

Unannounced Care Inspection Report 24 May 2018



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

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 care and support to 18 service users with complex needs who require assistance. The service users are supported by 18 staff.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Ms Chloe Mulholland (Acting)
Person in charge at the time of inspection: Ms Chloe Mulholland	Date manager registered: 05 February 2018

4.0 Inspection summary

An unannounced inspection took place on 24 May 2018 from 09.20 to 17.50 hours.

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:

- Care reviews
- Incident management
- Collaborative working
- Registration with professional bodies

Areas requiring improvement were identified:

- Availability of completed induction records
- Availability of completed appraisal records

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	1	1

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 12 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 September 2017.

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
- Record of complaints
- Correspondence with RQIA

During the inspection the inspector met with the manager, four service users, three staff, one visiting professional and made phone contact following the inspection on 25 May 2018 with two service users' representatives.

The following records were examined during the inspection:

- A range of service users' care and support plans
- Care review records
- Health and social care trust (HSCT) assessments of needs and risk assessments
- Recording/evaluation of care records
- Monthly quality monitoring reports
- Staff meeting minutes
- Tenant meeting minutes
- Records relating to staff training
- Records relating to staff supervision
- Records relating to knowledge skills framework (ksf)
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment policy
- A range of policies relating to the management of staff
- Supervision policy
- Induction policy
- Safeguarding adults in need of protection policy, 2016
- Whistleblowing policy
- Data protection policy
- Statement of purpose
- Service user guide

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invites staff to give their views and provides them with an electronic means of providing feedback to RQIA regarding the quality of service provision. One response was received and the outcome has been reflected in the report. The manager was also asked to distribute 10 questionnaires to service users/family members. Five responses were received and the outcomes have been reflected in the report.

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, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

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

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 12 September 2017

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 12 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulation (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14</p> <p>Stated: First time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(c) so as to promote the independence of service users;</p> <p>(d) so as to ensure the safety and security of service users’ property, including their homes;</p>	<p>Met</p>

	<p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed tenant meetings and evidenced discussion on how to keep safe from abuse and neglect. The inspector evidenced the attendance of the Housing Officer from Choice Housing at a relatives meeting.</p> <p>The inspector spoke to a service user who outlined his role and attendance at the Up in Policy group meetings. The inspector viewed emails from agency to the Human Resources Department outlining requests from service users to sit on staff recruitment panels.</p> <p>Resident meetings indicated clear service user involvement and choice.</p> <p>Records reviewed by the inspector evidenced service user participating in fire drills.</p> <p>The inspector noted photographs of staff on duty in the main entrance of the agency.</p> <p>Training records reviewed evidenced that staff were up to date with confidentiality of information training.</p> <p>Service user's relatives informed the inspector about attending relative meetings and that they got minutes of meetings forwarded to them.</p> <p>The inspector reviewed service user meetings for consistency and evidenced agendas which included service user involvement.</p>	

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 reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

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. Praxis Care Group provide a corporate induction as well as the local induction. Staff 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 manager. However, on the day of the inspection the agency could not provide induction records to support the induction programme delivered to Praxis Care Group substantive and relief staff. An area for improvement has been made in respect to Regulation 21(1) (c) Schedule 4.

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The manager and staff advised the inspector that the agency uses a small number of relief staff who are currently employed by Praxis Care Group and a small pool of staff from another domiciliary care agency to meet the needs of service users.

The manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence, AccessNI number, training and evidence of their NISCC registration and the induction programme provided to the domiciliary care agency staff.

Service user comments:

- 'I can go and come as I want.'

Staff comments:

- 'Training prepared me for my job.'
- 'Rota is fair; there is a rotational basis for weekends.'
- 'Some issues with staffing when changes of team leaders happened; but a light is coming through now.'

Relative comments:

- 'I think XXX is looked after alright.'
- 'When I tell XXXXX, information gets cascaded to the team'

The inspector evidenced a planner in the agency for completed and planned supervision, on examination of records the inspector found them to be satisfactory. The inspector reviewed appraisal records which did not evidence that appraisals were completed in accordance with the agency's policy, procedure and minimum standards. An area for improvement has been made in respect of Standard 13.5.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the agency's mandatory training requirements. There was evidence that staff have attended training additional to that stated in the Minimum Standards such as Epilepsy Awareness, Positive Behaviour Support and Understanding Behaviour which Challenges training.

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) which were noted to be reflective of 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 provided to staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion.

The inspector noted that 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 relevant HSC Trust since the last inspection.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency 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.

On the day of the inspection the inspector noted that there were a number of restrictive practices in place. It was noted that they were of the least restrictive nature and considered necessary in conjunction with the HSC Trust; they were reviewed yearly. The inspector examined the restrictive practice records and in discussion with the manager noted that the records were not up to date as some restrictive practices may have an impact on other service users in the building. Following the inspection and within an agreed timescale the manager forwarded to RQIA the updated restrictive practice register, risk assessments, care and support plans. The inspector reviewed all of this information and found them to be satisfactory.

The inspector noted that evidence of review of service users' needs took place annually or as required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection; the inspector evidenced that completed incident records were completed appropriately by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received one complaint since the last inspection and that these were managed in accordance with the agency’s policy and procedure.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding referrals, complaints and incidents.

Of five questionnaire responses returned by service users, four indicated that they were ‘very satisfied’ that care was safe and one indicated that they were ‘satisfied’ that care was safe. Of one response returned by staff, one indicated that they were ‘very satisfied’ care was safe.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to

- Availability of completed staff induction records in the agency office
- Staff appraisals

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose (2018) and Service User Guide (2017).

