



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Praxis Domiciliary Care
Agency ID No:	10818
Date of Inspection:	12 June 2014
Inspector's Name:	Jim McBride
Inspection No:	17512

**The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Praxis Domiciliary Care
Address:	4,6,7 Strangford Park, Newtownards Business Centre Jubilee Road Newtownards BT23 4YH
Telephone Number:	02891820650
E mail Address:	carmelcunningham@praxiscare.org.uk
Registered Organisation / Registered Provider:	Mr Nevin Ringland
Registered Manager:	Mrs Margaret Crilly
Person in Charge of the agency at the time of inspection:	Mrs Margaret Crilly
Number of service users:	4
Date and type of previous inspection:	Unannounced Follow up inspection 2 September 2013
Date and time of inspection:	Primary Announced Inspection 12 June 2014 09:30-15:30
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	3
Relatives	0
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. The inspector discussed with the manager the non-return of questionnaires, the manager stated that all questionnaires were issued and that staff were aware of the return date.

Issued To	Number issued	Number returned
Staff	6	0

Inspection Focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards full compliance with the three requirements and three recommendations issued during the previous inspection of the 2 September 2013 was assessed.

The agency has fully met the requirements and recommendations made. The inspector verified compliance by the records made available and during discussion with the Registered Manager during the inspection.

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

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

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 domiciliary care provides a range of services to adults living in their own home and rented accommodation.

The service is provided to four individuals with learning disability who may also have overlapping challenging behaviours, ill health or physical needs.

The service is managed by Mrs Margaret Crilly (Acting Manager)
Staff provide support and practical assistance to service users to enable them to live as independently as possible.

The service includes a supported living type accommodation service for two tenants and a conventional domiciliary care service to individuals within their family home. Services have been commissioned by the Belfast HSC Trust and the South Eastern HSC Trust.

Summary of Inspection

The inspection was undertaken on the 12 June 2014, the inspector met with the registered manager during the inspection.

The inspector did not have the opportunity to meet service users in their own home, although the manager stated that they were aware of the inspection visit and were offered the opportunity to meet the inspector but declined. The inspector spoke to two staff one team leader and the manager.

Records examined show evidence that the service is person centred and individual whilst records show daily engagement for tenants in their homes making decisions about their own lives. This was acknowledged in four individual care plans examined by the inspector as well as during discussion with the manager and team leader.

Staff comments:

“Good informative induction”

“Staff training is good and helps with my role”

“Good values in the agency”

“Staff supervision is one to one and beneficial”

“We promote choice daily with tenants”

“We listen to tenants and help them have control over their lives”

“Its important tenants feel supported and we build relationships”

“We encourage tenants to speak out about the service they receive”

“The tenants have benefited greatly from supported living and are aware of choice, rights and their own freedom”

“We respect people’s human rights and treat them as individuals”.

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.**

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

- Transport agreement (Template)
- Domiciliary care agreement
- Service user handbook
- Care support agreement
- Bills agreement
- Finance assessment
- Capacity assessments

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

The manager stated that staff buy and eat their own food whilst on duty. There is also in place individual documentation clarifying the payment costs associated with the heating costs used in connection with agency business, where this is conducted from the service users' home. The above arrangements were discussed with the registered manager during the inspection. Service users are provided with a domiciliary care agreement; however it was unclear how the agency contributes to the other utilities costs.

It is required that the agency review its procedure and show clear evidence of shared costs within the bills agreements section of individual support plans.

It was unclear of the additional support costs paid by one tenant. Part of one tenant's service is being acquired by the service user as a private arrangement and in addition to services commissioned by the HSC Trust.

This is paid from the tenants' personal "Independent Living Fund "benefit. However there was not record of this on the tenants' care agreement.

It is required that the agency review all care/support costs and ensure that the domiciliary care agreements are updated to reflect all costs and payments made by the HSC Trust and individual tenants.

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 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.

The care plans examined reflect the input of the HSC Trust and the thoughts and views of the service users and their representatives.

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

Records examined show a range of interventions used in the care and support of individuals. The manager 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 risk assessments describing capacity and 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 the 10 June 2014.

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

The agency has achieved a compliance level of "Not Compliant" for this theme.

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 of care and support provided to each service user. Individual care plans state the type of care and support provided including one to one and two to one hours when required.

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.

Records examined by the inspector show details of the amount and type of care provided by the agency. As described in Theme 1 above, one tenant identified by the manager pays additional costs for support of their choosing.

This is over and above assessed care needs identified by the HSC Trust. This is paid from the tenants own "Independent Living Fund" benefit.

