

Inspection Report

25 February 2022



Pond Park Lisburn SLS

Type of Service: Supported Living Services
Address: 60 Pond Park Road, Lisburn, BT28 3JZ
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Mrs Anna Duncceith
Responsible Individual: Mr Greer Wilson, acting	Date registered: 26 February 2021
Person in charge at the time of inspection: Deputy Manager	
Brief description of the accommodation/how the service operates: Pond Park Lisburn Supported Living Service is a domiciliary care agency, supported living type. The agency provides 24 hour care and support to service users who have a range of complex needs; the service users reside in shared accommodation in a number of houses situated in the Lisburn area.	

2.0 Inspection summary

An unannounced inspection was undertaken on 25 February 2022 between 10.00 a.m. and 4.30 p.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC)/ Nursing and Midwifery (NMC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users, staff registrations with NISCC/NMC and the management of complaints and adult safeguarding. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff and service users. There was evidence of robust management and governance arrangements.

One area for improvement was identified with regard to staff training in relating to Dysphagia and Adult Safeguarding.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

We discussed any complaints and incidents during the inspection with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user and two staff members. We requested feedback from HSC Trust representatives. Following the inspection we spoke to the relative of one service user.

The information provided during the inspection indicated that there were no concerns in relation to the agency.

There were no questionnaires returned and no response to the staff survey.

Comments received during inspection process included:

Service user's comments:

- "I love it here, the staff are good."
- "I go out and meet my friends."
- "Staff help me."
- "Talk to staff if I am worried about anything."

Staff comments:

- "Love it here, I feel well supported and can approach management."

- “I can report issues.”
- “I think service users are safe. All staff worry about the service users wellbeing and would speak up if any concerns.”
- “No concerns or issues.”
- “I love working here; service users have choices and are supported to be safe.”
- “I feel we are making service users lives better, we are always looking for ways to improve things for the service users.”
- “We work well as a team, staff all pull together, especially during Covid.”
- “I feel supported by the manager and can raise issues.”

H SCT representatives’ comments:

- “I have regular contact with the service; any issues they follow through what is agreed.
- “No concerns regarding the care, two service users reviewed in December and family had no concerns.”
- “They keep me informed of changes, communication good.”
- “Communication has been very effective, and I feel the work they do with service user is excellent.”

Relative’s comments:

- “Happy with care provided; he is well looked after.”
- “I have no concerns.”
- “Discuss my concerns with the manager.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Pond Park Lisburn SLS was undertaken on 18 March 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency was reviewed and is completed in a comprehensive manner.

Discussions with the person in charge and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was identified that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter. We noted that a number of staff need to complete a training update. An area for improvement was identified.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the person in charge indicated that referrals had been made with regard to adult safeguarding since the last inspection had been managed in accordance with policy and procedures. It was identified that adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The service user who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the manager or staff if they had any concerns in relation to safety or the care being provided. A relative who spoke to us stated they had no concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and are reviewed as part of the quality monitoring process.

It was noted that all staff have completed DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed and reviewed in conjunction with the HSCT representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance. It was noted that the agency are not appointee for any of the one service users.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family during the pandemic.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC/NMC. Information regarding registration details are monitored by the manager in conjunction with the organisation's HR department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration was maintained up to date.

5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

It was noted that a small number of service users have been assessed by the SALT in relation to swallowing issues and dysphagia needs. Discussions with the person in charge, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe, effective and specific to the individual assessed needs of service users.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements. Staff were knowledgeable with regard to how food and fluids should be modified. However it was identified that staff had not completed dysphagia awareness training. An area for improvement was identified and is subsumed in to the area for improvement in 5.2.1.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, staff, service users' relatives and HSC Trust representatives as appropriate.

The reports were noted to be completed in a comprehensive manner and included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the relevant policy and procedures. Complaints are reviewed as part of the agency's monthly quality monitoring process. It was positive to note a number of compliments had been received from HSC Trust representatives. One commented: "Staff worked tremendously hard and have made a huge improvement to the service users' quality of life".

There was a system in place to ensure that staff received supervision, appraisal and training in accordance with the agency's policies and procedures. However it was noted that a number of staff had not received supervision as planned due to recent staffing pressures due to absence. A plan is in place to address this matter in the next few weeks and is monitored by the person completing the quality monitoring.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

This inspection resulted in one area for improvement being identified with regards to staff training. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, Revised 2021

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, Revised 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to Adult Safeguarding, and Dysphagia training.</p> <p>Ref: 5.2.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: Due to the restrictions on face to face training, our safeguarding training was only available online for most of the pandemic when restrictions remained in place. The safeguarding training is now operating on a face to face in a training room environment.</p> <p>Dysphagia training is provided by an online facility that has been shared by the HSCT. We as an organisation are continuing to search for training providers to bring this training face to face for our staff teams. All staff have completed the online Dysphagia Training and now this online training forms part of the induction.</p>

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