

# Unannounced Inspection Report

## 8 August 2016



## Praxis Care Group

**Domiciliary Care Agency/Supported Living Service**  
**1 - 2 Crozier Mews, Edenderry Road, Banbridge, BT32 3AT**  
**Tel No: 02840669453**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Praxis Care Group - Banbridge took place on 8 August 2016 from 08.50 to 13.00. The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the supported living service was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The service provision was outstanding. Staff could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

### Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The service provision was outstanding. The agency responds appropriately to the needs of service users through the development and review of individual care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The agency engages in partnership working with service users to meet the needs/choices of the individual.

There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

### Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The service provision was outstanding. The agency asks people who use their services what they need and want from the agency. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. Agency staff aim to help service users work towards the achievement of individual outcomes as described within individual care and support plans, as well as individual task analysis and goal achievement. No areas for quality improvement were identified.

### Is the service well led?

On the day of the inspection the agency was found to be providing a well led service. The service provision was outstanding. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability.

The agency aims to ensure that managers and staff listen and are accessible to people who use services and their representatives including the HSC Trust and relatives.

Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The agency evidenced supports systems that enable service users to get involved e.g. advocacy services, user-led groups. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>0</b>

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with a Team Leader on duty 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Praxis Care Group Mr Andrew Mayhew	<b>Registered manager:</b> Ms Aine Murnin
<b>Person in charge of the agency at the time of inspection:</b> Team Leaders	<b>Date manager registered:</b> Ms Aine Murnin – 9 March 2009
<b>Number of people receiving service during the inspection. 16</b>	

### 3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

The inspector visited the offices of Praxis Care Group on the 28 July 2016 to review a selection of records relating to the agency's recruitment practices. These records were found to have been satisfactory.

#### During the inspection the following processes used include the following:

- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback.

#### The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of service user needs and associated risks assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from January to June 2016
- Minutes of staff meetings held in: April, May, June and July 2016.
- Minutes of tenants meetings held in: March, April, May and June 2016
- Staff training records in relation to:
  - Vulnerable adults*
  - Medication*
  - Human rights*
  - Recovery model*
  - Confidentiality*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information

### 4.0 The inspection

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 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.

During the inspection the inspector spoke with the two Team leaders, one support worker and one service user. The inspector observed other service users going about their daily routines and their positive interactions with staff and other service users. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Ten Questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. Eight questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the staff and service user, it was noted there was evidence overtime of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

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

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 27 August 2016.**

There were no requirements or recommendations made as a result of the last care inspection.

#### **4.3 Is care safe?**

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency in October 2015.

The inspector was advised by the staff that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide December 2014. This approach was felt to be appropriate and important both in terms of the service user's security and the staff's knowledge of the required care.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk screening tools completed contained evidence that service users and/or representative's views had been obtained and incorporated. Risk assessments examined provided clear evidence of safe effective care and support being provided to service users. The agency delivers positive outcomes for people who use their services on an ongoing basis and in some instances over a long period of time. The agency's risk management policy was reviewed by the agency 15 October 2015.

Minutes of tenants' meetings read by the inspector provided clear evidence of safe care being discussed. The agency has in place a written policy and procedure for the recruitment of staff. Employment procedures reviewed evidenced the completion of pre-employment checks. The recruitment policy was updated by the agency on the 4 September 2014. The agency has in place a comprehensive checklist for personnel file documents.

A number of staff files were examined by the inspector on the 28 July 2016 and they included the required information in line with the agency's policy and good practice guidelines.

The inspector noted that service users were encouraged to become involved in some stage of the recruitment process through PALS (Praxis Care Advocacy and Learning Support) the group has been actively involved assisting in the design and development of training, as delivered to new employees through the induction process, whilst also reviewing existing training presentations for ongoing improvement.

The members, (service users) share their experiences of being a service user with Praxis Care with inductees and support new staff to understand how they can make a difference to service user's lives and improve the service offered. Currently, the PALS group are designing and developing a new presentation to highlight the link between the HSC Trust Principles and their experience of these in life and practice. The members group work together and undertake this initiative with the interests of all service users in mind whilst being aware of the need to objectively look at how they can support staff through learning from service user experience. The team leaders explained that one service user is very interested in membership.

