

# **STATEMENT OF PURPOSE - PART TWO - SERVICE SPECIFIC INFORMATION**

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

***\*\*REVIEWED 11/7/2024\*\****

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.

## **1 AIMS OF KIMBERLEY HOUSE SLS**

The service will provide appropriate quality care and/or support to individuals aged 18-65years with a diagnosed learning disability and 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, 25-31 Lisburn Road, Belfast BT9 7AA.**

The person managing the service at a local level is:  
**Nikki McMullan, Kimberley House SLS 45 Abbey Road, Newtownards, BT23 8JL** who is responsible to **Darran McQuoid** Head of Operations, based at **Ards Business Centre, Strangford Park, Jubilee Road, Newtownards Bt23 4YH**

## 2.2 Management Qualification and Experience

The relevant qualification and experience of the Responsible Individual are as follows:

### **Greer Wilson – 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 qualification and experience of **Directors of Care Services** are as follows:

### **Greer Wilson**

*As above*

### **Deirdre Carr, Director of Care (NI SOUTH)**

Deirdre Carr joined Praxis Care as Regional Director of Care for Northern Ireland in March 2020. A qualified social worker, Deirdre has worked directly with service users in older people and dementia services, mental health services, learning and physical disability services, children’s services and addiction services for over 20 years. After working for the

Southern Health and Social Care Trust at the start of her career, Deirdre moved to management of a bespoke dementia service with Fold Housing Association, and then to senior management with responsibility for Residential Care & Support Services, Day Care Services and Joint Managed Partnerships. Deirdre brings a wealth of knowledge and expertise to the organisation.

The relevant qualifications and experience of **Darran McQuoid- Head of Operations** 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.***

***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."***

The relevant qualifications and experience of **Nikki McMullan – registered manager** are as follows:

**BSc [Hons] in Social Work**

Nikki became full time registered manager of Kimberley House SLS in November 2021 after taking up the role as part-time in October 2019. Prior to this role Project Nikki McMullan was in the role of Team Leader in Kimberley House since February 2012. Nikki has a BSc [Hons] in Social Work and has experience in the field of Learning Disability from 2009 and 6 months experience in the field of Mental Health within her Social Work placement.

The relevant qualifications and experience of **Darran McQuoid- Head of Operations** 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.***

***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:

**Within Kimberley House the following staffing levels are required to provide the level of support assessed for all Service Users within scheme in both KHSL Main Unit and No.80 Upper Movilla Street;**

***X 20.5 Support Workers***

***(13.8 SW for SP/Trust Contract with additional care hours)***

***X 4 FT Team Leaders (SP Trust Contract)***

***X1 FT Manager- (39hours SP Trust Contract)***

***X1 PT Admin Project Officer (APO)- 30HOURS***

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

### **Team Leaders**

The Team Leaders who work in Kimberley House Supported Living are qualified to Social Work/QCF Level 5 Level or are working to attain QCF Level 3 with a minimum of 2 years care experience.

They are all fully registered with NISCC. They receive ongoing mandatory training from the staff development team within Praxis Care and other external agencies, and training in accordance with the people we support's needs. The Team Leaders are subject to full Access NI checks, bi-monthly supervisions (outside of their probation period) with the Manager and Annual Appraisals.

Currently in scheme we also have identified x2 SW who act up into the TL role (GH & LH) - these individuals have over 2 years' experience within

the scheme and are knowledgeable within the role. Additional support is provided by manager and core team leaders within scheme.

### **Support Workers**

The Support Workers who work in Kimberley House Supported Living must be fully registered with NISCC within 6 months of commencing post. They receive ongoing mandatory training through the staff development team within Praxis Care and other external agencies, and training in accordance with tenants needs. All support workers are subject to full Access NI checks, monthly supervisions with the Team Leader and annual appraisals.

Praxis Care support all staff members to continue their personal and professional development.

**A person centred approach to service user needs is implemented and each service user will have a named key worker.**

***Staff are available 24 hours per day. In the main Kimberley House Supported Living building there is a minimum 0.5 ratio of staff support for tenants between 7.30am and 10.30pm, unless otherwise assessed.***

X2 Waking night staff are present throughout the night from 10.00pm to 09.00 am, along with 1 sleep in staff member.

On call manager system in place for support and consultation outside normal office hours or when manager is on AL.

Within 80 Upper Movilla Street a ratio of 0.5 staffing (2 SU and 1 staff member) is provided with sleep in staff cover (x1 staff).

***A Senior staff member is available at all times. When the Team Leader or Manager are not on duty there is an On Call Manager available.***

### **2.3 Operational Partnerships**

The service operates as a partnership between Praxis Care and 4 Health and Social Care Trusts province wide; currently providing care in partnership with **South Eastern Trust , BHSCT and NHSCT.**

Also in Partnership with **Supporting People** NIHE and **CHOICE Housing Association**. (JLA in place)

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**

Kimberley House Supported Living Service is divided into 2 projects.

Kimberley House main unit is jointly commissioned by Supporting People and SEHSCT. It provides single occupancy self-contained accommodation to 7 tenants within the Kimberley House Supported Living building. Kimberley House Supported Living is registered for the categories of DomSL-LD. The accommodation is located in a residential area in the town land of Newtownards.

