

STATEMENT OF PURPOSE - PART TWO - SERVICE SPECIFIC INFORMATION

Printed copies are for reference only. Please refer to electronic copy for most recent information.

This document is Part Two of the Statement of Purpose. The information in this document is completed by the Manager and accompanies the [STATEMENT OF PURPOSE - PART ONE](#).

A copy of this document will be made available on request. Managers of registered services will also ensure that the relevant regulator and service users or their representatives are notified of any material changes to the Statement of Purpose within 28 days.

Ards Community Supported Living Services. **15/07/2024**

1 AIMS OF ARDS COMMUNITY SUPPORTED LIVING SERVICES.

The service will provide appropriate quality care and/or support to individuals with a **Learning Disability** who are assessed as requiring this input to enable them to live as independently as possible in their own community.

2 FACILITIES AND SERVICES

2.1 Service Management

The person carrying out the business of the service is: **Greer Wilson Praxis Care, Director of Care Services, 25-31 Lisburn Road, Belfast, BT9 7AA.**

The person managing the service at a local level is: **Justine Osborne, Units 4-7 Ards Business Park, Jubilee Road, Newtownards, BT23 4YH** who is responsible to **Darran McQuoid**, Head of Operations, based at **Units 4-7 Ards Business Park, Jubilee Road, Newtownards, BT23 4YH.**

2.2 Management Qualification and Experience

The relevant qualification and experience of Director of Care Services/Responsible Individual are as follows:

Greer Wilson (Group Director of Care and Development) – Responsible Individual.

Greer is a qualified social worker who has worked directly with service users in children’s services, elderly and dementia services, learning and physical disability services and complex needs. Greer joined Praxis Care in September 2019 as Director of Care, Operations and Development after working for the South Eastern Health and Social Care Trust for 20 years. Most recently, this included eight years as a senior manager with responsibility for learning and physical disability services, care management, day care settings and supported living schemes.

Education:

Bachelor of Arts: Childhood and Youth Studies (2:1), 2005
Open University.

Bachelor of Arts: Social Work (2:1), 2006 University of Lincoln – Lincoln.

Certificate: Managing Care, 2005 Open University.

The relevant qualifications and experience of **Justine Osborne** are as follows:

Bachelor of Science: Occupational therapy (1st), 2014.

2013 – 2014: Band 5 Occupational Therapist, Medium Secure Forensic Mental Health.

2014-2015: Qualified Support Worker Ards Community and Supported Living Services.

2015-2015: Senior Support Worker Ards Community and Supported Living Services.

2015-2021: Team Leader Ards Community and Supported Living Services.

2021-2022: Assistant Manager Beechfield Children’s Residential Home.

2022 – Present: Acting Manager Ards Community and Supported Living Services.

2021-2022: Level 5 in Positive Behavioural Support and Practice Leadership – Pass.

2022-2023: Ms Business Management and Leadership – Pass.

The relevant qualifications and experience of **Darran McQuoid** are as follows:

Bachelor of Science (BSc) Business and Social Sciences, QCF Level 5
Diploma in Leadership in Health and Social Care Adults Management, ILM

Level 3 Award in Leadership and Management, QCFQ Level 2 Supporting Individuals with Learning Disability.

3 year Head Of Operations, 5 years as a Registered Manager within Health and Social Care and over 15 years' experience working within the sector. Worked with organisations such as Age NI, Triangle Housing Association, Caring Breaks and The Beeches Professional and Therapeutic Services.

STAFF.

The staffing structure of the service is as follows:

Three FTE Team Leaders, 14 FTE Support Workers and 1 PT Admin.