However this was not recorded on the tenants' care agreement. It is required that the agency review all care/support costs and ensure that the domiciliary care agreements are updated to reflect all costs and payments made by the HSC Trust and individual tenants.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider:

The inspector read a number of monthly monitoring reports in place from September 2013. These have been completed regularly and include action plans for service improvement.

Records examined show evidence of discussions with:

- Staff x 14
- Service users x 9
- Relatives x 8
- HSC Trust staff x7

The reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review.

Records in place show that the monitoring officer, Ms Carmel Cunningham (Assistant Director) has spoken to one tenant regularly, but during discussion she explained that she and other tenants speak regularly, whilst one tenant has contact with senior managers of Praxis weekly.

The manager stated that she and the agency's monitoring officer discuss the report following each visit.

Charging Survey:

Prior to inspection the agency were asked to complete and return to the RQIA a charging survey, outlining the procedures and any charges incurred by service users in a supported living scheme.

The returned survey shows that one service user is paying for additional support services that do not form part of the HSC Trust's care assessment. This has been referred to in the themes above.

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

Two service users in a shared house and the agency share and pay a weekly charge which covers their heating oil.

It was unclear how the agency contributes to the other utilities costs. It is required that the agency review its procedure and show clear evidence of shared costs within the bills agreements section of individual support plans.

Statement of Purpose:

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

Annual review:

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

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

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

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 14 (a)	The registered person must ensure that all medication records are up to date and accurate ensuring the tenants safety and wellbeing.	This requirement was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met
2	Regulation 15 (9)	The registered person must ensure that the staff receive medication training, and on-going competency assessment.	This requirement was assessed as fully met; the documentation in place was satisfactory. Records in place show clear evidence of medication training and competency assessments.	Once	Fully Met
3	Regulation 15.6 (b)	The registered person must specify the circumstances in which a domiciliary worker may assist in the administration of medication.	This requirement was assessed as fully met; the documentation in place was satisfactory. The inspector read the policy in place as well as the two tenant's permission slips requesting assistance with medication.#	Once	Fully Met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 7.4	The agency should ensure that administration or assistance with medication is detailed in the tenants' care plan. Individual medicines should be available in tenants' homes.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met
2	Standard 7.7	The agency should ensure that the staff who administer medication are trained and competent, ensuring all records of training are up to date.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met
3	Standard 7.11	The registered manager should ensure that support staff keep records of all requests and disposal of medication.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1: The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • 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>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>Service users are provided with a Domiciliary Care agreement which outlines the terms and conditions of the service being delivered to them to include the amount payable. and the method of payment. A bills agreement outlines any additional payments for personal care services and addional costs are referenced in the finance section of the care plan. Staff provide their own meals whilst on duty in a service users home. Staff do not currently support services users with their finances. One parent will leave money for the service users lunch or social activities, receipts for these are given to the mother. Service users are notified of any increase in the charges payable 4 weeks in advance.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>Documents in place including the service users' guide, care/support agreements, care plans and individual finance summaries show evidence of how service users manage their finances. One service user has an identified appointee who is not an agency employee and documentation clarifying this was in place.</p> <p>Staff that assist one service user with shopping etc. have in place a procedure for recording all transactions with two signatures and regular reconciliations of monies. The manager stated that "Staff provide their own food when on duty".</p> <p>Records in place verify that the agency has notified each service user in writing, of the increase in the charges payable by the service user at least four weeks in advance of the increase and the arrangements for these written notifications were included in each service user's agreement and were processed in April 2014.</p> <p>Two service users in a shared house and the agency pay a charge of £50.00 which covers their heating oil. However It was unclear how the agency contributes to the other utilities costs. It is required that the agency review its procedure and show clear evidence of shared costs within the bills agreements section of individual support plans.</p> <p>One tenant identified by the manager pays additional costs for support of their choosing. This is over and above assessed care needs identified by the HSC Trust. This is paid from the tenants own "Independent Living Fund" benefit. However this was not recorded on the tenants' care agreement. It is required that the agency review all care/support costs and ensure that the domiciliary care agreements are updated to reflect all costs and payments made by the HSC Trust and individual tenants.</p>	<p>Not 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 they acted in this capacity and the service user on whose behalf they act as agent;

