

Unannounced Care Inspection Report 6 October 2020



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

www.rqia.org.uk

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 provider 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 living in their own homes within the Southern Health and Social Care Trust (SHSCT) area, who require care and support with their mental ill health. The service users are supported by 19 staff (which includes the manager).

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Mr Darran McQuoid
Responsible Individual(s): Mr Greer Wilson	
Person in charge at the time of inspection: Mr Darran McQuoid	Date manager registered: 9 May 2019

4.0 Inspection summary

An unannounced inspection took place on 6 October 2020 from 09.15 to 14.15.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 21 May 2019, RQIA were notified of a notifiable incident. Whilst RQIA was not aware that there was any specific risk to the service users within Praxis Care Group. A decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to:

- Access NI checks
- registrations with Northern Ireland Social Care Council (NISCC)
- Covid-19 education and management, including infection prevention and control (IPC) measures and updating of the policy; and
- use of personal protection equipment (PPE).
- training of staff to carry out Covid-19 testing of service users
- records relating to Adult Safeguarding
- monthly quality monitoring reports
- complaints records
- care records
- care reviews
- restrictive practices

Service user comments:

- “I wear a mask when going to the shop.”
- “The staff wear masks.”
- “For safety reasons I need to wear a mask.”
- “This place is really good.”
- “The staff earn their pay.”
- “It’s a bit easier now to keep 2 metres apart.”
- “I like living here.”

Relative’s comments:

- “The staff are very compassionate.”
- “I had to sanitise my shoes on entering the building.”
- “XXXX is very well looked after.”
- “The staff are always very respectful.”
- “The staff are very supportive.”
- “I have attended reviews and given the opportunity to put my opinions forward”

SHSCT representatives comments:

- “The staff has been great with managing service users.”
- “(Agency) Very good with contact and management.”

Staff comments:

- “I really enjoy working here, that’s why I have stayed so long.”
- “Service users like continuity of staff.”
- “The training is very good.”
- “We are inundated with information about Covid-19 from head office.”
- “We have donning and doffing stations for PPE.”
- “We are very strict here around Covid-19 guidance and practice.”
- “Praxis has put in place good policies and practices to keep us all safe.”
- “XXXX is brilliant and XXXX door is always open to service users and staff.”

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
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 Mr Darran McQuoid, Registered Manager, 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 21 May 2019

No further actions were required to be taken following the most recent inspection on 21 May 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable event and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2016.
- A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

We requested that the manager display a poster prominently within the agency’s registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives, no responses were received prior to the issue of the report.

During the inspection we met with four service users, the manager, two staff and a telephone communication with one staff member from SHSCT. Following the inspection we made telephone contact with one service user’s representative.

We would like to thank the service users, service user’s relatives, staff and SHSCT staff for their support and co-operation throughout the inspection process.

6.0 The inspection

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

6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

We examined the agency's provision for the welfare, care and protection of service users. We 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. We 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. We noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

We 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 we noted that the agency had made a number of safeguarding referrals to the SHSCT since the last inspection 21 May 2019 and that the referrals had been managed appropriately.

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had received a small number of complaints since the last inspection 21 May 2019. We reviewed the records relating to the complaints and found that they had been managed within the agency's policy and procedure. We also noted that the complainants were fully satisfied with the outcomes.

We noted comments from service users, relatives and SHSCT professionals and staff during regular monthly quality monitoring:

Service Users:

- "Regularly visited family but informed me, due to virus, this is not happening; XXXX is happy to stay at home."

Relatives:

- "Appreciative of all the support."

SHSCT professionals:

- "Pleased how both (service users) had been managing during Covid-19."

Staff:

- “XXXX felt a lot fell onto the service e.g. learning and development (L&D) stopped face to face training of staff, which put more pressure on the scheme to ensure staff were inducted.”

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information
- care plan
- risk assessments
- reviews

On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the SHSCT and were noted to have been reviewed every year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI in conjunction with the HR Department, NISCC registrations, safeguarding, monthly quality monitoring, care records, reviews, restrictive practices and complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

We spoke with two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Two staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available electronically within the agency.

Staff who spoke to us described how and where donning and doffing of PPE happened within the agency.

We reviewed records that indicated that service users and staff had their temperatures monitored in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste. It was also positive to note that the agency staff checked our temperature and requested that we sanitise the soles of our shoes before entering the agency.

Service users and staff who spoke to us on the day of the inspection were aware that if someone is in isolation with suspected Covid-19, they must not visit shared spaces such as sitting areas /common rooms.

We evidenced daily cleaning schedules within the agency. We evidenced easy read two meter guides for service users throughout the agency.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visiting professionals to use to ensure good hand hygiene.

The manager advised us that monitoring of staff practices took place by direct observations and service user feedback.

The manager and staff who spoke to us advised that information was disseminated to staff via emails and links to updates were attached to the Covid-19 risk assessment folder which is available to all staff.

Areas of good practice

Compliance with Covid-19 guidance.

Areas for improvement

No areas for improvement were identified in this domain 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.



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