The relevant qualifications and experience of the staff groups are as follows:

Team Leader qualifications:

- Professional qualification in Social Work (*All applicants must be registered, or eligible to register at the time of appointment, on the appropriate part of their professional register e.g. NISCC, NMC, HCPC*).
- Professional qualification in Nursing (*All applicants must be registered, or eligible to register at the time of appointment, on the appropriate part of their professional register e.g. NISCC, NMC, HCPC*).
- Allied Health Profession qualification (*All applicants must be registered, or eligible to register at the time of appointment, on the appropriate part of their professional register e.g. NISCC, NMC, HCPC*).
- **OR** Level 5 Diploma in Leadership for Health and Social Care (Adults Management/Adults Residential management) and 2 years paid employment experience in a health and social care setting.
- **OR** QCF Level 3 in Health and Social Care and 2 years paid employment experience in health and social care setting.
- **Unqualified rate of pay** – Degree in Psychology and 1 year paid employment in health and social care setting.
- **OR** 2 years paid employment experience in a health and social care setting.

Barish Bogun- Team leader Full time 39 hrs per week.

Carly Osborne – Team leader Full time 39 hrs per week.

Support Worker qualifications:

- Good literacy and numeracy skills.
- Experience working within a health and social care environment.

- Full valid driver's license on application and access to own vehicle on appointment.

Amy Carson- Support worker 39 hrs per week.

Anita Osborne – Relief Support Worker.

Gary Davey- Night support worker 36 hrs per week

Joan Harvey – Relief Support worker.

Kevin Hanson - Relief Support Worker.

Mark Stringer - Support worker 39 hrs per week.

Paul Patterson - Support Worker 39 hrs per week.

Paulino Da Silva – Night support worker 39 hrs per week.

Rhys Jamison - Support worker 39 hrs per week.

A person centred approach to service user needs is implemented and each service user will have a named key worker. Staff are available **24 hrs per day** with **staff providing cover morning, afternoon and evenings. 1 service avail of a sleepover staff member and 1 avails of waking night cover.**

2.3 Operational Partnerships

The service operates as a partnership between Praxis Care, **NHSCT, BHSCT, SEHSCT, HSE, Supporting People, Choice Housing and Radius Housing.**

Each service user is provided with the appropriate agreements(s) which outline the roles and responsibilities of all parties concerned. Further information on the service can be found in the Service Users Handbook.

2.4 Accommodation

Ards Community Supported Living Services currently supports, 8 Service users.

The Supported Living Service consists of Kimberley Mews which is flat cluster of 4 x 1 bedroom flats supporting 1 service user in each flat.

The domiciliary service consists of:

10 Mill House - Supporting 1 individual in a 2 bedroom rented property from Radius housing. This house contains a sleepover staff.

11 Millar's House - Supporting 1 individual in a 2 bedroom rented property from Radius housing. This house contains a wake night staff.

14 Shuttlefield Fold – Supporting 1 individual in a 1 bedroom flat located in a fold owned by the housing association.

3 Mark Mews - Supporting 1 individual in a 2 bedroom flat in a private rented property.

2.5 Referral Criteria

- The person will be 18 years old at the time of referral.
- The person should be able to show a residency history in the **residence of the Trust which has a vacant place.**
- The person should meet the criteria as defined by **HPSS Trust/Local Authority/DHSS/HSE/Supporting People.**
- The person will show a range of both **care and/or support** needs which the Admission Panel feel is appropriate with the level on offer in the service **Ards Community Supported Living Services.**
- The person will be agreeable to the referral being made and, where possible, will have had an opportunity to view the services offered.

2.6 Referral Process

Referrals will only be accepted from relevant agents. Referral agents from outside the geographical area should, in the first instance, contact: **HPSS Trust/local authority/DHSS/HSE/Supporting People.**

- An application form must be fully completed and include information on risk.
- The applicant and carer (if so desired) will be invited to visit the service and discuss his/her needs with Praxis Care staff.
- An Admission Panel will meet to consider all applications. The referral agent will be invited to discuss the application and provide further information/clarification as appropriate.
- The Panel's decision will be communicated to the referral agent as soon as possible and will always be followed up with a written explanation of the decision.
- An Appeals Procedure is in place if a prospective applicant is not satisfied with the outcome from the admissions panel.
- Prospective service users will be provided with as much information as possible about the service to help him/her make a decision about whether or not he/she wants to receive care and/or support. Praxis Care offers the opportunity for a prospective service user to visit the accommodation/service and meet and talk with service users and staff. The organisation is happy for a prospective service user to involve his/her friends/family before making the final decision about placement or commencement of service.
- If it is felt that the accommodation or service is not suitable for a particular person, advice will be given on how to look for help elsewhere. This will only happen after full and inclusive discussions with all relevant parties.

