

Announced Care Inspection Report 03 October 2017



North West Supported Living Service

Type of Service: Domiciliary Care Agency
**Address: Unit 6, Northland Industrial Estate, Northland Road,
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Tel No: 02871308020
Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Praxis Care North West Supported Living Service is a domiciliary care agency that provides a range of services to adults living in their own homes.

Services are provided to 13 service users and supported by a staff team of 55.

The service aims to provide appropriate quality care and support to individuals experiencing learning disability who are assessed as requiring this input to enable them to live as independently as possible in his/her own community.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Miss Nicola Cooke
Person in charge at the time of inspection: Miss Nicola Cooke	Date manager registered: 17 May 2016

4.0 Inspection summary

An announced inspection took place on 03 October 2017 from 10.00 to 16.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, family, staff and a Health and a Social Care Trust (HSCT) professional on inspection was positive with two service users, four staff, one relative and one HSCT professional presenting positive feedback.

No areas were identified for improvement and development.

Service users and the professional communicated with by the inspector, presented a range of both positive feedback regarding the service provided by Praxis Care North West Supported Living Service in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

Following discussions with the service users, a family member, the manager, staff and a HSCT professional it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, agency staff and Praxis Care Group human resources staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Nicola Cooke, manager and the assistant manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 18 April 2016

No further actions were required to be taken following the most recent inspection on 04 August 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

On the day of inspection the inspector spoke with the two service users who are supported by Praxis Care North West Supported Living Service to obtain their views of the service.

The inspector also spoke with the manager, the assistant manager and four support workers.

During the inspection the inspector spoke with one family member and one HSCT professional, by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

- Social support
- Support with medication management
- Support with budgeting.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. No questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. No questionnaires were returned.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Two new staff members induction records

- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records
- Staff meeting minutes
- Two agency staff profile and induction records
- Three new service users' records regarding introduction to the service, ongoing review, and quality monitoring
- Two service users' home records
- A range of staff rota's
- Staff NISCC registration processes
- Service user/tenant meeting minutes
- Three monthly monitoring reports
- Annual quality process
- Communication records with HSCT professionals through annual reviews.
- Statement of purpose
- Service user guide
- Compliments records
- Three complaints records.

No areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 April 2016

The most recent inspection of the agency was an announced pre-registration care inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 April 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector was advised by two service users and one professional spoken with that the safety of care being provided by the staff at Praxis Care North West Supported Living Service was very good.

Policies and procedures relating to staff recruitment and induction were held on site. The manager confirmed all policies are accessible on the service website.

The manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The service has introduced two support staff to the service over the past year. The service has also used several agency staff periodically over a period of time since the last inspection due to staff shortages. An introduction/induction process for the new and agency staff was reviewed and covered the main areas for appropriate induction.

An induction programme was reviewed with the manager and discussed with staff at inspection. The induction process is recorded and signed off by the individual staff member and senior staff or manager during the induction. The manager confirmed with the inspector the NISCC induction standards are embedded within the Praxis induction programme for all staff.

Discussions with the manager and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The manager provided evidence of this process which detailed staff registration status, number and renewal date on certificates in staff files. The manager provided assurances the process of review is fully embedded. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, family or professional communicated with during inspection.

Service users spoken with confirmed that they could approach the support staff if they had any issues and were assured matters would be addressed. Service users, family and the professional stated communication is appropriate and in a timely manner. Examples of some of the comments made by the service users, family and the HSCT professional are listed below:

- "I'm happy living here"
- "He's being very well looked after".
- "Very successful placement".
- "Management and staff are very flexible and good at managing demands placed on them by service users, family and the HSCT professionals".

The agency's policies and procedures in relation to safeguarding adults and whistleblowing where available. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory. Staff spoken with at inspection where knowledgeable regarding their roles and responsibilities in regard to safeguarding and were familiar with the new regional guidance and revised terminology which is currently being rolled out within Praxis training programmes.

The inspector was advised that the agency had several safeguarding matters since the previous inspection. Review of two matters confirmed robust processes in place for referral, communications and in respect of records maintained. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising. Review of two matters during inspection supported appropriate processes in accordance with the agency's policies and procedures.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained each of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the Praxis central training e-learning programme. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required. Review of two agency staff profiles during inspection confirmed staff training.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Staff supervision and appraisals were found to be consistently referenced within staff records reviewed. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users, family and a HSCT professional during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with a HSCT professional was confirmed during inspection.

