

Unannounced Care Inspection Report

12 October 2017



PCG Lurgan DISH

Type of Service: Domiciliary Care Agency
Address: 179 Union Street, Lurgan, BT66 8EQ
Tel No: 02838327713
Inspector: Amanda Jackson

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

PCG, Lurgan Dish, provides domiciliary care and support services to 23 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. Nine 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 which are all single dwellings.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Ms Justine Sneddon
Person in charge at the time of inspection: Team leader	Date manager registered: 22 June 2016

4.0 Inspection summary

An unannounced inspection took place on 12 October 2017 from 09.30 to 14.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, family, staff and a Health and a Social Care Trust (HSCT) professional during the course of the inspection was positive with two service users, three staff, one relative and one HSCT professional presenting positive feedback.

No areas were identified for improvement and development.

Service users, family and the professional communicated with by the inspector, presented a range of positive feedback regarding the service provided by Praxis Care Lurgan DASH Supported Living Service in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the team leader during inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

Following discussions with the service users, one family member, the staff and a HSCT professional it was noted there was evidence overtime of positive outcomes for service users.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the team leader in charge as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 03 October 2016

No further actions were required to be taken following the most recent inspection on 03 October 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable events for 2015/2016
- record of complaints notified to the agency

On the day of inspection the inspector spoke with the two service users who are supported by Praxis Care Lurgan DSH Supported Living Service to obtain their views of the service.

The inspector also spoke with the team leader in charge and two support workers.

During the inspection the inspector spoke with one family member and one HSCT professional, by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

- social support
- support with medication management
- support with budgeting

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

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.

- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records
- Staff training matrix
- Staff meeting minutes
- A range of staff rota's
- Staff handbook
- Staff NISCC registration processes
- Statement of purpose
- Service user guide
- Two new service users' records regarding introduction to the service, ongoing review, and quality monitoring
- Three long term service users' records regarding ongoing review, and quality monitoring
- Two service users' home records
- Service user/tenant meeting minutes
- Three monthly monitoring reports
- Annual quality process
- Communication records with HSCT professionals through annual reviews.
- Compliments records
- Two complaints records
- Two safeguarding records
- A range of incident records

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

The findings of the inspection were provided to the team leader at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 03 October 2016

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

6.2 Review of areas for improvement from the last care inspection dated 03 October 2016

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector was advised by two service users, one family member and one professional spoken with that the safety of care being provided by the staff at Praxis Care Lurgan DISH Supported Living Service was very good.

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

The team leader verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The service has not introduced new staff to the service over the past year. The service does not currently use agency staff. An introduction/induction process for the new and agency staff was discussed during inspection and was confirmed for future implementation.

An induction programme was discussed with the team leader. The induction process reviewed within other Praxis services is recorded and signed off by the individual staff member and senior staff or manager during the induction. The NISCC induction standards are embedded within the Praxis induction programme for all staff and discussed within other Praxis service inspections.

Discussions with the team leader and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The team leader provided evidence of this process which detailed staff registration status, number and renewal date on certificates in staff files. The team leader provided assurances the process of review is fully embedded. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, family or professional communicated with during inspection.

Two service users spoken with confirmed that they could approach the support staff if they had any issues and were assured matters would be addressed. The team leader confirmed communication with the service users' is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professionals and family. Service users, family and the professional confirmed communication is good and in a timely and professional manner. Examples of some of the comments made by the service users, family and the HSCT professional are listed below:

- "I don't have any problems with the service, everything is currently working well".
- "Going brilliant".
- "A great service, with staff who encourage and motivate xxx, couldn't say a bad word about them".
- "I would be happy to refer future service users to this service".

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were discussed with the staff team and confirmed as available on the service information system. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable regarding their roles and responsibilities in regard to safeguarding. Most staff were familiar with the new regional guidance and revised terminology which is currently being rolled out within Praxis training programmes. Staff were also aware of the safeguarding champion within the service.

The inspector was advised that the agency had two safeguarding matters since the previous inspection which were reportable to RQIA. Review of these matters confirmed robust processes in place for referral, communications and in respect of records maintained. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the team leader confirmed processes which would be used to address any matters arising.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained each of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the Praxis central training e-learning programme. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Staff appraisals were found to be consistently referenced within staff records reviewed. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The team leader confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where

appropriate. Communication with service users, family and an HSCT professional during inspection supported a process of ongoing review with service user involvement.

The team leader confirmed that trust representatives were contactable when required regarding service user matters, and communication with a HSCT professional was confirmed during inspection.

Service users, family and the HSCT professional communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels at present. Current staffing levels appeared appropriate on rota's reviewed at inspection.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Four staff questionnaires received confirmed that update training, supervision and appraisal had been provided on a regular basis. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Six service user questionnaires supported they were 'very satisfied' with care and support provided within Praxis Care Lurgan DASH Supported Living Service. They felt safe and protected from harm and could speak with staff if they had concerns. One service user commented, 'Best support I ever received. Takes your worries away'.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitment, training, supervision and appraisal. Review of service users' support needs were also found to be ongoing. Feedback from service users, family and an HSCT professional supported consistency in support provided to service users by Praxis Care Lurgan DASH Supported Living Service.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector was informed by the two service users', family and the HSCT professional spoken with that there were no matters arising regarding the support being provided by the staff at Praxis Care Lurgan DASH Supported Living Service.

No issues regarding communication between the service users, family and staff from Praxis Care Lurgan DASH Supported Living Service were raised with the inspector. Reviews were

discussed with service users who confirmed they were involved in reviewing their support needs. Consistency of staff and involvement from HSCT professionals has led to an ongoing review process with support and communication at the expected standards for those receiving support.

