:	Praxis Care Group Nevin Ringland Irene Ringland nee Sloan
Registered Manager:	Leanne Mcllvenny
Person in Charge of the agency at the time of inspection:	Leanne Mcllvenny
Number of service users:	16
Date and type of previous inspection:	14 November 2013 Primary Announced Inspection
Date and time of inspection:	Primary Announced Inspection 30 September 2014 09:50 – 15:30
Name of inspector:	Michele Kelly

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- File audit
- Evaluation and feedback

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

Consultation process

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

Service users	3
Staff	3
Relatives	2
Other Professionals	1

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

Issued To	Number issued	Number returned
Staff	12	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 compliance with the one recommendation made following the inspection of 14 November 2013 was assessed. The agency has fully met this recommendation.

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

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

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

Profile of service

Praxis Care Group Magherafelt is a domiciliary care agency and part of the Praxis Care Group, a registered charity. It is situated in the Sandy Brea Estate, Magherafelt where the agency provides service to adults with enduring mental health problems.

Eleven staff provide support to sixteen service users within their supported living scheme at Sandy Grove.

The agency works in conjunction with NIHE's Supported Living Programme and the Northern HSC Trust. Referrals to this service are made through the Community Mental Health Team.

The staff provide practical, social and emotional support to service users, while promoting greater independence and self-reliance.

Service users are encouraged to achieve their optimum level of independence through receiving practical help and support in dealing with everyday situations.

Summary of inspection

The inspection was undertaken on 30 September 2014. The inspector met with the registered manager during the inspection.

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

One service user advised the inspector that they experienced encouragement and support to maintain independence and to take control of their life; this person outlined a full schedule of activities within the service and in the local community.

The inspector spoke to three staff. Staff stated that all service users have a care and support plan that meets their needs and has been prepared with HSC trust involvement.

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

One service user stated, "I am very happy here, I get two visits per week and can drop in twice a week"

The inspector had the opportunity to discuss the quality of the service with a HSC trust staff member whose comments were positive in relation to the support received by service users.

She stated "Praxis is excellent, they provide extra care if required, they are very open".

Two relatives were also telephoned as part of the inspection process. One reported that they were very happy with the service provided while another suggested that their relative should have "more contact and encouragement" adding "because is very much alone and lacking in company". These remarks were discussed with the registered manager and the HSC Trust professional involved in the care of this particular service user.

The service users and their representatives are not made aware of the number of hours care and support is provided to each service user. Individual care plans state the type of care and support provided and each service user has a schedule of visits.

A requirement is made to ensure that the agency's care plan accurately details the amount of care provided by the agency in an accessible format.

Detail of inspection process:

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

Service users' finances and property are not managed by agency staff and agency staff do not act on behalf of service users. Service users do not contribute from their personal income towards their care or support.

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

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

The above arrangements were discussed with the registered manager during the inspection. Service users are provided with a domiciliary care agreement. The current bills agreements in place show clear evidence that no service users share costs with the agency, as they all have individual tenancies within the community and are responsible for all their own utilities. The 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 agency has been assessed as 'Compliant' with theme.

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

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

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant; this was verified by the HSC trust staff member spoken to during the inspection.

Care plans show clear evidence that the agency appropriately responds to the needs of service users. The manager and staff explained the agency's awareness of human rights and how it is inherent in all its work with service users.

The agency has in place comprehensive risk assessments that measure the ability of individuals to achieve greater independence and choice in daily living. Staff interviewed said that training within the organisation meets their needs very well.

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

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

Each service user has in place an individual domiciliary care agreement provided by the agency. Records examined by the inspector show details of the type of care provided by the agency. Service users do not make a contribution from their personal income for care or support costs.

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

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

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

The service users and their representatives are not made aware of the number of hours of care and support is provided to each service user. Individual care plans state the type of care and support provided and each service user has a schedule of visits.

A requirement is made to ensure that the agency's care plan accurately details the amount of care provided by the agency in an accessible format.

The agency has been assessed as 'Substantially compliant' with theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

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

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

Charging Survey

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

The survey was discussed during the inspection and the registered manager advised the inspector that all of the service users are responsible for their own finances and they manage these independently of agency staff.

The registered manager confirmed that agency staff do not act on behalf of service users and are available to offer advice and support with budgeting. No service users' money or valuables is stored by staff.

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

Care reviews

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

The returned survey states that all service users eligible for review have had their review completed. This was verified by the inspector on examination of the records but it is evident that a HSC Trust representative does not always attend reviews.

Statement of Purpose:

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

The inspector would like to thank the manager, tenants, staff, relatives and professionals for their welcome and cooperation during the inspection process.

Follow-up on previous issues

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

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

Statement 1:

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

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

COMPLIANCE LEVEL

<p>Provider's Self-Assessment</p>	
<p>Each service user is provided with individualised agreements - These include Support Agreement, Domicillary 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 costs in their own home. Praxis Care pay expenses (electricity, heating and TV licence) for the office space and common room. With regard to staff meals they provide their own food for the duration of their shift, and do not eat meals within any individual service users home. Financial support is detailed within the individualised Assessment and plans and Risk assessment and if necessary a financial capability form would be completed - Praxis Care have a proforma document to enable the completion of this. 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. Costs are itemised within the service agreements and within the Tenants' Guide. The agreement advises services users that they will be notified four weeks in advance of any changes in charges. The registered manager confirmed that agency staff do not share the food purchased by the service users.</p>	<p>Compliant</p>

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

Statement 2:

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

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

COMPLIANCE LEVEL

<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 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 record. All support plans detail level of support with regards to finances and all relevant policies and procedures followed .</p> <p>All service users have access to their personal money and bank/post office accounts, Praxis Care staff are there to support if any issues arise with finances .</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 manager verified that all of the current service users manage their finances independently of agency staff; this was confirmed by two service users who met with the inspector. Agency staff spoken to on the day of inspection stated that they do not handle service users' money. The agency operates a Cook it Club at the agency office which tenants can choose to attend. Service users contribute towards this meal and records of this contribution were available, these had been checked and receipted against expenditure incurred in buying groceries for the meal.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Procedures for the storage of money and valuables is as per Praxis care policy and procedure. Currently within the Magherafelt scheme we do not hold any money or valuables for a service users</p>	Substantially compliant
<p>Inspection Findings:</p> <p>As stated earlier in this report service users have responsibility for their own money and expenditure. As outlined in the self-assessment, agency staff do not provide service users with secure storage for their money or other property.</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.

