

Unannounced Care Inspection Report 3 October 2016



PCG Lurgan DISH

Domiciliary Care Agency/Supported Living
179 Union Street, Lurgan, BT66 8EQ
Tel no: 028 3832 7713
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of PCG Lurgan DISH took place on 3 October 2016 from 09.15 to 14.30.

The inspection sought to assess progress with any issues raised 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.

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 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Justine Sneddon, 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.

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

Registered organisation/registered person: Praxis Care Group Andrew Mayhew	Registered manager: Justine Sneddon
Person in charge of the service at the time of inspection: Justine Sneddon	Date manager registered: 22 June 2016

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 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:

- Discussion with the registered manager and assistant manager.
- Examination of records.
- File audits.
- 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 August 2016
- Minutes of staff meetings held from: April to September 2016
- Team leader Meetings held from: April to September 2016
- Minutes of tenants meetings held in: February, April, May, June, July, and August 2016
- Staff training records in relation to:
 - Vulnerable adults*
 - Behaviour management*
 - Medication*
 - Human rights*
 - Confidentiality*
 - Tenant's finances*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

4.0 The inspection

PCG, Lurgan Dish, provides domiciliary care and support services to 28 adults through a Dispersed Intensive Supported Housing (DISH) service at various locations within the community. The service is coordinated from the registered office in Union Street Lurgan.

15 support staff provide practical support /assistance and advice in the areas of maintenance of tenant's mental and physical health, as well as assistance with activities such as budgeting, menu planning, shopping, and social and emotional support. Services are provided in a person's own home, either in single dwellings or shared family homes.

During the inspection the inspector spoke with the registered manager and the assistant manager. No service users or staff were available for discussion with the inspector during this unannounced inspection to the agency's registered office.

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. Seven questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the manager, 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 two managers spoken to during the inspection 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 9 September 2015.

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection 9 September 2015.

There were no requirements of 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 February 2016. The inspector was advised by the manager 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.

This approach was felt to be appropriate and important both in terms of the service users' 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: e.g.

- Policy changes
- Service user issues

- Complaints
- Annual reviews
- Operational plans
- Activities

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 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 records were satisfactory.

The inspector noted that service users are encouraged to become involved at 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 users' 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 member's group work together to 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 agency has a structured comprehensive 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 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 of staff induction, including short notice procedures and mandatory training, were retained within staff files reviewed. The manager confirmed that staff 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 manager reported that she undertakes supervision with Team Leaders who in turn supervise care staff. The inspector examined staff rotas for weeks ending 25 September 2016, the 2, 9, and 16, of October 2016 and was satisfied that the agency’s staff resources were appropriate to meet service user needs.

Discussions with the manager 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.

The manager 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.

Ten questionnaires returned from staff indicated that:

- They receive appropriate training for their role.
- They receive supervision and appraisal.

Comments:

- “Praxis are very good with all my training needs.”

Seven questionnaires returned from service users indicated that:

They feel safe and protected from harm.

They can you talk to staff if they are unhappy or have any concerns.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires. Returned questionnaires from both service users a staff indicated that they were satisfied or very satisfied.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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 made by service users during their annual care review:

- “I feel safe in my bungalow.”
- “I’m happy here.”

- “I have good activities.”
- “I’m satisfied here, I have no complaints.”
- “My flat and the service is great.”
- “I have no concerns in relation to the service.”
- “Great satisfaction 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. The manager confirmed that staff are provided with details of care planned for each new service user.

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.

The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

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 also given the opportunity to comment on the quality of service. The inspector noted the agency’s service user’s involvement plan that includes involvement in the following:

- Regular meetings;
- Service user surveys;
- Review preparation;
- Monthly synopsis;
- Complaints procedure;
- Activities;
- Community groups;
- Selection of staff;
- Training of staff;
- Operational plan.

Ten returned questionnaires from staff indicated:

- There are systems in place to monitor the quality/safety of the service staff provide.
- The needs of the people who use the service kept under review.

Seven returned questionnaires from service users indicated that:

- They are aware of systems in place to monitor the quality/safety of the service you receive.
- They are involved in the review of their care needs.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires. Returned questionnaires from both service users a staff indicated that they were satisfied or very satisfied.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The agency's Statement of Purpose and Service Users Guide reflect 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 manager described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

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

- Are you happy with the way staff help you?
- Do staff treat you the way you like to be treated?
- Has the scheme helped you?
- Has your life changed since you started to get help from the scheme?
- Do staff help you make your goals happen?
- Do you have a review once per year?
- How safe do you feel?
- Are you told about changes?

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

Comments received during the annual survey:

- "This gives me somewhere to live and gives me peace of mind."
- "I like being here, staff are very helpful."

An action plan in place following the survey highlights some areas of focus for staff relating to outcomes for service users including:

- Person centred focus helping to improve quality for service users;
- Respect and dignity at all times;
- Promote healthy living and self-esteem and confidence;
- Promote and support individual goal.

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, relatives, and HSC Trust professionals:

Service user's comments:

- "Staff support me well."
- "Staff do a great job."
- "Staff go out of their way to help me with lots of things."
- "I enjoy the service."
- "I'm very proud of my achievements to date."
- "I could not survive without the service I get."

HSC Trust comments:

- "The service is good and communication is excellent."
- "It's a good working relationship and I'm happy with the service provision."
- "I'm satisfied with my clients' reviews."
- "The service offered is very supportive and of a high quality."
- "Good communication between me and the agency."

Staff comments:

- "I'm happy with all aspects of my work."
- "My induction was really interesting."
- "My role is enjoyable."
- "I have gained great experience here."
- "My training has been really helpful for my role."
- "Better training here than other places I have worked."

Relative's comments:

- "It's good to know family issues are discussed and appropriate action taken."
- "I'm very happy with the support offered to my *****."

Ten returned questionnaires from staff indicated:

- They were satisfied that the people who use the service have their views listened to.
- They were satisfied that improvements are made in line with the views of the people who use the service.

Comments:

- "Where possible all service users are involved at all times, their best interests are paramount in getting the right choices and decisions."

Seven returned questionnaires from service users indicated that:

- Their views and opinions are sought about the quality of the service.
- The care they receive meets their needs and expectations.

Comments:

- “I try to be independent myself but sometimes might require their help, it’s always freely given.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires. Returned questionnaires from both service users a staff indicated that they were satisfied or very satisfied.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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. A number of policies and procedures in place are accessible to staff via the staff intranet. It was noted that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to any 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 indicated clear evidence of compliance with the agency’s own policy and procedures.

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.

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 manager reported that she undertakes supervision with the assistant manager and team leaders who in turn supervise care 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 manager demonstrated an awareness of the regulatory framework and understanding of the agency 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. 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 both have been revised when necessary, February 2016. 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.

Ten questionnaires returned from staff indicated that:

- They were satisfied that complaints from the people who use the service are listened to.
- Feel the service is managed well.

Seven questionnaires returned from service users indicated that:

- Feel the service is managed well.
- Any concerns or complaints would be listened to and responded to.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires. Returned questionnaires from both service users a staff indicated that they were satisfied or very satisfied.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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