



The Regulation and
Quality Improvement
Authority

PCG The Courtyard
RQIA ID: 10817
2, 3 and 4 The Courtyard
Off Main Street
Crumlin
BT29 4UR

Inspector: Jim McBride
Inspection ID: IN22741

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**Announced Care Inspection
of
PCG The Courtyard**

14 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 14 July 2015 from 09:00 to 13:00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There was no Quality Improvement Plan (QIP) as a result of this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Irene Sloan	Registered Manager: Teresa Duffy
Person in charge of the agency at the time of Inspection: Teresa Duffy	Date Manager Registered: 9 March 2009
Number of service users in receipt of a service on the day of Inspection: 9	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users.

Theme 2: Service User Involvement - service users are involved in the care they receive.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Incident records
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with four service users, five care staff and the registered manager. The inspector also had the opportunity to speak to a staff member from the HSC Trust. All comments received have been included in the report.

The following records were examined during the inspection:

- Six care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for January, February, March and April 2015.
- Tenants' meeting minutes, these meetings are held weekly with service users.
- Staff meeting minutes for March, April, May, June and July 2015.
- Staff training records
 - Vulnerable Adults*
 - Challenging Behaviour*
 - Supervision for supervisors*
 - Human rights*
- Records relating to staff supervision
- Complaints records
- Recruitment policy. The policy was updated by Praxis Care on the 6 November 2014.
- Records relating to recruitment process
- Induction procedure
- Records of induction
- Staff register and associated records
- Staff rota information.

Eight questionnaires were completed by staff during the inspection; these indicated that the majority of staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern?

During the inspection a number of questionnaires were circulated to the service users to be completed asking them about various aspects of their care. Five completed questionnaires were returned to the inspector during the inspection.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here.

Individual staff comments:

“This is an excellent scheme offering care and support to all service users.”

“I believe the service provided in the courtyard is transparent and thorough.”

Individual service users, comments:

“I like the staff they help me.”

“The staff are good to me.”

5. The Inspection

Praxis Care at The Courtyard, Crumlin is a domiciliary care agency providing a 9 place supported living type project consisting of 3 houses for individuals who present with challenging behaviour / learning disabilities, and underlying mental health care needs. Under the direction of the Registered Manager, Ms Teresa Duffy, staff provide care/support to service users over a 24 hour period.

The emphasis of the service to individuals is supporting them to maximise their independence by offering support, advice, information and assistance in the following key areas:

- Setting up and maintaining their home
- Developing social and life skills
- Budgeting advice
- Emotional support.

Referrals to the scheme are accepted primarily from the Northern Health and Social Care Trust, however all HSC Trusts can make referrals.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 29 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1 Ref: 15 (6) (d)</p>	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs: Utilities bills</p> <p>The service users' individual financial agreements will have to be further developed to reflect any payments made by them for, utilities costs and any reimbursements received.</p> <p>This requirement has been restated in relation to reimbursements of costs associated with utilities.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Each service user is issued with a 'Bills Agreement and Guide to Costs' which details all costs.</p> <p>Praxis Care attended a meeting at RQIA on the 17th October 2014 to discuss the methodology by which the organisation would reimburse service users if required. A report was presented to RQIA and the proposed actions accepted. Praxis Care refunded those service users who were owed monies in December 2014.</p>	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by staff interviewed. Two staff members who are currently completing their induction stated:

"The staff are helpful and supportive to us." The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure for verifying the identity of all staff prior to their supply, and the registered manager assured the inspector that no staff are supplied unless this procedure is followed. The agency is currently using a number of outside domiciliary care agencies; all relevant documentation including induction was in place and was verified by the inspector.

The agency has a policy and procedure in place for staff supervision and appraisal which details the frequency of both. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction supported staff feedback.

The agency's process of evaluating the effectiveness of staff induction was seen within records reviewed by the inspector.

Discussion with staff and examination of training records provided evidence that the agency has a process in place to identify and respond to training needs. The agency also provides a range of training outside of mandatory training; this was verified by the staff interviewed. The registered manager and staff described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff provided positive feedback about the nature and frequency of supervision and appraisal.