The agency has a structured comprehensive six staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. The agency's induction standards are in line with the Northern Ireland Social Care Council standards for new workers in social care. The agency's induction procedures were reviewed by the agency in February 2015. The staff members interviewed during the inspection stated: *"Training and induction is good and helps prepare you for the job."*

The person centred part of the induction includes:

- Safeguarding & Protection of

Vulnerable Adults & Child protection;

- Service User Awareness;
- Understanding Behaviour which
- Challenges;
- Values and Attitudes;
- Needs Assessment and Support Planning;
- Person Centred Planning.

Records examined evidenced that staff have received core mandatory and other relevant training. Including:

- Person centred planning;
- Positive behavioural support;
- Restrictive practice;
- Personality disorders.

Records of staff induction, including short notice procedures and mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all relevant policies and procedures which are held centrally within the agency via the agency's intranet. The agency has a policy and procedure on staff supervision and appraisal reviewed by the agency 5 March 2015. The staff reported that the manager undertakes supervision with Team Leaders who in turn supervise support staff. The inspector examined staff rotas for weeks ending 7, 14 and 21 August 2016 and was satisfied that the agency's staff resources were appropriate to meet service user needs. Discussions with staff and service users indicated that an appropriate number of suitably skilled and experienced staff were available at all times. It was noted that agency's operational plan states an objective of *"Agreed minimum safe levels of staffing will be maintained at all times."* with an agreed escalation policy if minimum standards are not or cannot be met.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The staff stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems may have been highlighted as a result of an investigation, additional identified safeguards are put in place. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed. The inspector noted that staff make every attempt to increase people's choice and control.

One service user interviewed by the inspector stated that they felt safe and secure in their home and that the care and support they received was good.

Other comments included:

- "I am very comfortable in my home."
- "I'm happy in this great environment."
- "I'm really safe and secure here."

Staff comments:

- "Training is comprehensive and takes place regularly"
- "Supervision is effective."

Ten questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to.

Eight questionnaires returned from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

One service user interviewed by the inspector was aware of whom to contact if there are any issues regarding care or support and described how they would contact the manager or relevant staff.

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The inspector noted some of the comments received during service users reviews:

*"I feel safe here but, may move in the future."*

*"My life within Praxis is very important to me and means a lot to remain here."*

*"I'm happy here and have a good relationship with other tenants."*

*"I'm very pleased with the level of support I receive here."*

The agency maintains a daily contact record for each service user. The agency's individual activity records show what service users did, including how they link activities with the community. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. The inspector noted a *"This Is Me"* section in each care plan. This described individual choice, opinion and view of service users in the following sections to enable staff to get a sense of the individual service users likes and dislikes:

- What people I like;
- What's important to me;
- About me;
- What good support looks like;
- What is important for the future.

One compliment received by the agency recently from a service user stated:

- "My life has improved with the support received."

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. During engagement with staff it was evident that staff focus on people as individuals with different needs and wishes. The inspector noted the current *"Everyday living Plan"* completed by each service user in conjunction with risk assessments and management plans. These plans are service user focussed and include goal achievement and reviews. The assessment plans include the following:

- Mental wellbeing;
- Physical wellbeing;
- Medication;
- Communication;



- Interpersonal relationships;
- Empowerment, recovery and hope;
- Daily living skills;
- Activities;
- Personal finances;
- Being safe;
- Legal matters;
- Human rights.

Each section is underpinned by:

- Individual needs;
- Individual strengths and abilities;
- Desired outcomes;
- Requirements to promote recovery and help achieve outcomes;
- Review and updates.

The plans are reviewed with staff and service users each month as follows:

- Reviews of previous goals;
- Improved health;
- Improved quality of life;
- Making a positive contribution;
- Exercise choice and control;
- Freedom from discrimination and harassment;
- Economic wellbeing;
- Effective goals.

The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed. Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are given the opportunity to comment on the quality of service.

Staff comments:

- “The tenants care plans are always reviewed and updated as required.”

*Service users' comments:*

- “I enjoy living here.”
- “The staff are very well trained and ensure I’m taken care of.”
- “The staff help me remain independent and I feel valued as an individual.”

Ten returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them.
- There are systems in place to monitor the quality/safety of the service you provide.

Staff comments:

- “All service users have reviews.”

