

Unannounced Care Inspection Report 13 August 2019



North West Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 17 Templemore Business Park, Londonderry, BT48 0LD
Tel No: 02871 308020
Inspector: Kieran Murray

www.rqia.org.uk

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

This is a domiciliary care agency supported living type which provides personal care and housing support to 12 service users living in their own homes with learning disabilities, mental health and behaviours that challenge within the Western Health and Social Care Trust (WHSCT) area. Service users are supported by 51 staff.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual(s): Mr Andrew James Mayhew	Registered Manager: Mrs Clare Shannon
Person in charge at the time of inspection: Assistant Manager	Date manager registered: 23 July 2019

4.0 Inspection summary

An unannounced inspection took place on 13 August 2019 from 09.20 to 16.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- staff training and development
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

An area requiring improvement was identified in relation to record keeping.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the Assistant Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with the assistant manager, head of operations and four staff. The inspector made telephone contact with one service user and one service users' representative.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; 10 responses were received which are included within the body of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses are included within the body of the report.

There were a number of areas rated as 'undecided' and 'very unsatisfied' on the feedback received from service users/relatives and staff. As there were no contact details recorded for service users/relatives and staff, the inspector spoke to the registered manager on the 5 September 2019 and discussed the feedback received. The inspector has been assured by the registered manager that the feedback received would be discussed with both service users and staff in the forum of tenant and staff meetings and a record retained for review at the next inspection.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

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

6.1 Inspection findings

6.2 Is care safe?

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

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the assistant manager identified that they were knowledgeable in relation to safe recruitment practices.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was evidenced that staff attend the Praxis Care Group (PCG) corporate induction programme. Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector evidenced periods of shadowing for new staff on rotas. The inspector spoke to four staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

It was positive to note that the induction programme included training on values, rights, choice, privacy, independence, dignity, respect, identity and working in partnership with service users.

Staffing levels were consistently maintained and there were no concerns raised with the inspector by staff, service users or representatives in relation to the service users' needs not being met. The assistant manager and staff advised that the agency uses a small number of relief staff who are currently employed by PCG and a small pool of staff from another registered domiciliary care agency to meet the needs of service users.

The assistant manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence, Access NI number, training and evidence of their Northern Ireland Social Care Council (NISCC) registration and the induction programme provided to them by PCG.

The inspector reviewed the agency's training plans to ensure that staff had appropriate training to fulfil the duties of their role. The inspector noted a small number of staff had not complied with Fire Safety training. The assistant manager provided the inspector with the documentary evidence that these staff had updated their Fire Safety training on the day of the inspection. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as Human Rights, Restrictive Practice and General Data Protection Regulation (GDPR) training.

Staff comments:

- "Recruitment is ongoing."
- "We got questionnaires to give our views on the rota."
- "There is a good work/life balance within Praxis."

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) this was the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training completed by staff were up to date. The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. Staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability.

The inspector evidenced that at monthly team meetings a safeguarding roleplay scenario took place which was commended by the inspector.

On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the WHSCT since the last inspection on 30 May 2018 and that the referrals had been managed appropriately. It was positive to note that the agency had completed a safeguarding position report which was reviewed and found to contain appropriate information.

Staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Service user comments:

- "I have 24/7 care."
- "I have never had to complain about anything."

Relative comments:

- "XXX human rights are protected."
- "The staff are amazing and first class."

The inspector noted that staff had received training in restrictive practices. On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the WHSCT, service users and representatives. It was noted that that a number of restrictive practices had not been appropriately assessed, namely management of medications and monies. Following the inspection the assistant manager forwarded to RQIA the updated assessments which were reviewed by the inspector and found to be satisfactory.

The inspector noted that restrictive practices were been reviewed yearly and evaluated.

The inspector discussed the potential human rights implications of the restrictive practices being implemented and the assistant manager welcomed advice given and undertook to ensure that human rights considerations would be documented alongside each restrictive practice.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. It was noted that they are reviewed as part of the agency's quality monitoring process.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with GDPR data protection guidelines. It was noted that GDPR guidelines had been discussed during staff meetings.

Of three questionnaires returned by service users/relatives all three indicated that they were 'very satisfied' that care was safe. Of 10 responses returned by staff, six indicated that they were 'very satisfied' that care was safe, one indicated that they were 'satisfied' that care was safe and three indicated that they were 'undecided' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and inductions, supervision and appraisals, training, adult safeguarding referrals, restrictive practice and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

The full nature and range of service provision is detailed in the Statement of Purpose (2019) and Service User Guide (2019). However, it was identified that the Service User Guide (2019) did not contain the organisational structure and did not include information in relation to making a complaint and the relevant bodies to support service users if the need arose to make a

complaint and the name of the responsible person and registered. The assistant manager updated the Service User Guide on the day of the inspection and this was reviewed as satisfactory.