2.7 Receiving a Service

Potential service users will have his/her needs thoroughly assessed before being accepted to the service; this is intended to provide each service user with the best possible information on which to make an informed choice about his/her future.

2.8 Service User Plan of Care

Praxis Care works with service users, and his/her friends, relatives or representatives (if appropriate) to draw up a written plan of the support the organisation will aim to provide. The plan sets out the service user's needs, risks that need management, support/care provided and desired outcomes.

At least once a month, each service user's plan is reviewed. There is a formal review process at 6 months after first placement and at least annually thereafter. An emergency review can be convened at any time. From time to time further assessments of the service user's needs are required to ensure that the support provided by the organisation is relevant to helping the service user achieve his/her full potential.

Every service user keeps a copy of his/her own Assessment & Plan and is encouraged to participate as fully as possible in the support planning process.

2.9 The Range of Support/Care

The service endeavours to meet the following needs:

2.9.1 Housing Support

- Assistance acquiring essential household items
- Locating essential local services
- Paying bills
- Maintaining the property
- Safety issues
- Signposting to specialist services
- Budgeting
- Good neighbour / dealing with disputes
- Essential daily living tasks
- Emotional support
- Supporting people to comply with treatment
- Where appropriate, notifying agencies of concerns about a service user

2.9.2 Care Tasks

- Administering medications
- Health care
- Specific rehabilitation tasks
- Intensive / therapeutic behaviour management
- Supervision of people at night - time
- Personal care

2.9.3 Social Activities, Hobbies and Leisure Interests

Praxis Care will try to make it possible for service users to live his/her life as fully as possible. In particular, it will do the following:-

1. As part of the moving-in/commencement of service process, potential service users will be encouraged to share as much information as possible about his/her social, cultural and leisure interests.
2. Service users will be helped to continue to enjoy a range of individual and group activities and interests, both inside and outside the accommodation, to carry on with existing hobbies, pursuits and relationships, and to explore new avenues and experiences. In group living settings, all service users are entitled to use the dining room, the communal lounges, other sitting and circulating areas, and the grounds of the scheme but those who wish, may remain in his/her own rooms. Service users are encouraged to personalise their rooms with small items of furniture and other possessions, and individual preferences in matters of decoration and furnishings are encouraged.
3. In partnership with service users, social and leisure activities will be designed to form the basis of the communal content of the life of the scheme/service. Friendships among service users will be facilitated and it is hoped that service users will enjoy being part of a community, but there is no compulsion on a service user to join in any of the communal social activities.
4. With the full and inclusive involvement of service users, local councillors, members of parliament, representatives of voluntary organisations, students, school children and others will be encouraged to visit schemes/services.
5. Recognise that risk-taking is a vital and often enjoyable part of life and of social activity and that some service users will wish to take certain risks despite or even because of his/her disability. Praxis Care does not aim to provide a totally risk-free environment though care will be taken to ensure that service

users are not subjected to unnecessary hazards. When a service user wishes to take part in any activity which could involve risk, a thorough risk assessment will be carried out with that individual, involving relatives, friend or representative, if desired and Praxis Care will agree and record action which will appropriately balance the factors involved. Such risk assessments will be regularly reviewed, with the participation of all parties.

6. For the benefit of all service users and staff, the communal areas of the accommodation are designated as non-smoking. Service users may smoke in designated smoking areas only.
7. There may be a charge associated with some social activities and services; where this applies, the details will be made clear to the service user in advance.

2.9.4 Consulting Service Users about the Way the Service Operates

Praxis Care aims to give service users opportunities to participate in all aspects of life in the accommodation/service. In particular, service users are regularly consulted both individually and corporately about the way the accommodation/service is run.

The organisation's objective is always to make the process of managing and running the service as transparent as possible, and to ensure that the service has an open, positive and inclusive atmosphere.

