

Announced Care Inspection Report 16 October 2017



Praxis Domiciliary Care

Type of Service: Domiciliary Care Agency
**Address: Unit 4, 6, 7 Strangford Park, Ards Business Centre,
Jubilee Road, Newtownards, BT23 4YH**
Tel No: 02891820650
Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Praxis domiciliary care provides a range of services to adults living in their own home and rented accommodation.

The service is provided to 12 individuals with learning disability who may also have overlapping challenging behaviours, ill health or physical needs. The service is managed by Nichola Taylor (acting manager). Twelve staff (together with relief and agency staff) provide support and practical assistance to service users to enable them to live as independently as possible. The service includes a supported living type accommodation service for six tenants and a conventional domiciliary care service to individuals within their family homes. Services have been commissioned by the Belfast Health and Social Care Trust (BHSCT), the South Eastern HSC Trust and the Northern HSC Trust.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Nichola Taylor (acting)
Responsible Individual: Mr Andrew James Mayhew	
Person in charge at the time of inspection: Nichola Taylor	Date manager registered: Nichola Taylor – application not yet submitted

4.0 Inspection summary

An announced inspection took place on 16 October 2017 from 09.45 to 15.15.

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 a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families, staff and a Health and a Social Care Trust (HSCT) professional during the course of the inspection was positive with four service users, nine staff, two relatives and one HSCT professional presenting positive feedback.

No areas were identified for improvement and development.

Service users, families and the professional communicated with by the inspector, presented a range of positive feedback regarding the service provided by Praxis Care Domiciliary Care in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the acting manager during 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.

Following discussions with the service users, two family members, the staff and a HSCT professional it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, agency staff and Praxis Care Group human resources staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the acting manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 25 August 2016

No further actions were required to be taken following the most recent inspection on 25 August 2016.

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
- record of notifiable events for 2015/2016
- record of complaints notified to the agency

On the day of inspection the inspector spoke with the four service users who are supported by Praxis Domiciliary care to obtain their views of the service.

The inspector also spoke with the acting manager and nine support staff including team leaders and support workers.

During the inspection the inspector spoke with two family members and one HSCT professional, by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

- social support
- support with personal care needs
- support with medication management
- support with budgeting

At the request of the inspector the acting manager was asked to distribute ten questionnaires to staff for return to RQIA. Two questionnaires were returned. The acting manager was also asked to distribute ten questionnaires to service users. No questionnaires were returned. Further detail of staff feedback is included throughout this report.

The following records were examined during the inspection:

- a range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- one new staff members induction records
- three long term staff members' supervision and appraisal records
- three long term staff members' training records
- staff training matrix
- three agency staff profiles and induction records
- staff meeting minutes
- a range of staff rotas
- staff handbook
- staff NISCC registration processes
- statement of purpose
- service user guide
- three long term service users' records regarding ongoing review, and quality monitoring
- two service users' home records
- service user/tenant meeting minutes
- three monthly monitoring reports
- annual quality process
- communication records with HSCT professionals through annual reviews
- one complaint record
- two safeguarding records
- three incident records

No areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to the acting manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 August 2016

The most recent inspection of the agency was an announced care inspection

6.2 Review of areas for improvement from the last care inspection dated 25 August 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector was advised by four service users, two family members and one professional spoken with that the safety of care being provided by the staff at Praxis Domiciliary care was very good.

Policies and procedures relating to staff recruitment and induction were held on site. The acting manager confirmed all policies are accessible on the service website.

The acting manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The service has introduced one new staff member to the service over the past year. The service also have a number of agency staff in place due to current staff shortages. An introduction/induction process for the new and agency staff was discussed and reviewed during inspection and was confirmed as compliant.

The induction process reviewed is recorded and signed off by the individual staff member and senior staff or acting manager during the induction. The inspector discussed the requirement to hold evidence of induction records on site at all times, the acting manager confirmed this would be adhered to post inspection. The NISCC induction standards are embedded within the Praxis induction programme.

Discussions with the acting manager and other support staff confirmed all staff members' are currently registered with NISCC with exception to the new staff member who is currently registering. A system for checking staff renewal with NISCC has been implemented by the organisation. The acting manager provided evidence of this process which detailed staff registration status, number and renewal date on certificates in staff files. The acting manager provided assurances the process of review is fully embedded. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, families or professional communicated with during inspection.

Four service users spoken with confirmed that they could approach the support staff if they had any issues and were assured matters would be addressed. The acting manager confirmed communication with the service users' is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professionals and family. Service users, families and the professional

confirmed communication is good and in a timely and professional manner. Examples of some of the comments made by the service users, families and the HSCT professional are listed below:

- "Staff are very good".
- "Their very good to xxx".
- "No complaints regarding the service".
- "xxx seems alright".
- "Very good service".
- "I'm very happy with the service".

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were discussed with the staff team and confirmed as available on the service information system. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable regarding their roles and responsibilities in regard to safeguarding. Most staff were familiar with the new regional guidance and revised terminology which is currently being rolled out within Praxis training programmes. Staff were also aware of the safeguarding champion within the service.

The inspector was advised that the agency had two safeguarding matters since the previous inspection which were reportable to RQIA. Review of these matters confirmed robust processes in place for referral, communications and in respect of records maintained. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the acting manager confirmed processes which would be used to address any matters arising.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained each of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the Praxis central training e-learning programme. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Staff supervisions and appraisals were found to be consistently referenced within staff records reviewed. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The acting manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users, families and an HSCT professional during inspection supported a process of ongoing review with service user

involvement. The acting manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with a HSCT professional was confirmed during inspection.

