

# Inspection Report

**Name of Service:** Praxis Newry Bespoke

**Provider:** Praxis Care

**Date of Inspection:** 21 January 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Praxis Care
<b>Responsible Individual:</b>	Mr Greer Wilson
<b>Registered Manager:</b>	Ms Katherine Cunningham
<p><b>Service Profile –</b>            Praxis – Newry Bespoke Supported Living is a domiciliary care agency supported living service based in Newry.</p> <p>Under the direction of the manager, staff are available to support service users with tasks of everyday living with the overall goal of promoting health and maximising quality of life.</p>	

## 2.0 Inspection summary

An unannounced post registration inspection took place on 21 January 2025, between 8.30 a.m. and 1:15 p.m. This was conducted by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified during the pre-registration inspection on 3 September 2024.

As a result of this inspection, the areas for improvement previously identified was assessed as not resolved by the provider. This was in relation to the employee handbook. This will be stated for a second time. No new areas for improvement were identified.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous area for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

#### 3.2 What people told us about the service and their quality of life

We spoke to a service user to seek their views of the agency.

The service user spoke positively about the service, the service user remarked that the staff are good, that there is nothing they would change about the service, they also shared that there were plans for them to move to new accommodation which they hoped would make their life easier.

There were no responses to the questionnaires or the electronic survey.

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

The last care inspection of the agency was the pre-registration inspection which was undertaken on 3 September 2024 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

### 3.4 Inspection findings

#### 3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that all pre-employment checks including criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care. Induction booklets and assessments were completed.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations. Advice was given in relation to the expected content of agency profiles.

The agency has maintained a record for each member of staff of all training and professional development activities undertaken.

The agency's staff handbook was not available at the time of inspection. An area for improvement has been identified and will be stated for a second time.

### **3.4.2 The 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual safeguarding position report for the provider was viewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding.

All staff had been provided with training in relation to medicines management. There was evidence at inspection that a monthly medication audit is undertaken. The manager advised that no service users required their oral medicine to be administered with a syringe.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. The manager confirmed that none of the service users have a DoL in place.

Care and support plans are kept under regular review.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

### 3.4.3 The arrangements for promoting service user involvement

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Person centred support plans were reviewed and found to involve the service user.

### 3.4.4 The arrangements to ensure robust managerial oversight and governance

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

RQIA is aware of a Serious Adverse Incident (SAI) that is being investigated by the Southern HSC Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI report which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

## 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Katherine Cunningham, Manager, 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 Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall prepare a staff handbook and provide a copy to every member of staff.  Ref: 3.4.1
	<b>Response by registered person detailing the actions taken:</b> Praxis Care has an Electronic Document Management System (EDMS) which holds all HR and Staff Policies and all staff have access to.  All staff also receive an induction pack covering staff and HR policies.  Policies are regularly reviewed. Moving forward the HR directorate is also committed to identifying further opportunities to make HR policies and procedures as accessible as possible for all staff and managers, in particular via online method akin to a staff handbook and in keeping with HR best practice. It is expected that this will be completed in the next 12 months. If there are any examples from other organisations or suggestions which the RQIA think would be beneficial for Praxis Care to consider in future developments, we would be happy to receive or discuss these further. - Greer Wilson.

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The Regulation and  
Quality Improvement  
Authority

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