### ***Kimberley House Supported Living consists of;***

**Ground floor;** one communal lounge, one communal bathroom facility, laundry facilities, kitchen facilities, two offices and 3 single occupancy self contained apartments and a patio and garden area.

**First Floor;** one office with staff sleepover room and ensuite, one communal bathroom and 4 single occupancy self contained apartments. Each apartment consists of open plan kitchen / lounge / dining, bathroom, single bedroom.

### ***Kimberley House Supported Living also consists of a supported living service at :***

***No 80 Upper Movilla Street*** which is fully commissioned through the SEHSCT and owned by Praxis Care. This is four bedroomed house for 2 service users. The house has a living room, dining room and a kitchen on the ground floor; two bedrooms and a staff sleep-in room, two shower rooms and a spare bedroom on the first floor.

## 2.5 Referral Criteria

- The person will be 18 years old at the time of referral
- The person should meet the criteria as defined by **HPSS and Support People**.
- The person should have a diagnosed Learning Disability
- 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
- 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 **the relevant Health & Social Care Trust**. Referral agents from outside the geographical area should, in the first instance, contact: **South Eastern Trust**.

- 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

#### **Additional support that may be required for future service provision:**

***A female SU residing in Flat 1 is currently living with a life limiting congenital heart condition which could result in a deterioration in her physical condition at any stage.***

***This may result in palliative care being required within her flat. This would only be provided within Kimberley House based on the following assessment at the time:***

- ***Staff would be able to access the relevant training to enable them to provide this level of support within her own home.***
- ***That adequate of support from the Community Nursing Team and MDT to ensure that her needs can be met within a supported living environment.***
- ***The individuals medical needs were not extensive enough that we would not be able to provide the medical intervention within her home setting.***

### **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.

### **Kimberley House Supported Living Fire Evacuation Procedures**

*\*\* It should be noted that 6 monthly fire drills take place within the unit with all tenants and staff encouraged to participate\*\**

*\*\*all fire drills are recorded on 5/h&s/fire/hfire drill/evacuation training record proforma which can be found on the edms system to include names of participants and any areas of concern or for development\*\**

### **Kimberley House;**

- If a fire is discovered in the building, staff to raise the alarm by using break-glass system within the unit and are not to attempt to tackle the fire themselves.
  - **\*\*FIRE EXITS WITHIN THE BUILDING ARE MARKED WITH APPROPRIATE SIGNAGE\*\***
- The designated Team Leader on shift will take the role of fire marshall and will co-ordinate the evacuation and role call of all tenants, staff and any visitors in the building. **In the first instance the fire brigade will be called immediately on alarms being raised.**

***X5 service users within the building requires a personal emergency evacuation plan in place which all staff should be familiar with.***

- If it is safe to do so- the fire marshall will designate one staff member, if it is safe to do so, to check the area for any tenants in their flats- if tenants refuse to leave their flats- staff to close their door (these are all fire sealed) and alert Fire Brigade on their arrival of the zone (zone map in front foyer)
- Assembly point within the scheme is found at the front of the building. Fire Marshall will be placed here and responsible for completing role call of tenants/staff and visitors that have exited the building.
- Staff/ Tenants/Visitors are in NO circumstances to re-enter the building until Fire Service has deemed it safe to do so.

### **80 Upper Movilla Street;**

- If a fire is discovered in the building, staff to raise the alarm by using break-glass system within the unit and are not to attempt to tackle the fire themselves.
  - **\*\*FIRE EXITS WITHIN THE BUILDING ARE MARKED WITH APPROPRIATE SIGNAGE\*\***
- The designated support worker on shift will take the role of fire marshall and will co-ordinate the evacuation and role call of both tenants, staff and any visitors in the building. **In the first instance the fire brigade will be called immediately on alarms being raised.**

- X1 service user within the building requires a personal emergency evacuation plan in place which all staff should be familiar with due to his seizure activity.
  
- Assembly points within the scheme are found;
  1. at the front of the building.
  2. By exiting the rear of the property and assembling at the front of Kimberley House. Fire Marshall will be placed here and responsible for completing role call of tenants/staff and visitors that have exited the building.
  
- Staff/ Tenants/Visitors are in NO circumstances to re-enter the building until Fire Service has deemed it safe to do so.

### **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 scheme 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.

A **deprivation of liberty register** is maintained in Kimberley House SLS.

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

### **Restrictive Practices in Kimberley House SLS**

Any Restrictive Practices required ***within the scheme 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 individuals needs/ developments at that time.

These include:

#### **Kimberley House Main Unit - 45 Abbey Road**

- Key Fob entry to front entrance
- Flat Door alarms/ Bathroom door alarms
- Restricted access to appliances/cupboards (meds, COSHH, sharps) in kitchen when unsupervised in flats
- PRN Medications
- 1:1 staffing ratio
- Supervision being required when out in the community
- Use of physical restraint as a last resort under SOS Risk Assessment

#### **80 Upper Movilla Street:**

- PRN Medication
- Locking away of sharps and medication
- Locking away of SU792 razors and aerosols when mental health is poor (at his request)

### **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*".