

# Unannounced Care Inspection Report 17 June 2019



## PCG Castle Lane Court

**Type of Service: Domiciliary Care Agency**  
**Address: 45 Castle Lane, Lurgan, BT67 9BD**  
**Tel No: 02838348937**  
**Inspector: Kieran Murray**

[www.rqia.org.uk](http://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 19 service users living at two locations with learning disabilities, mental health and complex needs within the Southern Health and Social Care Trust (SHSCT) area. Service users are supported by 40 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group	<b>Registered Manager:</b> Ms Chloe Mulholland
<b>Responsible Individual(s):</b> Mr Andrew James Mathew	
<b>Person in charge at the time of inspection:</b> Ms Chloe Mulholland	<b>Date manager registered:</b> 6 September 2018

### 4.0 Inspection summary

An unannounced inspection took place on 17 June 2019 from 09.35 to 16.40.

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

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.

As a public-sector body, RQIA has a duty 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 seek 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.

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)

No areas of improvement were identified during this inspection.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Chloe Mulholland, Registered Manager, as part of the inspection process and can be found in the main body of the report.

## 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 and quality improvement plan (QIP)
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with four service users, registered manager, assistant manager, three staff and a telephone conversation with one service users' relative.

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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback was received prior to the issue of the report.

Questionnaires were also provided for distribution to the service users and their relatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Seven responses were received and analysis of feedback is included within the report.

One of the respondents (service user) indicated that they were 'unsatisfied' that care was compassionate. As there was contact details recorded for the service user, the inspector spoke to the service user on the 1 August 2019 and discussed the feedback received. The service user agreed that the inspector could contact the registered manager and discuss matters raised in relation to communication within the agency. The inspector spoke to the registered manager on 1 August 2019 and has been provided with assurances that the matters highlighted would be discussed with the service user on a one to one basis and a record of the discussion would be entered in the service users care records.

The inspector requested that the registered manager 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 prior to the issue of the report.

An RQIA information leaflet “how can I raise a concern about an independent health and social care service’ was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 24 May 2018**

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 24 May 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1)(c) Schedule 4  <b>Stated:</b> First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-  (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that records specified in Schedule 4 were available and up to date at the time of inspection.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.5  <b>Stated:</b> First time	The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that records reviewed evidenced that staff had recorded appraisals in line with policy and procedures.	

### 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 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 registered 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 spoke to three 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 registered 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 registered 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 registered manager provided the inspector with a detailed list of the domiciliary care agency staff, their, 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 noted that photographic evidence of one staff member was unavailable. The registered manager provided the inspector with this evidence. The inspector has been assured that copies of photographic evidence will be maintained in the future. This can be reviewed at the next inspection.

The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. There was evidence that staff have attended training additional to that outlined within the Minimum Standards such as Human Rights, Autism and General Data Protection Regulation (GDPR) training. A poster was displayed in the office, in relation to 'Confidentiality & Data Protection.'

It was positive to note that the agency held a zone training matrix for PCG relief staff to ensure they complied with Regulations and Minimum Standards.

#### **Staff comments:**

- "I spent two weeks in Belfast and one day here during my induction."
- "There is a lot of diversity within the staff team."

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.

On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the SHSCT since the last inspection on 24 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 no concerns about staff or living here."
- "Staff treat me with respect."

**Relative comments:**

- “Information comes both ways and is disseminated among staff.”

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 SHSCT, service users and relatives and were noted to have been reviewed yearly and evaluated.

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.

Of seven responses returned by service users, five indicated that they were ‘very satisfied’ that care was safe and two indicated that they were ‘satisfied’ 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
<b>Total number of areas for improvement</b>	0	0

**6.5 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 (2018) and Service User Guide (2018).

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 SHSCT representative, service users and relatives as appropriate.

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 am having a review tomorrow.”
- “I have signed paperwork to say I am happy.”



**Relative comments:**

- “Tenants choice is respected.”
- “The staff are friendly, courteous and helpful.”

**Staff comments:**

- “Respect towards service users is a priority from staff.”

The agency maintains daily contact records for each service user. On examination of records the inspector noted a small number of corrections not in keeping with the agency’s policy and procedures in relation to record keeping. The registered manager has given the inspector assurance that record keeping will be discussed at the next team meeting and kept under review going forward.

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, relatives 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 inspector reviewed tenant meeting records which indicated that they took place on a monthly basis and that tenants views were being heard and addressed. This was confirmed by service user who spoke to the inspector.

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, relatives, staff and SHSCT representatives.

Of seven questionnaire responses returned by service users, five indicated that they were ‘very satisfied’ care was effective and two indicated that they were ‘satisfied’ 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**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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, registered manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in arranging and taking part in community activities.

It was evident that the agency staff and SHSCT 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.

The inspector observed staff using appropriate language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. Service users who wished to speak to the inspector were provided with privacy as appropriate.

### **Service user comments:**

- "I can go out to the social events in the community when I want to."

### **Staff comments:**

- "The service user comes 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 seven questionnaire responses returned by service users, five indicated that they were 'very satisfied' care was compassionate; one indicated that they were 'satisfied' care was compassionate and one indicated that they were 'unsatisfied' 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
<b>Total number of areas for improvement</b>	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.**

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 team leaders and a team of support assistants.

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 registered 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 registered manager 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 complainant was fully satisfied with the outcome of their complaint. 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:

- "If I wasn't happy, I would go to XXXX."

#### Staff comments:

- "The manager is supportive to service users and staff."
- "The team is consistent."

**Relative comments:**

- “I think things are very well run since XXXX took over.”

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

Process for engaging with and responding to the comments of service users was evident within the agency’s annual quality service user survey 2018. The inspector reviewed the survey result and found it to be positive. The registered manager informed the inspector that the annual report was not finalised on the day of the inspection. Following the inspection the agency forwarded information that provided the necessary assurances that the annual report was completed and is planned to be shared with all stakeholders. The inspector reviewed the information and found the annual report to be satisfactory.

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 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 SHSCT, service users, relatives and staff. The agency had received positive feedback through the quality monitoring report from SHSCT 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 SHSCT keyworker:

‘XXXX commended XXX on her good work in Castle Lane.’

It was positive to note that staff on duty was recorded on a noticeboard in the hall of the agency for service users, relatives and visiting SHSCT professionals to view.

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 registered manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

Of seven questionnaire responses by service users, five indicated that they were 'very satisfied' that the service was well led and two indicated that they were 'satisfied' 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
<b>Total number of areas for improvement</b>	0	0

#### 7.1 Areas for improvement

#### 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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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