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- They get the right care, at the right time and with the best outcome for them.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The agency's Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

A service user interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff.

The inspector noted the agency's annual quality survey and positive results in relation to the following:

- Do staff treat you fairly?
- Do staff treat you with respect and dignity?
- Do you have trust and confidence in your keyworker?
- Does your keyworker take your views into account?
- Does your keyworker listen carefully to you?
- Does your support plan set out your goals?
- Do you think your views are taken into account within your care plan?

The agency involves everyone in consultation activities and considers that everyone has the capacity to be involved.

Comments received during the annual survey:

- “Praxis care helps me feel good about myself and has improved my confidence and my social skills.”
- “Praxis staff are good and very kind people.”
- “I’m always treated with respect and dignity.”
- “Everyone is very kind to me.”

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector recorded some comments from service users, staff and HSC Trust professionals:

Service user's comments:

- "Great I enjoy living here."
- "Staff are very supportive and helpful."
- "I have had some difficulties in the past but the staff have helped me to sort things out."

HSC Trust comments:

- "Communication is excellent."
- "Staff are helpful and pleasant."

During discussion with staff it was stated that:

- "The tenants care and support needs are all meet by the staff as indicated in their care plans."
- "Reviews of all care needs are discussed regularly and risks to individuals are monitored."

Ten returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Comments:

- "Service users meetings take place monthly."
- "Service user's quality surveys take place regularly."

Eight returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the service.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

Feedback provided to the inspector indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by staff who reported improvements in outcomes for service users. Compliments received by the agency stated: *"Thanks to the staff for the excellent support given to my\*\*\*\*"*.

A number of policies and procedures in place are accessible to staff via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. It was noted that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to trend identification.

The agency has a complaints policy and procedure in place April 2016, which is also reflected within the Statement of Purpose and Service User Guide.

Incidents are reported to RQIA when required and it is evident that agency procedures are followed in relation to these. Incidents form part of the monthly monitoring and the agency's operational plan objectives. Required actions are taken to address concerns; this is ongoing within the agency to enable them to reflect on any learning from incidents. The incident reporting policy was reviewed by the agency in November 2015.

A number of staff training events have taken place and mandatory training was up to date for all staff at the time of the inspection.

Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel supported by the management structure within the agency. Staff reported that they had an effective working relationship with the manager.

There was strong evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this. The policy was reviewed by the agency in March 2014.

There was evidence that staff were encouraged to be involved in the development and improvement of the service including measuring the outcomes for service users in relation to their care and support. This was noted within the staff meeting agendas, minutes and the agency's operational plan. The agency has a policy and procedure on staff supervision and appraisal. The staff reported that the manager undertakes supervision with team leaders who in turn supervise support staff.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received no complaints during this period. The staff demonstrated an awareness of the regulatory framework and understanding of their obligations in relation to this.

The agency's system for reviewing policies and procedures was in place and had been actioned. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed by staff. The inspector noted a number of key policies that were subject to systematic review.

The inspector noted that the governance systems within the agency identify and drive quality improvement the agency considers everything to be a suitable topic for consultation. The agency's operational plan states a number of objectives that ensure outcomes for service users beyond statutory requirements:

- Measured outcomes for service users;
- Service users involvement in staff recruitment;
- Individual task analysis and goal achievements;
- Tenant compatibility discussions;
- Volunteer development;
- Local community involvement;
- Identification of quality improvement.

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The inspector saw evidence of systematic audit within the agency which results in effective improvement plans with measured outcomes.

This included monitoring of training, supervision, complaints and incidents. The audits within the agency are there to improve the quality of service delivery and individual outcomes for service users. The agency aims to make it possible for people to have control over decisions about their life and day-to-day decisions, as well as enabling people to do activities that they find important, enjoyable and meaningful.

Following discussions with staff and service users, it was evident that service users are able to play a key role in how the service is managed. The central focus of provision is person centred. The agency reflects on its work using the outcome focus of the operational plan including, action plans and uses this information to challenge its own performance outcomes.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Service users' comments:

- "The staff are great and always give me advice and support; they really care about your wellbeing."
- "The staff are concerned about us all but; support us in whatever we choose to do."

Ten questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs.
- Any complaints from service users are listened to.

Eight questionnaires returned from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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