

# Unannounced Care Inspection Report 7 August 2018



## Praxis Care Group

**Type of Service: Domiciliary Care Agency**  
**Address: 1 - 2 Crozier Mews, Edenderry Road, Banbridge,  
BT32 3AT**  
**Tel No: 02840669453**  
**Inspector: Kieran Murray**

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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 services to 16 service users (one void tenancy on the day of the inspection) living in their own homes who require care and support with their mental ill health. Praxis Care, Crozier Mews consists of a shared building containing seven bedsits, six individual flat and a three person bungalow. Service users receive support at a variety of levels, as assessed by the Southern Health and Social Care Trust (SHSCT), who commissions their services. The service users are supported by eleven staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual(s):</b> Mr Andrew James Mayhew	<b>Registered Manager:</b> Mrs Aine Mary Murnin - Application pending for acting manager
<b>Person in charge at the time of inspection:</b> Team Leader	<b>Date manager registered:</b> Application pending for acting manager

### 4.0 Inspection summary

An unannounced inspection took place on 7 August 2018 from 09.15 to 17.00.

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:

- staff inductions
- supervisions and appraisals
- care reviews
- incident management
- collaborative working
- professional body regulations

No areas requiring improvement were identified during the 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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Aine Mary Murnin, Head of Operations and the team leader, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 23 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 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 four service users, the head of operations, five staff and telephone conversation with one Trust professional and one service users' representative.

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, including induction training
- records relating to staff supervisions
- records relating to appraisals
- 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
- grievance procedure
- Statement of Purpose (2018)
- Service User Guide (2018)

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

At the request of the inspector, the head of operations and team leader 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. Two responses were received prior to the issue of the report. The head of operations and team leader were also asked to distribute 10 questionnaires to service users/family members. No questionnaires were received prior to the issue of the report.

The feedback received on the responses will be reflected in the body of the report.

The inspector requested that the head of operations and team leader place a 'Have we missed you?' card in a prominent position in the agency to allow service users, 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.

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 23 October 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 23 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 (1) <b>Stated:</b> First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; (b) retained for a period of not less than eight years beginning on the date of the last entry; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that records specified in Schedule 4 were up to date, retained at the agency and available for inspection.	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.3  <b>Stated:</b> First time	Staff have recorded formal supervision meetings in accordance with the procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector evidenced recordings of completed formal supervision meetings in staff files.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time	All records are legible, accurate, up to date and signed and dated by the person making the entry.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed by the inspector were legible, accurate and up to date. Each entry was dated and signed by the member of staff making the entry.	

### 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; it was evidenced by the inspector that staff attend the Praxis Care Group corporate induction programme. Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke with five staff which included Praxis relief staff and they 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.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The team leader advised the inspector that void shifts are covered by the agency staff or a small pool of Praxis relief staff.

**Service user comments:**

- “I love it here.”
- “The staff are fantastic.”

**Staff comments:**

- “I got an induction in the Belfast office for one to two weeks.”
- “We get training by the Learning and Development Team.”
- “The rota is pretty tight as we are waiting on two new members of staff starting.”
- “We have a good group of relief staff.”

**Relative comments:**

- “Any medical issues the staff let me know.”

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

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 e.g. Working with Anxiety Disorders and OCD, Guardianship and General Data Protection Regulation (GDPR) 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 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 staffs safeguarding training were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion. The inspector noted ‘See Something Say Something’ posters throughout the agency.

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 one safeguarding referral to the Trust since the last inspection 23 October 2017 and the referral had been managed appropriately. However, the record was not easily accessible on the day of inspection. The team leader created a file and placed the record within this file to ensure easier access to information.

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 it was noted that there were a number of restrictive practices in place and restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were reviewed yearly and evaluated.

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

### **Trust community professional comments:**

- "The staff are very proactive and very good at identifying relapse triggers and sharing this information with the community mental health teams."