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. These comments and the agency's response to them could be seen in daily recording, minutes of meetings with service users and staff.

Discussions with staff and the manager indicated that service users are prepared in advance of significant staff changes where possible. The staff are aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

The registered manager described a process of recruitment undertaken by the agency in order to improve the continuity of staff to service users and minimise the disruption to service users.

Induction records seen by the inspector provided evidence that staff receive an induction specific to the needs of service users, this was supported by staff comments and one staff member who has received recent induction.

Agency staff who took part in the inspection clearly described having the knowledge and skills to carry out their roles and responsibilities.

Agency staff described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Overall on the day of the inspection the inspector found care to be compassionate.

Service Users' Comments:

"The staff are friendly and very supportive."

"I'm just new here are the staff are great, they have helped me greatly."

"I love supported living it gives me hope for the future."

Staff Comments:

"Training is comprehensive and keeps you updated."

"The induction process is good all staff help and support you."

"The tenants have all settled well into supported living."

HSC Trust Staff Member Comments

"The staff communicate well with the HSC Trust."

"I have been involved in risk assessments and reviews."

"We work well together in the interests of the tenants."

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector has seen records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service user and their views.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments, care plans, and records of adult safeguarding referrals. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice. Staff could provide examples of positive risk taking in practice.

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Records of reviews showed that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required. Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. Staff described how care and support plans are written along with the service user, records in place provided evidenced of this.

Records examined within monthly monitoring reports, minutes of service users' meetings provided examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

Service users have been provided with information relating to human rights in a suitable format.

It was noted that individual care and support plans place importance on the human rights of individuals. Care and support plans are written and reviewed under the following subdivisions:

- *Improved Health*
- *Improved quality of life*
- *Making a positive contribution*
- *Choice and control*
- *Freedom from discrimination and harassment*
- *Emotional wellbeing*
- *Personal dignity*

It was noted by the inspector that the transition period for two tenants to adult services was difficult for them; however, following discussions with the manager and the HSC Trust representative it appears that with the help and support from staff the tenants are settling into supported living.

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

Feedback from staff, service users and a HSC Trust staff member evidenced that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner.

Service users and/or their representatives were aware of their right to be consulted and have their views taken into account in relation to service delivery. Staff discussed examples of responding to service users' preferences.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were seen in activity programmes, care and support plans and through discussion with service users.

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues. This was verified by the HSC Trust staff member interviewed. The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

Overall on the day of the inspection the inspector found care to be compassionate.

Service Users' Comments:

"I'm involved in all my care."

"We meet regularly to discuss any problems we have."

"The staff listen to me and what I want for the future."

"I'm real here they treat me well and respond to my wishes."

"I want to move on and get work, and my own home the staff respect that and are helping me achieve my goals."

Staff Comments:

"All service users are treated as individuals."

"Weekly tenants meetings share ideas."

"Tenants discuss what activities they want to do."

"We strive to meet the tenant's needs and look for alternatives to conventional day care support."

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

Service users' survey:

The agency completed a quality survey with service users during 2014/5. The inspector noted a number of issues in relation to the quality of service provision. Seven service users took part in the survey and stated the following when asked:

Do you feel that Praxis Care services made a difference to your life? 86% Yes.

Do you feel that Praxis Care services staff, including your keyworker helps and supports you? 86% Yes.

Do you feel part of the community where you live? 88% Yes

Are you involved in meetings and talks about your care and the support you receive? 88% Yes

Do you feel that the community you live in surrounding your home is safe? 86% Yes

The inspector discussed the service users' survey with the manager who has in place an action plan to meet the needs of the service users following their comments.

Reports of Monthly Quality Monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

Complaints

Records of complaints from 1 January 2014-31 March 2015 were examined. There were six complaints within the time period specified. All complaints were resolved satisfactorily.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Teresa Duffy	Date Completed	19/09/15
Registered Person	Irene Sloan	Date Approved	29/09/15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	30/9/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.