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<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. 	
<p>Provider's Self-Assessment</p>	
<p>All service users are informed of transport arrangements with in 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 this is then reviewed annually. A written log of journeys and payment are kept . There are no motability vehicles within the scheme</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As outlined in the self-assessment, the agency does have a transport scheme and service users are availing of it. The transport policy outlines costs and terms and conditions of use. Records examined by the inspector show the name of the person making the journey, the miles travelled and the amount charged to the service user for each journey.</p> <p>Staff who use their own cars to transport service users are required to provide proof of insurance and road worthiness</p>	<p>Compliant</p>

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1:	COMPLIANCE LEVEL
<p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	
Provider’s Self-Assessment	
<p>All service users have a completed assesment and plan which identify their needs,risks ,support and intervention taking into consideration their Human Rights and this is reviewed on an annual basis. All assessments are client centred and at each review stat 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>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</p>	Substantially compliant

views of the service users. It was evident from these records and from discussions with agency staff and service users, that staff make referrals to HSC trust staff in response to changing needs. Service users were noted to have annual reviews and the attendance of HSC trust staff at these meetings was evident in some service users' files.

Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the trust at any time in relation to any changing needs identified. This was verified by a member of trust staff contacted by the inspector

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

Inspection Findings:	
<p>The agency's staff training records were examined and reflected uptake in training in the mandatory areas. Agency staff confirmed that they can access all of the agency's policies and procedures. Staff who participated in the inspection advised the inspector that they felt they had received adequate training for their roles.</p> <p>Agency staff described their understanding of restrictive practice and could identify types of a restrictive practice. The staff and service users stated that no restrictive practices are in place. The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice.</p>	<p>Compliant</p>

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 needs assessment plans which are reviewed on a monthly basis with them and 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 assessment plan and information in relation to external bodies are posted on notice board and discussed at service user meetings.</p>	Compliant
Inspection Findings:	
<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 for them and/or their representative. Care plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their tenants’ handbook of their right to decline aspects of their care provision.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Each service user have full access to their home, no restrictive practices are in place within the scheme No restraint used within secheme	Not applicable

Inspection Findings:	
The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice. Staff stated that no restrictive practices are in place.	Compliant

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<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 assessment plan indicates the level of agreed support times available to each service user. Staff have knowledge of the above agreements and through staff meetings, supervisons,handovers all service users care is discussed.All agreements,statement of purpose service user guide and each service user assessment and plan is completed and reviewed as per Praxis Care policy and procedure. Each service users assessment plan is client centred and details the level (time) of support available to them per week.</p>	Compliant
Inspection Findings:	
<p>Service users and agency staff who contributed to the inspection described the visiting schedule and type of care provided by the agency.</p> <p>Records examined by the inspector show clear details type of care provided by the agency. A breakdown of care and support hours is not included in the records available for inspection.</p> <p>The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need. The service users and their representatives are made aware of the schedule of visits and the care and support that is available to them.</p>	Substantially compliant

The registered manager, service users and staff interviewed by the inspector were able to describe what care and support was provided to individuals daily. The service is person centred and wishes, preferences and choices are included within individual care plans. 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. It is required that the agency's care plan information accurately details the amount of care in hours provided by the agency in an accessible format.

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
Provider's Self-Assessment	
<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 support agreement outlines amount of costs payable which they can choose to opt out of at any stage. The service users have been provided with a Bills agreement which details all costings applicable to be paid, these are signed by the service user and a representative of Praxis Care</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that service users do not make contributions from their personal income towards their care or support. Service users who met with the inspector could demonstrate their understanding of the care they receive from the agency.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Praxis care reviews all assessment plans annually and invite the relevant statutory keyworker to attend. Within the review we discuss the assessment plan, all agreements are reviewed by service users on an annual basis alongside their named Praxis Care key worker. A review report is completed on each service user and signed off by the statutory representative and service user. As per service user Guide, Domiciliary 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>	Substantially 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 and validated during the inspection. As outlined in the self-assessment, service user’s reviews are held annually. While it was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed some service users do not have HSC Trust involvement at their review meeting.</p>	<p>Substantially compliant</p>

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

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

Any other areas examined

Complaints

The agency has had three complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site. Discussion with the team leader and records examined show that all but one complaint was resolved satisfactorily. The registered manager outlined a complaint which had not been resolved at the time of the inspection and discussed options to resolve the issue. The inspector advised that support and advice from HSC Trust may guide all parties in reaching a solution.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Leanne Mc ILvenny, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Inspection

Praxis Care Group - Magherafelt

30 September 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Leanne Mc Ilvenny during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 15(2) (c)	It is required that each tenant should have in place an agreement in an accessible format, specifying the number of support hours available to them individually.	Once	A statement to be included in all needs, assessment plans to include the total number of hours available to service users, this plan is shared with the service user and their statutory representative. This will be present by 23 rd Dec 14.	Within three months of the date of inspection 23 December 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	L. McIlvenny
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Andy Mayhew on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	M Kelly	16/12/14
Further information requested from provider			