COMPLIANCE LEVEL

<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>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and appropriate records are maintained where appropriate. Service users in the Adult Domiciliary Care take responsibility for managing their own day to day allowances, income and property, two service users are supported by their family and one service user falls under the direction of the office of care and protection. Where support is sought and provided by the Agency with financial transactions this is completed in line with Praxis policy and procedure. Praxis does not currently act as nominated appointee for any service user within the North Down and Ards Adult Domiciliary scheme. Records of amounts paid by service users in respect of agreed itemised services and facilities are maintained by the Agency. Also any income received is recorded and details of same maintained. .</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a number of finance assessments, capacity assessments and domiciliary care agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed when handling service users' monies. Records in place show receipts and signatures as well as regular reconciliations in line with procedures. The team leader and the manager stated that they have received training on the handling of service users' monies. The manager stated this training is also part of the induction process. One service user has been assessed by the relevant authority as lacking the capacity to take responsibility for their finances and their monies are handled by the office of care and protection. The inspector examined the relevant documents in place. Annual reviews completed by the HSC Trust show evidence of finance arrangements in place and having been agreed by the HSC Trust. A record is kept of the name of the one nominated appointee, on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee.</p>	<p>Compliant</p>

<p>The manager stated that service users have the support of their family members to help 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 their domiciliary care agreement.</p>	
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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
Provider's Self-Assessment	
<p>Service users currently look after their own valuables and financial records in the their home. One service users money is controlled by the Office of Care and protection, the service user can liaise directly with them. This arrangement is reflected in his care plan.</p>	Compliant
Inspection Findings:	
<p>The manager stated that users have individual safe storage areas for their monies within their own homes the agency does not provide a safe place within the agency premises for the storage of money or valuables. The manager and team leader confirmed that no restrictions are in place for access. 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.</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:

COMPLIANCE LEVEL

- 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;

<ul style="list-style-type: none"> 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. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>Service users are currently not being charged for transport as contracts are currently being reviewed for two service users. Transport agreement are currently being drawn up and charges will be implemented after the review of contracts. Also currently awaiting approval from the office of care and protection that they agree with transport agreement for one service user.</p> <p>All staff who facilitate transport in their own cars provide details</p>	Compliant
Inspection Findings:	
<p>As stated by the agency tenants are not charged for transport and all transport is provided free of charge to service users, however the manager stated that the agency are in the process of introducing a transport policy that will make charges for certain trips. The template documentation in place outlines costs and individual mileage charges will be invoiced separately to each tenant monthly.</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
	Not Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <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. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Care plans are prepared in conjunction with the service user and their HSC trust representative. Annual review of the care plan or review as and when required is agreed with the service user and HSC trust representative. The care plan will specify the service users needs and risks and risk assessments will be drawn up to reflect the views of both the service user and their representatives. Daily notes and monthly synopsis are completed by support staff and reflect service provision and on going support needs and service user progression against plan. Support plans reflect interventions to be used in relation to assessed needs and consideration of human rights is reflected in the Care plans.</p>	Compliant
Inspection Findings:	
<p>HSC Trust referral information informs the individual personal plans and risk assessments in place. The inspector read four care plans and these clearly show that the service is person centred whilst recording /reviewing 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 users’ 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 10 June 2014.</p>	Compliant

<p>Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users.</p>	
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<p>Records examined show a range of interventions practiced in the care and support of individuals.</p>	
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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>Staff complete two weeks of induction and complete a workbook and QCf level 3 in health and social care. All staff are required to be registered with NISCC and are monitored and supervised by their line manager to ensure they are working to the expected standard of care practice. Agency staff can identify any practices which are restrictive through joint working with HSC trust, the review process and ongoing agency training. Human rights are referenced in care plan building to ensure that staff are familiar with the relevant human rights. Changing needs are identified through daily notes, monthly synopsis, staff communication and feed back from services users. Care plans are updated to reflect changing needs, goals and aspirations through agreement with the service user and HSC trust representative.</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. The team leader stated “Staff training is good and helps with my role”.</p> <p>The manager discussed with the inspector the on-going competency assessments of staff and shared the written records in place. Records in place show that training is evaluated and discussed during supervision and appraisal with staff this was verified by staff during discussions. The inspector discussed with the manager and staff, reporting procedures if they had any concerns about poor practice, staff were clear about the reporting procedures and were able to explain in detail how they would take these concerns forward.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3: 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
<p>Provider’s Self-Assessment</p> <p>Care plans will reflect restrictive practice where this is deemed necessary and agreed at multi disciplinary level. Where appropriate information will be shared of any restrictive practices and the impact on the service user. Service users are advised of their right to decline aspects of their care provision. One service user within NDA Adult Domiciliary Care requires her care plan to in a format more appropriate to her needs, this has been drawn up for her pending annual review along with an easy read format of her annual review.</p>	Compliant
<p>Inspection Findings:</p> <p>Each service user has in place a care plan. The inspector examined four care plans in place. The manager stated no restrictive practices are currently in place. The tenants’ guide and the statement of purpose describe the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative. Care plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their tenants’ handbook of their right to decline aspects of their care provision.</p>	Compliant