Service Users will have the care/support he/she receives reviewed at least annually. Regular service users meetings are held and input is sought on matters relating to the everyday running of the scheme.

Satisfaction surveys are carried out at least annually with actions completed in response to feedback. Praxis Care staff are always keen to hear from Service Users and representatives. Heads of Operations will endeavour to make contact with service users and, where appropriate their representative on a monthly basis as part of the organisation's monitoring processes.

2.9.5 Fire Precautions, Emergency Procedures and Safe Working Practices

All service users are made aware of the action to be taken in the event of a fire or other emergency, and copies of the service's fire safety policy and procedures are available on request. Regular fire drills are conducted, where appropriate, and information is displayed through the building to

guide all persons in the event of a fire. All staff have training in First Aid in the event of an emergency. The service conforms to all relevant government guidance on promoting and protecting the health, safety and welfare of service users and staff.

6 monthly fire drills take place in all accommodation as well as weekly smoke detector and CO2 detector tests.

Fire precautions and directions for Kimberly Mews: Service users, in their monthly service user meetings go through different scenarios they could find themselves in i.e. being trapped in their room, discovering a fire. Should they be unable to attend a service user meeting, their designated keyworker will go through this with them. All service users in Kimberly Mews take part in 6 monthly fire drills. Fire meeting point for Kimberly Mews is: **Top of the drive to the black gates, which are located at the front of Kimberly House.**

Fire precautions and directions for 10 Mill House: Service users, in their monthly service user meetings go through different scenarios they could find themselves in i.e. being trapped in their room, discovering a fire. Should they be unable to attend a service user meeting, their designated keyworker will go through this with them. All service users in 10 Mill House take part in 6 monthly fire drills. Fire meeting point for 10 Mill House is: **Out the nearest fire exit, to the front of the building.**

Fire precautions and directions for 11 Millars House: Service users, in their monthly service user meetings go through different scenarios they could find themselves in i.e. being trapped in their room, discovering a fire. Should they be unable to attend a service user meeting, their designated keyworker will go through this with them. All service users in 11 Millar's House take part in 6 monthly fire drills. Fire meeting point for 11 Millars House is: **Out the nearest fire exit, to the front of the building.**

2.9.6 Arrangements for Religious Observances

Service users who wish to practise their faith will be given every possible support to do so. In particular, Praxis Care will do the following:

- Make contact with any local place of worship on a service user's behalf, if requested. The organisation can usually arrange for a minister or a member of the relevant organisation to visit a service user.
- Take particular care to try to meet the needs of service users from minority faiths. These should be discussed with the manager the service commences.

2.9.7 Relatives, Friends and Representatives

- Service users are given every possible help to maintain and retain the links with families and friends.
- If a service user wishes, their friends and relatives are welcome to visit at a time convenient to the service user and to become involved in daily routines and activities.
- If a service user wishes to be represented in any dealings with the accommodation/service by a nominated friend, relative, professional person or advocate, Praxis Care will respect their wishes and offer all necessary facilities.

2.10 Ending the Service & Moving On

Service users may leave Praxis Care services for several reasons. They may no longer require the service, the service may no longer meet their needs, or the service may only be provided for a period of time. Irrespective of the reason for the service ending, the move will be planned and managed with the service user in their best interests.

2.11 Consideration of Deprivation of Liberty's and Restrictive Practices in the care and support of service users using the service

Mental Capacity Act and Deprivation of Liberty:

The Mental Capacity Act (NI) 2016 came into partial implementation in December 2019: *"Depriving a person of his/her liberty is one of the most serious infringements on a person's human rights. The Act therefore treats detention amounting to deprivation of a liberty (DoL) as one of the most serious interventions that can be done to a person who lacks capacity."*

A deprivation of liberty is when:

- The person is being cared for in his/her home and
- The person lacks capacity and
- The person is not free to leave and
- The person is under continuous supervision and control

To enable us to provide care for a person who has been assessed as lacking capacity in this scheme, and where legal criteria is met, we must have a Trust Panel Authorisation or be working towards same. The legal criteria for a Trust Panel Authorisation is:

- P lacks capacity
- P is deprived of their liberty
- There is care and treatment in the place where DoL is taking place
- The DoL is in the best interest of P
- Failure to deprive P of their liberty would create risk of serious harm to P or serious physical harm to others.

