

Inspection Report

16 December 2022



Mid and South Antrim Supported Living Service

Type of service: Domiciliary Care Agency
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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	Registered Manager: Mrs Bronagh McCaw
Responsible Individual: Mrs Alyson Dunn	Date registered: 9 November 2018
Person in charge at the time of inspection: Mrs Bronagh McCaw	
Brief description of the accommodation/how the service operates: Mid and South Antrim Supported Living Service is a domiciliary care agency supported living type which provides personal care and housing support to 15 people with learning disability, mental health and complex needs from the Northern Health and Social Care Trust (NHSCT) area. The service is spread over a variety of sites – three adjacent houses in Crumlin with the registered office, one service user in community in Crumlin with floating support, one bungalow in Hugomont Drive in Ballymena and one house in Grange Road, Ballymena	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2022 between 10.20 a.m. and 2.55 p.m. The inspection 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, dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, monthly monitoring arrangements, staff training and communication between staff, service users and other key stakeholders. There were good governance and management arrangements in place.

The inspector would like to thank the manager, service users and staff for their support and assistance in the completion of the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were 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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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

4.0 What did people tell us about the service?

During the inspection we spoke with a number of one service user and one staff member.

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

Comments received included:

Service user's comments:

- "I'm happy here...I'm going shopping at the weekend'."

Staff comments:

- “All staff are a great support....the training was very thorough.....the service users are lovely to work with...service users very much chose what they want to do... the care is safe.’

Service users’ relatives comments post inspection:

- “Our daughter has a wonderful life due to Praxis.”
- “It’s a brilliant place.”
- “The staff know just what (service user) needs.”
- “It is such a relief to me to know (service user) is so well looked after.”

HSC Trust representatives’ comments post inspection:

- “I have found all the supported living facilities are very good at communicating with the community team and are willing to work with both the multi-disciplinary team and also service users and cares to ensure the service users’ needs are met”
- I have worked with both these Praxis services for a number of years and would have no issues with the care and support the staff provide to the service users that I work with. The management team are an example to the staff team and standards are high.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “Excellent.”
- “(Service user) is very happy with all the support.”
- “I think the service is well run”

No staff or visiting professionals responded to the electronic survey.

5.0 The inspection**5.1 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 undertaken on 24 June 2021 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings**5.2.1 What are 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 agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. .

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The manager reported that none of the service users currently required the use of specialised equipment.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. This included a recent update from a local pharmacy. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (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. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. A comprehensive restrictive practice register was in place.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are 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. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The manager reported that service users had chosen not to have meetings on a regular basis

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst the manager reported that no service users had swallowing difficulties, all staff training in dysphagia was up to date.

5.2.4 What systems are in place for staff recruitment and are they robust?

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. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

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, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme in place which also included shadowing of a more experienced staff member. The manager was in the process of updating how staff inductions were recorded. Written records were retained by the agency of the person's capability and competency in relation to their job role

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards.

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

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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

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. It was positive to note that a number of complaints had also been received.

The Statement of Purpose required updating with RQIA's contact details. The manager submitted the revised Statement of Purpose to RQIA within two weeks of the inspection.

There is a system in place that directs staff from the agency as to what actions they should take if they were unable to access a service user's room.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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



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