The inspector reviewed three service users’ care and support plans. The inspector was informed that care and support plans are reviewed on a monthly basis or sooner if required with the key worker. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined the annual reviews relating to three service users and the records were satisfactory.

The agency maintains daily contact records for each service user. On examination of records the inspector noted a number of inappropriate correction practices. The inspector requested and evidenced the manager add an agenda item to the forthcoming staff meeting agenda in relation to good recording keeping and appropriate correction methods.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

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

Relative’s comments:

- ‘I attended reviews in the past.’
- ‘The agency sent out a letter advising of change in acting manager.’

- 'I got a few things sorted out at the relatives meeting, they are useful.'
- 'I have got the minutes of the relatives meeting sent to me.'

Staff comments:

- 'Team meetings are productive.'

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by senior managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement matters. It was identified that the monthly monitoring system had not highlighted the unavailability of induction and appraisal records in staff files. The inspector discussed the absence of these records with the registered manager and was assured that managers completing the monthly monitoring visits would be advised by the registered manager to include these two areas in future monthly monitoring reports.

The inspector noted the following comments made by relatives during quality monitoring visits:

Relatives comment:

- 'The scheme has much improved since XXXXX took over as manager.'

On the day of the inspection the inspector spoke to a visiting HSC Trust professional. During the course of this conversation the Trust professional outlined the following comments:

- 'There can be a lot of support staff looking after my service user and I don't know who they are.'
- 'Night duty staff advise my service users that sleep-in staff cannot be wakened.'
- 'Service users would like to know who their key workers are and would like to see more of them.'

The inspector made the manager aware of these comments and has recommended that the manager liaises with the service users and the HSC Trust professional for local resolution. The manager contacted the inspector on the 01 June 2018 and provided feedback verbally and later by email that a meeting had taken place between the HSC Trust professional and the agency and that all areas of concern were dealt with. The inspector found the feedback from the manager to be satisfactory.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal and written handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

Review of tenant meeting minutes by the inspector indicated that the views of service users are taken into account in planning and making decisions. The inspector evidenced communication sent to service users to obtain suggestions for the tenant meetings. The inspector noted that service users were updated on what to do if they safety issues and social events.

The inspector noted and examined the following surveys carried out by Castle Lane Domiciliary/Supported Living Service, Operational Plan 2017/2018, and Service User Survey 2017 with positive results. The inspector was advised that service user's relatives had not returned any questionnaires this year. The questionnaires are to be re-issued in July 2018.

The name and contact details of advocacy services were available in the Service User Guide and on the complaints and comments leaflet.

The staff interviewed informed the inspector that desktop computers are available in the agency office for staff to use to access policies and request on-line and face to face training.

Of five questionnaire responses returned by service users, four indicated that they were 'very satisfied' that care was effective and one indicated that they were 'satisfied' that care was effective. Of one response returned by staff, one indicated that they were 'very satisfied' care was effective.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users and where appropriate their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of Trust professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and HSCT community 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 users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings. A service user informed the inspector that they had chosen their colour scheme and bedroom furniture themselves.

The inspector was informed by a service user how they had enjoyed attending music events in both the local area and Belfast. The inspector observed wall hangings in the agency which were made by service users as a collective effort. The inspector observed photographs of service users enjoying social events inside and outside of the agency supported by staff. On the day of the inspection the inspector observed staff taking service users out to the local area to promote social inclusion.

A service user informed the inspector that they had been selected to participate in a shortlisting panel with the Patient/Client Council to assess HSC Trust community facilities for Service User Involvement and also attended the Patient/Client Council award ceremony in Crumlin Road Gaol.

Relative comments:

- 'The new manager is a breath of fresh air.'

Of five questionnaire responses returned by service users, three indicated that they were 'very satisfied' that care was compassionate and two indicated that they were 'satisfied' that care was compassionate. Of one response returned by staff, one indicated that they were 'very satisfied' 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 during the inspection.

	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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection 12 September 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its policy and procedure.

The agency operates a robust training system available for staff to request training to meet the needs of service users.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained on an electronic system for staff to access which are reviewed in line with timescales as outlined in the Minimum Standards.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Advocacy
- Equal care and support
- Individual person centred care
- Individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the HSC Trust referral information.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that one complaint had been received since the last inspection 12 September 2017.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users' comments:

- 'The staff are all alright.'

Relative comments:

- 'There is more consistency now with this new manager.'
- 'If XXXXX says XXX will do something, she will do it.'
- 'If XXXXX can't do it, XXX will say XXX can't.'
- 'In the past I had no confidence in staff, but I have confidence now.'

Staff comments:

- 'Both of our managers sing of the same hymn sheet.'
- 'The managers are hands on.'

Of five questionnaire responses returned by service users, three indicated that they were 'very satisfied' that the service was well led, one indicated that they were 'satisfied' that the service was well led and one was 'undecided' if the service was well led. Of one response returned by staff, one indicated that they were 'very satisfied' that the service was well led.

On 08 June 2018 the inspector contacted the agency and advised the manager about the 'undecided' response by the service user. As no contact details were available for the service user the inspector has requested that the manager discusses the inspection report at the tenants meeting to allow service users to discuss any issues or concerns.

The inspector noted the following comment on a returned questionnaire:

'It's good here, a new young and experienced team'.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified 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 Ms Chloe Mulholland, Acting 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 Regulations (Northern Ireland) 2007 and/or 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1)(c) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: 21 June 2018</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Induction forms for all staff are in process of being copied and originals put in personal files. All new staff coming in will have a new form that will be put into their personal file.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: 21 June 2018</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Appraisals are being completed however there is only one training manager currently who provides this training. Appraisal training for all managers and team leaders has been booked for 10/8/18.</p>

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



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