All service users in this service who meet the “acid test” will be considered under the MCA framework and if the legal criteria is met will have a Trust Panel authorisation in place.

Should any service fall under DoL a deprivation of liberty register will be maintained in: Ards Community SLS – Jubilee Road. Currently, there is no deprivation of liberty’s in place.

All service users will be reviewed regularly with consideration of deprivation of liberty safeguards where necessary and proportionate.

Restrictive Practices in Ards Community SLS.

Any Restrictive Practices required ***within the service or that are specific to any individuals care is assessed*** and regularly reviewed with the Commissioning statutory service Multi-Disciplinary team. These are recorded in a restrictive practice register and are regularly reviewed and reassessed based on the individual's needs/ developments at that time. These include:

- 1:1 staffing ratio.
- Supervision being required when out in the community.
- Use of chemical restraints e.g. Lorazepam.
- Wake night staff.
- Smoking programmes.
- Use of one room as a staff room.
- Locking medications in a locked cabinet.
- Locking finances/bank card in a locked cabinet.

Strategies that underpin the care and support provided in scheme:

The ethos and provision of the service aims to fit within the following strategies:

SP Plan 2019-20 & Strategic Intent 2020-2023 & Draft SP Strategy 2021-24

Both the SP Strategic Intent & Draft Strategy highlight the need to continue to work with statutory partners via HSCB project structures to support the resettlement of people with a learning disability.

Bamford Review

The Bamford Review was initiated by the DHSSPS to review the law, policy and services affecting people with mental illness or a learning disability.

Fifty of the Seventy-six Actions from Bamford have links to Learning Disability services. Action 13 has been one of the most recognised actions – ***to resettle all long-stay patients and close all long-stay hospitals by 2015***. According to the DoH by 2016, 25 inpatients still remained in hospital.

Praxis Care have worked in partnership with the HSC Trusts and NIHE to create and restructure services to allow the Bamford Actions to be realised.

Transforming Your Care (2011)

The Transforming Your Care review proposed a model of health and social care which put the individual at the centre with services becoming increasingly accessible in local areas. There are 12 underpinning principles and some of these correlate with Praxis Care's values.

Like the Bamford Review, the TYC review aligns with the role of Praxis Care's SP projects with the focus for Learning Disability and Mental Health services to reduce the number of people in institutional care/long-stay hospitals by resettling people in community based options such as supported housing.

Health & Wellbeing 2026: Delivering Together Strategy

The Health & Wellbeing 2026 Strategy was issued by the Minister of Health (Department of Health) during October 2016 to outline actions over the next decade within the Health and Social Care sector.

The strategy outlines the need for a new model of person-centred care focussed on prevention, early intervention, supporting independence and wellbeing. It also states care and support should be delivered 'in the most appropriate setting, ideally in people's homes and communities'.

Equal Lives Report 2005

The Equal Lives Report (2005) concluded that progress needed to be accelerated on establishing a new service model, which draws a line under outdated notions of grouping people with a learning disability together and their segregation in services where they are required to lead separate lives from their neighbours. The Equal Lives Report identified 5 core values that must underpin all policy and service development which include ***citizenship, social inclusion, empowerment, working together and individual support.***

Draft Programme for Government (PfG) 2017-2025

Outcome 4 'We enjoy long, healthy, active lives' refers to a need to work towards 'parity of esteem' for mental health services.

Outcome 8 'We care for others and we help those in need' states that people with disabilities are more likely to live in poverty, to be economically inactive, to face problems with housing and experience social exclusion and refers to support for people with disabilities to live more independent lives.

Ending Homelessness Together: Homelessness Strategy for NI 2017-22 NIHE

The Homelessness Strategy is focused on prevention and recognises that mental and physical health issues can be contributors to homelessness. The strategy accepts that "*failing to prevent homelessness costs the public purse thousands of pounds more per individual than would be the case were timely interventions to take place*".