Service users, family and the HSCT professional communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have some ongoing

staff recruitment requirements. Current staffing levels are being met by the services own staff and agency staff. Current staffing levels appeared appropriate on rota's reviewed at inspection.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

No staff or service user questionnaires were returned.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitments, training, supervisions and appraisal. Review of service users' support needs where also found to be ongoing. Feedback from service users, family and an HSCT professional supported consistency in support provided to service users by Praxis Care North West Supported Living Service.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector was informed by the two service users', family and the HSCT professional spoken with that there were no matters arising regarding the support being provided by the staff at Praxis Care North West Supported Living Service.

No issues regarding communication between the service users, family and staff from Praxis Care North West Supported Living Service were raised with the inspector. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. Consistency of staff and involvement from HSCT professionals has led to an ongoing review process with support and communication at the expected standards for those receiving support. The manager confirmed service users, family and professionals receive a questionnaire to obtain their views of the service as part of the annual review process. Service user feedback has been ongoing over time together with relative and professional feedback through service user reviews and through monthly monitoring completed in the service.

Examples of some of the comments made by service users, family and a HSCT professional are listed below:

- "Staff are very good".
- "xxx loves it here".
- "Good communication and flexibility to meet service user's needs".
- "They respond quickly were concerns arise and are responsive and transparent"

- “We appreciate very much xxx (staff members) efforts in responding immediately to the situation”.
- “xxx has come on great in their new home”.
- “Praxis care have contributed greatly in promoting the independence of the service users whilst being available for support when required”.
- “Good service, gives service users their own independence, would recommend it”.

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced service users views are obtained and incorporated. Review of support plans within the agency supported an ongoing process involving service users and keyworkers, the support plans are signed by service users where appropriate. Involvement in reviews was discussed with service users during inspection and all confirmed this process.

The service user guide was reviewed during inspection and confirmed compliance in accordance with standard 2.2. The service has introduced all service users’ over the past 18 months since the service commenced. The manager confirmed the guide is provided to new service users at introduction to the service and this was evidenced within records reviewed at inspection.

The agency maintains recording sheets in each service users’ home file on which support staff record their daily input. The inspector reviewed two completed records and found the standard of recording to be good. The service also completes a monthly review of service users’ needs and these were reviewed during inspection and held centrally within service user files. Staff discussed the benefit of this process in reviewing service users’ progress ongoing.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff or manager if any changes to service users’ needs are identified. Staff interviewed discussed ongoing quality monitoring of service users’ needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users’ choice, dignity, and respect.

No staff or service user questionnaires were returned.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, family and the HSCT professional were very positive regarding the effectiveness of service support and this was shared with the manager during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect regulations and standards.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The service users, family and HSCT professional spoken with by the inspector felt that care was compassionate. The professional advised that staff go out of their way to meet service users' needs.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users, family and professionals during the inspection and received by the service as compliments are listed below:

- "We go on outings to Bundorn which I like".
- "Staff are very good".
- "They tailor services to service users and families wishes".
- "I've heard really good reports regarding xxx (staff member) and how they work with xxx (service user). I'm really glad xxx is working with this service user".
- "Staff are first class and so professional".
- "I like staff, they are very helpful".
- "Everything is grand. No problems. I get on grand with all the staff".

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside HSCT professionals and staff feedback.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users' wishes, dignity and respect.

No staff or service user questionnaires were returned.

Areas of good practice

There were many examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, family and the HSCT professional and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff and the HSC professional include:

- "I love working for Praxis".
- "Great staff team".
- "Good management structure and support".
- "I have high regard for the manager of this service".
- "Their paperwork is very accurate and completed in a timely manner".

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to 13 adults living within the Praxis Care North West Supported Living Service.

The Statement of Purpose and Service User Guide were both found to be compliant with the relevant standards and regulations. The agency's complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services.

The policies and procedures are maintained on the service website and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed with exception to the recruitment policy which is due for review. Renewal date was discussed with the manager during inspection. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis and were evident during inspection.

The complaints log was viewed for 2016-2017 to date, with a range of complaints arising. Review of three complaints during inspection supported appropriate procedures in place.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. A range of incidents had arisen since the previous inspection; review of five incidents during inspection supported processes in line with the agency policies and procedures.

The inspector reviewed the monthly monitoring reports for July, August and September 2017. The reports evidenced that the assistant director for the service completes this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and professionals.

Discussion with four support staff during inspection indicated that they felt supported by their manager and within the staff team at Praxis Care North West Supported Living Service. Staff

confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one HSCT professional during inspection supported an open communication process with staff at Praxis Care North West Supported Living Service and presented positively in terms of staff approach to supporting service users. The HSCT professional stated, "There is a good level of communication between the management team and professionals. I would speak to them on almost a daily basis. I find they are very responsive, willing to support my clients in the best way they possibly can and are open to feedback and ways in which they can improve their service"

No staff or service user questionnaires were returned.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining relationships with key stakeholders were also evident.

Areas for improvement

No areas for improvement have been identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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