

Unannounced Care Inspection Report

14 August 2018



PCG Lurgan DISH

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

www.rqia.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 21 (three vacant tenancy's on the day of the inspection) 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. Eight staff (inclusive of the manager) 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, shopping, social and emotional support. Services are provided in the service users' own home.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual(s): Mr Andrew James Mayhew	Registered Manager: Ms Niamh Nugent Acting Manager
Person in charge at the time of inspection: Ms Niamh Nugent	Date manager registered: 24 April 2018

4.0 Inspection summary

An unannounced inspection took place on 14 August 2018 from 09.20 to 16.55.

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

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

Evidence of good practice was found in relation to:

- staff induction
- staff supervision
- care reviews
- adult safeguarding
- incident management
- professional body regulations

Areas requiring improvement were identified in relation to completion of monthly quality monitoring reports, maintaining up to date records on completed appraisals and record keeping.

Service user /relatives comments:

- “Praxis is the best thing I’ve been involved with.”

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Niamh Nugent, Manager - registration pending, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 12 October 2017

No further actions were required to be taken following the most recent inspection on 12 October 2017.

5.0 How we inspect

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

- previous inspection report
- record of notifiable incidents
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with one service user, four staff and a telephone conversation with one service users' representative and one community Trust professional.

The following records were examined during the inspection:

- four service users' care and support plans
- care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervisions
- records relating to appraisals
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding adults in need of protection policy, 2016
- whistleblowing policy
- data protection policy
- grievance procedure
- Statement of Purpose (2018)
- Service User Guide (2017)

At the request of the inspector, the manager was asked to 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 this report. The manager was also asked to distribute 10 questionnaires to service users and/or relatives. Four questionnaires were returned by service users and/or relatives.

The feedback received from the questionnaires will be reflected in the body of the report.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 October 2017

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 12 October 2017

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 reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was evidenced by the inspector that staff attend the Praxis Care Group corporate induction programme. Staff who

spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke with four staff and they provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The manager advised the inspector that vacant shifts are covered by the Praxis relief staff and one staff member from an employment agency which is also a domiciliary care agency to meet the needs of service users.

The manager provided the inspector with details of the domiciliary care agency staff, their photographic evidence and evidence of their NISCC registration and the induction programme provided to them.

Service user comments:

- “I feel safe every day, twenty four hours a day.”
- “I would talk to staff if I had an issue.”
- “I attend my review meetings and if I agree with the outcome I will sign the paperwork.”

Staff comments:

- “There is joined up working.”

Examination of records indicated that a system to ensure that staff supervisions are planned in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision in line with policy and procedure; records provided to the inspector confirmed this. The inspector examined records relating to annual appraisals and found that they were not completed in line with policy and procedure. An area for improvement has been made in relation to Standard 13 of the Domiciliary Care Agencies Minimum Standards 2011.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the agency’s mandatory training requirements. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Drug Dependency, Dual Diagnosis Basic Awareness, Wellness Recovery Action Plan (WRAP) training.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to staff safeguarding training were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that there had been a number of safeguarding referrals made since the previous inspection 12 October 2017. These referrals were made appropriately in conjunction with the HSC Trust as evidenced by the inspector.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection it was noted that a restrictive practice register was in place and restrictive practice practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were regularly reviewed and evaluated.

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

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection on 12 October 2017. The inspector evidenced that incident records were completed appropriately by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection on 12 October 2017 and these were managed in accordance with policy and procedure. The inspector noted that each of the complainants were satisfied with the outcomes.

The inspector noted a number of compliments received from service users in the agency. An example of one comment is listed below:

'XXX thanked the staff for the support provided during his move to Praxis Care. XXX stated that he had taken great comfort in the fact that he had people around him now who offered him support and did not have a negative impact upon his life.'

Of four questionnaires returned by service users and/or relatives two indicated that they were very satisfied care was safe, one indicated that they were satisfied that care was safe and one indicated that they were undecided if care was safe.

Areas of good practice

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

Areas for improvement

An area for improvement was identified during the inspection in relation to planning and completing annual appraisals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2017).

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed on a monthly basis or sooner if required with the key worker. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined four annual reviews and the records were satisfactory.

The agency maintains daily contact records for each service user which the inspector reviewed and found records to be illegible, poor correction techniques and inconsistency in signing of records by staff. An area for improvement in relation to Standard 5 of the Domiciliary Care Agencies Minimum Standards 2011.

Feedback received by the inspector from staff and service users' and records reviewed indicated that service users have a genuine influence on the content of their care plans.

Service user comments:

- "Praxis gives people the opportunity to live in the community."

Relative's comments:

- "XXX is very happy with the care."

Staff comments:

- "We get a real sense of achievement working in the agency."

Community Trust professional comments:

- "My service user has spent less periods in hospital since moving into Praxis."

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

However, on the day of the inspection the inspector noted that the agency had not maintained a thorough quality monitoring system to oversee, audit and review effectiveness and quality of care delivered to service users. An area for improvement has been made in relation to Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems within the staff team, including the use of a diary and verbal and written handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including routinely speaking with service users on a daily basis and being available for discussion. This was supported by service users who spoke to the inspector on the day of the inspection.

Review of team meeting records indicated that team meetings took place on a monthly basis; the staff who spoke with the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. In addition staff indicated that the staff team is supportive to each other and that staff communication is good. Items included on the agenda included car business insurance, annual leave, daily notes and Northern Ireland Social Care Council (NISCC) registrations.

The inspector reviewed the tenant meetings which evidenced that they took place on a monthly basis. Service users spoken to on the day of the inspection verified this. Items included on the agenda included day trips, smoking and social events in the local area and beyond.

The inspector evidenced minutes of a family forum which took place on a yearly basis, topics discussed included the role and function of the agency.

The inspector evidenced a Lurgan Spade newsletter in the tenants meeting file. The manager advised the inspector that this newsletter was devised by the agency and informs service users of achievements and any changes within the service.

The inspector noted and examined the following audits carried out by the agency, Service User Questionnaire 2017/2018, Stakeholder Survey 2017/2018, both with positive results. The agency's operational plan 2017/2018 and business plan 2018/2019 was available for service users and staff. The manager provided assurances that the Scheme Evaluation would be completed and avail for review at the next inspection.

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

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

Of four questionnaires returned by service users/relatives, three indicated that they were satisfied that care was effective and one indicated that they were undecided that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

Areas for improvement have been identified during the inspection in relation to completion of monthly monitoring reports and record keeping.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users and where appropriate their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has liaised with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and HSCT community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

A service user advised the inspector that they had attended events in the wider community supported by staff. These events included visits to venues in Belfast and Dublin which was evidenced by the inspector in the tenant meeting minutes.

The inspector noted that service users took part in interviews for a research study based on decision making. The service users were subsequently invited to a Participation Event in Queens University Belfast.

The manager evidenced an invite to service users from the Neighbourhood Policing Team inviting them to a 'Pizza and Peelers' meeting in a local community facility so that the PSNI could advise the service user on their role in the community in relation to vulnerable adults and how they could support the service user.

Service user comments:

- "The staff take us on social visits."
- "Praxis staff and the PSNI have taken us to Crumlin Road Gaol for a visit."

Staff comments:

- “Praxis as a whole is fantastic for service users.”

Relative’s comments:

- “All the girls are very kind.”

Of four questionnaire responses returned by service users, three indicated that they were very satisfied that care was compassionate and one indicated that they were satisfied that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust management and governance systems have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection 12 October 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its policy and procedure.

The agency operates a robust training system available for staff to request training to meet the needs of service users.

Feedback from staff indicated that they were confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained on an electronic system for staff to access which are reviewed in line with timescales as outlined in the Minimum Standards.

On the day of the inspection the inspector was advised by the manager that she had identified alternative accommodation for the agency office and after linking in with the Property Manager for Praxis Care Group a business plan was being drawn up.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equal care and support
- Individual person centred care

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the HSC Trust referral information. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that the agency had received one complaint and a number of compliments since the last inspection 12 October 2017.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users' comments:

- "Praxis has changed my life for ever."

Staff comments:

- “XXX is very understanding and acts on anything that is worrying us.”

Community Trust professional comments:

- “XXX will sit down and discuss options for the best approach.”

Of four questionnaire responses returned by service users, three indicated that they were very satisfied that the service was well led and one indicated that they were satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Niamh Nugent, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> (a) Arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) what services to offer them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Monthly Monitoring Reports are now up to date and will continue to be supplied on a monthly basis by the Assistant Director. In the absence of the Assistant Director, the manager will request that the Monthly Monitoring Report is completed in their absence.</p>
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Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal plans in accordance with the procedures.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Appraisals have been arranged and will be completed by Nov 1st 2018.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A staff meeting was held on 26.9.18. The meeting addressed the policy and procedures relating to record keeping and the importance of legible records. The meeting minutes were sent to the RQIA inspector. Daily notes will be routinely checked by the manager to ensure that the correct policy and procedure for corrections is used at all times.</p>
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Please ensure this document is completed in full and returned via Web Portal



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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