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 on 23 October 2017. 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 a number of complaints since the last inspection on 23 October 2017 and these were managed in accordance with policy and procedure. The inspector noted that the complainants were satisfied with the outcomes.

The inspector evidenced a copy of an easy read guide on how to make a complaint available in each service user's file. This was also available on the noticeboard in the foyer of the agency.

The inspector noted a record of a verbal compliment from a relative.

'XXX complimented on how well the flat clusters hallways were looking after getting new carpet.'

Of two responses returned by staff, both indicated that they were 'very satisfied' care was safe.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to recruitment and inductions, supervision and appraisals, training including adult and children safeguarding, complaints including availability of an easy read guide to complaints, incidents and health and safety.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 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 laid out in the Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed four 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 four annual reviews and the records were satisfactory.

The agency maintains daily contact records for each service user which the inspector reviewed and found to be satisfactory.

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:

- "My XXX has the freedom to come and go as she likes. She has a front door key."
- "I have no concerns."

### Staff comments:

- "We get a written and verbal handover at the start of each shift."
- "Team Leaders delegate tasks to the team to ensure fairness."

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 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.

The inspector noted the following comments on monthly monitoring reports made by relatives and Trust professionals:

### Relative comment:

"XXX stated she is very pleased with the care and support her XXX receives."

**Trust professional comment:**

- “XXX reported staff to be efficient at responding with any issues which arise.”

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 through routinely 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 as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a monthly basis; the staff who spoke with 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 staff communication is good.

The inspector reviewed the tenant meeting minutes which evidenced that they took place on a monthly basis within the group home and on alternative months within the flats and bungalow. Service users spoken to on the day of the inspection verified this.

The inspector noted and examined the following audits carried out by Praxis Care Group, Service User Survey (results were available in the agency foyer), yearly internal audit report of the agency, monthly service user file audits, monthly health and safety and fire safety audits with positive results. The head of operations advised the inspector that the annual quality report was not yet finalised but assurance was given to the inspector that a copy would be forwarded to RQIA when this was completed.

The name and contact details of advocacy services were available on the complaints and comments leaflet for service users to avail of if necessary.

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

Of two responses returned by staff, both 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/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 professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and 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 invited the inspector to view their bedroom and the service user informed the inspector that they had attended the store and chose the furniture, fittings and colour of paint for their own room.

The inspector was informed by a service user that they had attended a disability meeting in London where they had met members of the royal family.

The inspector noted a number of posters/leaflets in the foyer of the agency advising service users of 'What's on in Banbridge Library', contact details for all church denominations in the area and guidance to understanding your human rights.

The inspector reviewed minutes of the 'Up in Policy' group meeting where service users can influence change within Praxis Care. Some of the items agreed for action included, training of service users to sit on staff recruitment panels and service users reviewing smoking and safety leaflets.

On the day of the inspection the inspector observed staff arranging to take service users out to the local area to promote social inclusion.

Service user comments:

- “I get to talk about what I like and dislike.”

**Relative comments:**

- “Staff are very friendly with my XXX.”

**Staff comments:**

- “I like it because it’s a small unit.”

**Professional comments:**

- “The Praxis staff go above and beyond to cater for service user needs.”

Of two responses returned by staff, both 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
<b>Total number of areas for improvement</b>	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 head of operations. 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 on 23 October 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

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.

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 team leader 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 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 a number of complaints had been received since the last inspection on 23 October 2017 and these were dealt with in accordance to policy and procedure.

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.

The responsible person and head of operations has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

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. The head of operations is working closely with RQIA to update the status of manager in the agency.

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:**

- "I would very much recommend this place to other people."

**Relatives' comments:**

- "I am happy with the management."

**Professional comments:**

- "At the moment it appears to be managed well, no changes in communication or practice, any changes in management has not affected any of our service users."

Of two responses returned by staff, both indicated that they were 'very satisfied that the service was well led.

**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
<b>Total number of areas for improvement</b>	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.



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