The team leader confirmed service users receive a questionnaire to obtain their views of the service as part of the annual review process. Review of the recent survey report confirmed this process. Service user feedback has been ongoing over time together with relative and professional feedback through service user reviews and through monthly monitoring completed in the service. These processes were confirmed during inspection.

Examples of some of the comments made by service users, family and a HSCT professional are listed below:

- “It’s not too bad, I’m ok, I get a visit twice weekly”, “Any problems I have the staff help me with”.
- “I have monthly meetings to review my support needs and annual reviews with my trust keyworker”.
- “Transition has been difficult for xxx but they have been well supported by the staff”
- “Staff have been good in supporting xxx, setting targets for xxx and providing support meet the targets”.
- “Good communication from the staff”.
- “I attend reviews as necessary but xxx likes to be independent with these in conjunction with the staff”.
- “Staff were recently remarking on how good the service is at PCG Lurgan”.

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced service users views are obtained and incorporated. Review of support plans within the agency supported an ongoing process involving service users and keyworkers; the support plans are signed by service users where appropriate. Involvement in reviews was discussed with service users during inspection and all confirmed involvement in this process.

The service has introduced several service users’ since the previous inspection. The team leader confirmed the service user guide is provided to new service users at introduction to the service and this was evidenced within records reviewed at inspection.

The agency maintains recording books for each service user on which support staff record their daily input. The inspector reviewed two completed records and found the standard of recording to be good. The service also completes a monthly review of service users’ needs and these were reviewed during inspection and held centrally within service user files. One service user discussed the benefit of this process in reviewing their progress on an ongoing basis.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff or manager if any changes to service users’ needs are identified. Staff interviewed discussed ongoing quality monitoring of service users’ needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users’ choice, dignity, and respect.

Four staff questionnaires received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Six service user questionnaires supported they were 'very satisfied' with effective care and support provided. They felt involved in care and support planning and reviews.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, family and the HSCT professional was very positive regarding the effectiveness of service support and this was shared with the team leader during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect regulations and standards.

	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 service users, family and HSCT professional spoken with by the inspector felt that care was compassionate. The professional advised that staff are very competent, skilled and efficient in their approaches to supporting service users. The professional described an excellent service with a committed staff team.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users, family and professionals during the inspection and received by the service as compliments are listed below:

- "Good staff who support me well".
- "I can talk to staff about anything".
- "I have no complaints".
- "Staff are good at avoiding superficial talk and can engage at a deeper level with me, thanks".
- "I feel more secure having praxis looking after me and my needs".
- "No more to say except it is just great, the support we get and care".
- "Staff are patient in listening to the same problems and stories told again and again. This makes the tenant feel that they are taken seriously".
- "Staff are always very helpful and aware of the needs of service users. The staff are also very good at passing on any relevant information to the keyworker about the service user".
- "Thank you for all your support".
- "The team are caring in approach and responding well to service users' complex needs. I have always thought highly of praxis care but now this exceeds my expectations".

- “I would like to thank the staff for listening to the issues and responding so quickly”.

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside HSCT professionals and staff feedback.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users' wishes, dignity and respect.

Four staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. One staff commented, 'The staff team work hard to ensure the service users' views are listened to and changes are made to reflect this'.

Six service user questionnaires supported they were 'very satisfied' with the area of compassionate care and confirmed the care they received meets their needs and expectations. One service user commented, 'If I'm feeling down I have people to support and talk to'.

Areas of good practice

There were many examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, family, the HSCT professional and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, family and the HSCT professional include:

- “Excellent service and involvement provided by the team in comparison to other sector area.
- Overall best provider noted to date in the community”.

- “I have been happy with the quality of care and service provided to my clients who are under the Praxis scheme. Any issues have been reviewed quickly and followed up by staff”.
- “Could be improved if we didn’t have to pay for travel when staff take us out”
- “Great staff team”.
- “We’re always there for each other”.
- “Training, supervision and appraisal processes are very good and supportive”.
- “The service is well managed, staff are very good at communicating with HSCT professionals and staff are very friendly and competent”.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to 23 adults living within the Praxis Care Lurgan DISH Supported Living Service.

The agency’s complaints information viewed was found to be appropriately detailed, and included reference to independent advocacy services.

The policies and procedures are maintained on the service website and the contents discussed with the team leader. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed with exception to the recruitment policy which is due for review. Review of this policy has been shared across services during inspection. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis and were evident during inspection.

The complaints log was viewed for 2016-2017 to date, with four complaints arising. Review of two complaints during inspection supported appropriate procedures in place.

Discussion with the team leader confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. A range of incidents had arisen since the previous inspection; review of five incidents during inspection supported processes in line with the agency policies and procedures.

The inspector reviewed the monthly monitoring reports for July, August and September 2017. The reports evidenced that the assistant director for the service completes this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and professionals.

Discussion with three support staff during inspection indicated that they felt supported by their manager and within the staff team at Praxis Care Lurgan DISH Supported Living Service. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one HSCT professional during inspection supported an open communication process with staff at Praxis Care Lurgan DISH Supported Living Service and presented positively in terms of staff approach to supporting service users.

Four staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems.

Two service user questionnaires supported they were 'very satisfied' that the service was well led and confirmed concerns or complaints are listened and responded to.

Six service user questionnaires supported they were 'very satisfied' that the service is well led. One service user commented, 'Staff help me to remember about taking my medication'.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining relationships with key stakeholders were also evident.

Areas for improvement

No areas for improvement have been identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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