Service users, families and the HSCT professional communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels at present through use of relief and agency staff. Current staffing levels appeared appropriate on rota's reviewed at inspection. An ongoing recruitment process is currently in place to bring staffing levels back to appropriate levels.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Two staff questionnaires received confirmed that update training, supervision and appraisal had been provided on a regular basis. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

No service user questionnaires were received.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitment, training, supervision and appraisal. Review of service users' support needs where also found to be ongoing. Feedback from service users, families and an HSCT professional supported consistency in support provided to service users by Praxis Domiciliary Care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector was informed by the four service users', families and the HSCT professional spoken with that there were no matters arising regarding the support being provided by the staff at Praxis Domiciliary Care.

No issues regarding communication between the service users, families and staff were raised with the inspector. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. Consistency of staff and involvement from HSCT professionals has led to an ongoing review process with support and communication at the expected standards for those receiving support. The acting manager confirmed service users receive a questionnaire to obtain their views of the service as part of the annual review process. Review of the recent survey report confirmed this process. Service user feedback has been

ongoing over time together with relative and professional feedback through service user reviews, and through monthly monitoring completed in the service. These processes were confirmed during inspection.

Examples of some of the comments made by service users, families and a HSCT professional are listed below:

- "Staff support me to go out and to do activities I enjoy".
- "I like living in this house".
- "xxx is very happy living there".
- "I'm invited and given the option to attend reviews or when I can't attend I can give my feedback".
- "xxx seems happy".
- "Staff are very skilled in managing and supporting challenges when they arise".
- "Communication is very good and in a timely manner".

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced service users views are obtained and incorporated. Review of support plans within the agency supported an ongoing process involving service users and keyworkers; the support plans are signed by service users where appropriate. Involvement in reviews was discussed with service users during inspection and all confirmed involvement in this process.

The service has not introduced any new service users' since the previous inspection. The acting manager confirmed the service user guide would be provided to new service users at introduction to the service.

The agency maintains recording books for each service user on which support staff record their daily input. The inspector reviewed two completed records and found the standard of recording to be good. The service also completes a monthly review of service users' needs and these were reviewed during inspection and held centrally within service user files. Two service user's discussed the benefit of this process in reviewing their progress on an ongoing basis.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff or acting manager if any changes to service users' needs are identified. Staff interviewed discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Two staff questionnaires received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

No service user questionnaires were received.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, families and the HSCT professional was very positive regarding the effectiveness of service support and this was shared with the acting manager during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect regulations and standards.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The service users, families and HSCT professional spoken with by the inspector felt that care was compassionate. The professional advised that staff are very competent, skilled and efficient in their approaches to supporting service users. The professional described an excellent service with a committed staff team.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service user's, families and professionals during the inspection and received by the service as compliments are listed below:

- "Staff involve me in review of my support needs and within the house service user meetings".
- "I'm invited to attend the annual reviews".
- "Staff are always very nice".
- "SU's have a good quality of life within the service with good staff support provided".
- "The agency has in recent times come through changes in management which my service users were anxious about and the service/staff managed this transition in a very smooth manner with minimal disruption to service user's lives".
- "Maintaining independence is a plus".
- "I enjoy shopping trips".
- "To have kind people work in Praxis. To have staff that help me do my bedroom up would be good, this is currently underway".
- "xxx values staff support".
- "xxx is happy with the support provided".
- "xxx is satisfied with the support being provided".

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside HSCT professionals and staff feedback.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect.

Two staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

No service user questionnaires were received.

Areas of good practice

There were many examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, families, the HSCT professional and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, families and the HSCT professional include:

- “Staff are very good at communicating with me on all matters”.
- “Staff are very proactive in following up on matters and communicating them to me”.
- “I love working in the service”.
- “We have a really good staff team who are very supportive and available including line management”.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current acting manager, the agency provides domiciliary care/supported living to 12 adults living within the Praxis domiciliary Care Service.

The agency’s complaints information viewed was found to be appropriately detailed, and included reference to independent advocacy services.

The policies and procedures are maintained on the service website and the contents discussed with the acting manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed with exception to the recruitment policy and appraisal policy which are due for review. Review of these policies has been shared during inspection. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis and were evident during inspection.

The complaints log was viewed for 2016-2017 to date, with one complaint arising. Review of this complaint during inspection supported appropriate procedures in place.

Discussion with the acting manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. A range of incidents had arisen since the previous inspection; review of three incidents during inspection supported processes in line with the agency policies and procedures.

The inspector reviewed the monthly monitoring reports for July, August and September 2017. The reports evidenced that the assistant director for the service completes this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and professionals. The inspector discussed recording specific comments from stakeholder feedback as opposed to generalising this feedback. This would also assist in supporting compliments regarding the service. The inspector further suggested detailing the review of staff induction processes during the monthly monitoring and reflecting this within the report. This feedback was shared with the acting manager and the assistant director during inspection.

Discussion with nine support staff during inspection indicated that they felt supported by their acting manager and within the staff team at Praxis Domiciliary Care. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one HSCT professional during inspection supported an open communication process with staff at Praxis Domiciliary Care and presented positively in terms of staff approach to supporting service users.

Two staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems. One staff commented. 'I feel we are currently short staffed, although there is a continuing recruitment drive under way. We use a lot of agency staff although a lot of these are block booked meaning there is continuity of care and familiarity for service users'.

No service user questionnaires were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining relationships with key stakeholders were also evident.

Areas for improvement

No areas for improvement have been identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews