

Unannounced Care Inspection Report 23 October 2017



Praxis Care Group

Type of Service: Domiciliary Care Agency
**Address: 1 - 2 Crozier Mews, Edenderry Road, Banbridge,
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Tel No: 02840669453
Inspector: Amanda Jackson

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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 Care, Crozier Mews, Banbridge, is a domiciliary care supported living type agency providing services to people in the Craigavon and Banbridge area of Northern Ireland. The services include advice, guidance and support on practical issues, to enable service users with a mental health condition to live independently. Praxis Care, Crozier Mews consist of a shared building containing seven bedsits, six individual flats and a three person bungalow. Service users receive support at a variety of levels, as assessed by the Southern Health and Social Care Trust, who commissions their services.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Mr Liam Maguire - application not yet submitted
Person in charge at the time of inspection: Mr Liam Maguire	Date manager registered: Mr Liam Maguire - application not yet submitted

4.0 Inspection summary

An unannounced inspection took place on 23 October 2017 from 09.30 to 15.00.

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, three staff, two relatives and one HSCT professional presenting positive feedback.

Three areas were identified for improvement and development. These related to staff supervision and consistency of approach in line with the services own policies and procedures. Staff completing service user records have been recommended to complete full signatures in accordance with Standard 5.6 and the agency is required to maintain staff induction records for inspection purposes in line with Regulation 21(1).

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 agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the 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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Liam Maguire, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 08 August 2016

No further actions were required to be taken following the most recent inspection on 08 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 agency to obtain their views of the service.

The inspector also spoke with the Manager and three 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 manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users/family members. No questionnaires were returned.

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 member's induction records.
- Three long term staff members' supervision and appraisal records.
- Three long term staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- A range of staff rota's.
- Staff NISCC registration processes.
- Statement of purpose.
- Service user guide.
- One new service users' record regarding introduction to the service.
- Two 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.
- Two compliments records.
- Three complaints records.

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

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 08 August 2016

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

6.2 Review of areas for improvement from the last care inspection dated 08 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 agency was of a good standard.

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

The 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 has a number of relief staff in place due to current staff shortages. An introduction/induction process for the new and relief staff was discussed and reviewed during inspection. Induction records are currently held by staff until induction is complete and this was discussed with the manager not to be in accordance with Regulation 21(1) and Schedule 4. An area for improvement has been detailed within the Quality Improvement Plan (QIP).

The induction process reviewed is recorded and signed off by the individual staff member and senior staff or Manager during the induction. The NISCC induction standards are embedded within the Praxis induction programme.

Discussions with the Manager and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The Manager provided evidence of this process which detailed staff registration status, number and renewal date on certificates in staff files. The 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 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:

- "Everything is going well and this is a good place to live".
- "Everything is great".
- "Never had a complaint in all the time I've lived here".
- "Brilliant job they do".
- "The service is excellent".
- "No concerns".

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 no safeguarding matters since the previous inspection which were reportable to RQIA. 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 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 and appraisal compliant with agency policy timeframes. Staff supervision varied in terms of timeframes for completion and this matter was discussed with the Manager as an area for improvement. 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 Manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of two 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 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 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.

No service user or staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitment, training and appraisal. Staff supervision has been identified as an area for improvement along with staff induction records centrally retained at the agency registered office. Review of service users' support needs where 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 Agency.

Areas for improvement

Two areas for improvement were identified during the inspection and relate to retention of staff induction records and consistent procedures for staff supervision.

	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 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 Agency.

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 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 however a clear action plan to address outcomes was not evident. This matter was discussed with the Manager and assurances provided that matters highlighted have been addressed and would be clearly evidenced for future review. 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 keep well".
- "Staff are very kind and helpful".
- "You can turn to the staff at any time".
- "Staff support us very well".
- "Best move he ever made".
- "xxx has a new lease of life since moving here".
- "Staff really try their best".
- "Physically and emotionally xxx is very well supported".
- "All service users are happy there".
- "I feel safe, have plenty of friends and a better structure in my day. Since I moved here I'm more settled, I like to hear people about but not necessarily to have help".

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 introduced one new service user since the previous inspection. The Manager confirmed the service user guide is provided to new service users at introduction to the service and this was reviewed within the service user file during inspection.

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 however, not all staff provides their full signature when completing such records and this was discussed with the Manager as an area for improvement. 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 users' 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 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.

No service user or staff questionnaires were received post inspection.

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 Manager during the inspection.

Areas for improvement

One area for improvement was identified during the inspection in respect of staff completing service user records with a full staff signature.

	Regulations	Standards
Total number of areas for improvement	0	1

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 the service as very good with staff who are committed to meeting service user's needs.

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 are fantastic".
- "Their awful good and kind".
- "It's going very well".
- "Staff are very helpful and available for discussion".
- "Staff are very in tune with xxx needs".
- "They always take time to talk to you and update you thoroughly".
- "Staff are very attentive".
- "I just want to say thank you for all the support and help provided to xxx and myself. I know it hasn't been easy and very frustrating too but xxx could not have got to this stage without your help and support".
- "Thanks to the staff for their assistance with xxx and all their support provided to xxx over the years".

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.

No service user or staff questionnaires were received post inspection.

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 proactive in following up on matters and communicating them to me”.
- “I enjoy working with the service users”.
- “We have a good staff team”.
- “No complaints”.
- “The service doesn’t need improving”.
- “Some things work better than others”.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current Manager, the agency provides domiciliary care/supported living to 16 adults living within the Praxis domiciliary Care Agency.

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 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 and appraisal policies which are due for review. Review of these policies has been shared across a range of the PCG services 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 three complaints arising. Review of the complaints during inspection supported appropriate procedures in place.

Discussion with the Manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. No incidents had arisen since the previous inspection.

The inspector reviewed the monthly monitoring reports for June, July and August 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 suggested detailing the review of staff induction and supervision processes during the monthly monitoring and reflecting this within the report. This feedback was shared with the Manager who agreed to share this recommendation with the assistant director following inspection.

Discussion with three support staff during inspection indicated that they felt supported by their Manager and within the staff team at Praxis Domiciliary Care Agency. 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 Agency and presented positively in terms of staff approach to supporting service users.

No service user or staff questionnaires were received post inspection.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Liam Maguire, 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)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection ongoing and retrospectively for staff recruited to the agency prior to the inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</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>Response by registered person detailing the actions taken: The registration process has been completed and shall endeavour to ensure records specified in Schedule 4 are maintained in line with this standard.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p>
	<p>Response by registered person detailing the actions taken: Staff have knowledge of the Supervision Policy. A total of ten supervisions are to be carried out each year. A minimum of four of these, inclusive of the annual appraisal, must be on a one-to-one basis. The remainder can be a mix of group supervision, direct observation and/or reflective practice, and coaching. Records must be kept for all ten supervisions, signed appropriately and stored in the appropriate staff file. A supervision matrix should be kept up to date so contingencies can be put in place to cover absences.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p>
	<p>Response by registered person detailing the actions taken: Team meeting was held on 25/10/17 and minuted that documents/records are signed and dated by the person making the entry.</p>

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



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