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 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment	
<p>Restrictive practice is only ever undertaken where it has been clearly identified and documented as a risk and need and where this can be justified and is proportionate and the least restrictive measure. Where there is changes in a service users needs the agency with liaise with relevant parties to ensure the best interests of the service user are met. Although we have had no occasions where restraint has been applied should restraint be deemed as necessary records of the untoward would be completed outlining the circumstance and the reason why this was used as a last resort. Our policy is in line with legislation. All untoward events will be forwarded to RQIA and other relecant agencies.</p>	<p>Provider to complete</p>
Inspection Findings:	
<p>As stated by the agency in their self-assessment there are no restrictive practices in place. This was verified by the manager and team leader interviewed during discussion. The team leader and manager were able to describe the training in place both in challenging behaviour and human rights and how they uphold individual rights promoting choice ad independence with tenants.</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>Provider to complete</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 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
Provider’s Self-Assessment	
<p>Individual service user agreements are in place for each service user and are reviewed as per company requirements, staff understand both the amount and type of care which is provided to each services user. Each care plan outlines the care required which is devised in partnership with HSC trust, the service users and any other individual as appropriate. The service user agreement is devised from the care package commissioned by the HSC trust with details outlined in the service users care plan.</p>	Compliant
Inspection Findings:	
<p>Records in place show clear details of the amount and type of care provided by the agency. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs. The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need. The manager and team leader stated that service users and their representatives are made aware of the number of hours care and support that is available to them. Individual care plans examined do state the type of care and support provided. The manager and team leader were able to describe what care and support was provided to individuals daily.</p>	Compliant

<p>The service is person centred whilst wishes, preferences and choice is included in the care plan. The agency's policy on assessment and care planning and their statement of purpose/service user guide describe how individual service user agreements are devised. The agency's care plans are consistent with the care commissioned by the HSC Trust. The agency's care plan information accurately details the amount and type of care provided by the agency in an accessible format.</p>	
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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>Each service user is offered an individual Domiciliary Care service agreement, which outlines the amounts and methods of payment. This is discussed with each service user/representative before signing the documentation and a copy is provided for the service user/representative. The service agreement outlines termination procedures and outlines their right as a tenant where the care provision ends.</p>	Compliant
<p>Inspection Findings:</p> <p>Each service user has in place a domiciliary care agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and support. This payment structure is also stated in the agency's self-assessment. Records in place examined during inspection shows that one service user does make contribution from their personal income towards their personal support. These costs are for the individual support of their choosing.</p>	Not Compliant

<p>This support is over and above assessed care needs identified by the HSC Trust. This is paid from the tenants own "Independent Living Fund" benefit. However this was not recorded on the tenants' care agreement. It is required that the agency review all care/support costs and ensure that the domiciliary care agreements are updated to reflect all costs and payments made by the HSC Trust and individual tenants. Individual domiciliary care agreements in place were signed off by the service users' representatives, agency staff and agreed by the HSC Trust. Each service user has in place a breakdown of the hours of care and support they will receive.</p>	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<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. 	
Provider's Self-Assessment	
<p>As per policy and procedure an annual review is required for service agreements and care planning. Agency staff liaise with Stat Key workers to ensure reviews take place as per policy or as and when required and to meet the required needs of the individual service users. Following the completion of the review process, care plans, risk assessments, service user agreements are updated where appropriate to do so. Any changes made to the care plan/fees change are forwarded to the HSC trust/service user/representative for approval.</p>	Compliant
Inspection Findings:	
<p>Prior to inspection the agency were asked to forward to the RQIA details of service users annual reviews. The information received and the records examined by the inspector shows clear evidence that annual reviews have taken place and the records were in place.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not Compliant

Any other areas examined

Complaints

The agency has had four 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 Margaret Crilly the Registered Manager and Ms Carmel Cunningham, Assistant Director 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 Mc Bride
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Praxis Domiciliary Care

12 June 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 Mrs Margaret Crilly the registered manager both during and after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> • Utilities bills • Care costs <p>The service user's individual financial/bills agreements will have to be further developed to reflect any payments made by them for utilities and care costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	Once	The Agency has reviewed its documentation in relation to Care costs and Utility bills. Documentation will reflect payments made to the agency and any reimbursements received. Documentation will be implemented at scheme level.	3 Months from QIP date.- 28 October 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	Margaret Crilly
Name of Responsible Person / Identified Responsible Person Approving Qip	Andy Mayhew on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	9 October 2014
Further information requested from provider			