The review of three care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, monthly reviews with agency staff and yearly care reviews with the relevant WHSCT representative, service users and representatives as appropriate. The inspector noted Information Sharing Agreements with service users in the care records reviewed by the inspector.

Feedback received by the inspector from service users' and staff indicated that service users have a genuine influence on the content of their care plans.

Service user comments:

- "I have attended my reviews."
- "The staff treat me with respect and dignity."

Relative comments:

- "XXX gets a choice of what XXXX wants to do every day."
- "I always go to every review."

Staff comments:

- "I do believe we protect service user's human rights."

The agency maintains daily contact records for each service user. On examination of records it was noted that within one record staff had inserted an additional entry using a stapled piece of paper which is not in keeping with the agency's policy and procedure. An area for improvement has been made in this regard.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users, their next of kin and other key stakeholders.

Review of team meeting records indicated that meetings took place on a monthly basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. Staff indicated that the staff team are supportive to each other and that communication is good.

The assistant manager advised the inspector that tenant meetings do not take place due to service users living in independent houses away from the agency office. However, the assistant manager provided the inspector with evidence that fortnightly management meetings took place with service users and that feedback is obtained at that time on service provision.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, next of kin, staff and WHSCT representatives.

Of three questionnaires returned by service users/relatives all three indicated that they were 'very satisfied' that care was effective. Of 10 responses returned by staff, five indicated that they were 'very satisfied', two indicated that they were 'satisfied' care was effective, two indicated that they were 'undecided' that care was effective and one indicated that they were 'very unsatisfied' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

An area for improvement was identified during the inspection in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on human rights, attitudes and values.

Discussions with the service users, manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

It was evident that the agency staff and WHSCT keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Service user representatives informed the inspector that they viewed a dvd of service users enjoying social events in the local community while attending a service user/important people forum organised by the agency.

Service user comments:

- "I was on holiday in XXXX for a week and had a good time."
- "I go to XXXX XXXX three days a week."

Relative comments:

- “XXXX has a great rapport with staff and the staff with us.”

Staff comments:

- “Service users come first.”

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Of three questionnaires returned by service users/relatives all three indicated that they were ‘very satisfied’ that care was compassionate. Of 10 responses returned by staff, six indicated that they were ‘very satisfied’ care was compassionate, three indicated that they were ‘satisfied’ that care was compassionate and one indicated that they were ‘undecided’ that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users. The agency is managed on a day to day basis by the registered manager with the support of the assistant manager, team leaders and a team of support assistants. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The assistant manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The person in charge

described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

There had been a number of complaints received from the date of the last inspection. These complaints were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. The inspector noted the complainants were fully satisfied with the outcome of their complaints. All those consulted with were confident that management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

Service user comments:

- "I have met the manager."
- "I have the telephone number of the office."

Staff comments:

- "The management is approachable."
- "We need our staff to be happy."
- "I am really excited about change and new challenges."

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- accidents and incidents
- complaints
- NISCC registrations
- restrictive practices
- training and supervision

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user survey 2019 and stakeholders survey 2018. The inspector reviewed both survey's result and found them to be positive. The inspector reviewed the annual scheme evaluation 2018 and annual internal audit 2018 and found them to be positive.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held electronically which were accessible to staff.

Records of service user management meetings and reports of quality monitoring visits indicated the agency's commitment to regularly engaging with service users and where appropriate relevant stakeholders.

There was evidence of effective collaborative working relationships with key stakeholders, including the WHSC Trust, service users, next of kin and staff. The agency had received positive feedback through the quality monitoring report from WHSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The inspector noted the following comment on a quality monitoring report from a WHSCT keyworker:

'happy with the support offered by Praxis and acknowledged if there are any concerns they advise them immediately.'

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the team leader was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

Of three questionnaires returned by service users/relatives two indicated that they were 'very satisfied' that the service was well led and one indicated that they were 'undecided' that the service was well led. Of 10 responses by staff, two indicated that they were 'very satisfied' that the service was well led, six indicated that they were 'satisfied' that the service was well led and two indicated that they were 'undecided' that the service was well led.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The organisation will employ any necessary HR policies and procedures. All NWSLS employees to undertake E-Learning Recording Skills by 31.10.19.</p> <p>Recording skills to be a set agenda item for upcoming Team Meetings/Supervision sessions for the next 3 months.</p> <p>Management visits undertaken, to pay specific attention to the quality of information recorded; advice, guidance, direction provided as necessary.</p>

Please ensure this document is completed in full and returned via Web Portal



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