

Unannounced Care Inspection Report 1 September 2020



PCG Lurgan DISH

Type of Service: Domiciliary Care Agency

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Tel No: 02838297630

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 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 personal care and housing support to 21 people with physical, mental health through a Dispersed Intensive Supported Housing (DISH) within the Southern Health and Social Care Trust (SHSCT) area. Service users are supported by seven staff.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Mr Kieran Johnston (Acting Manager)
Responsible Individual(s): Mr Greer Wilson	

Person in charge at the time of inspection: Team Leader	Date manager registered: Kieran Johnston – “Application not yet submitted”
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4.0 Inspection summary

An unannounced inspection took place on 1 September 2020 from 09.30 to 15.00.

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.

RQIA have reviewed correspondence received from the:

- agency

Since the last inspection on: 12 June 2019. Correspondence has included:

- notifications
- other

Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using a:

- on-site inspection approach

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

An area requiring improvement was identified for the second time in relation to induction of existing staff to senior positions.

Evidence of good practice was found in relation to:

- staff recruitment
- care records
- care reviews
- covid-19 education and management, including infection prevention and control (IPC) measures and updating of the policy
- use of personal protection equipment (PPE)
- service user involvement

- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

Service user comments:

- “I am happy with staff.”
- “The staff wear aprons.”
- “The staff meet my needs.”
- “I wear the mask when out in shops.”
- “The staff stay two metres away when they are in the house.”
- “The staff are always nice.”
- “All staff but one excellent.”
- “Talking to support workers makes me feel better when my mood is low.”
- “I’ve been in the scheme for 25 years and have great respect for the staff.”

Relative’s comments:

- “The staff are fantastic.”
- “I don’t know what I would do without them.”
- “The staff kept in touch by phone during lockdown.”
- “XXXX loves the team.”
- “They make XXXX very happy.”
- “They go beyond the call of duty.”

HSCT representative comments:

- “(Agency) “Good communication from the team leader.”
- “I have no concerns or worries.”
- “Staff continually liaised with the family.”
- “Staff are excellent.”

Staff comments:

- “I really like working here.”
- “Safeguarding is everybody’s responsibility.”
- “I am coping with Covid-19 very well.”
- “I got training which lasted over a week.”
- “If we are working within two metres of service users we wear full PPE.”
- “We have a Covid-19 file and we did the e-learning training.”
- “The service users all live alone so they don’t share any communal areas.”
- “We change PPE between houses.”
- “I think the manager is helpful.”
- “A well-run scheme where service user’s needs are constantly assessed and staff strive to meet these needs on a daily basis.”

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the team leader 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 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 June 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, the returned QIP, notifiable events, 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 12 May 2020

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

During the inspection the inspector met with the manager, team leader, one staff member and a telephone communication with two service users, one relative and one Trust professional.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

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.

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; three responses were received from staff for inclusion in the report.

There was one response which indicated that the staff member was 'very unsatisfied' that the care was safe, effective, compassionate and the service was well led. However, the comment made alongside these responses did not indicate any concerns.

Two returned responses did not indicate that the staff had concerns that care was not safe, effective, compassionate or that the service was not being well led.

Nine questionnaires were also provided for distribution to the service users and their representatives; nine responses were received for inclusion in the report.

Of the questionnaires returned from service users/representatives, six indicated that they were 'very satisfied' care was safe, one indicated they were 'satisfied' care was safe and two indicated they were 'undecided' that care was safe. Five indicated that they were 'very satisfied' that care was effective and four indicated that they were 'satisfied' care was effective. Five indicated that they were 'very satisfied' care was compassionate, three indicated that they were 'satisfied' care was compassionate and one indicated that they were 'undecided' care was compassionate. Five indicated they were 'very satisfied' the service was well led, two indicated that they were 'satisfied' that the service was well led and two indicated that they were 'undecided' that the service was well led.

As there was no contact details recorded for service users/representatives or staff, the inspector spoke to the manager on the 17 September 2020 and discussed the feedback received. The inspector has been assured by the manager that the comments made would be discussed with service users/representatives and staff in the forum of resident/representative and staff meetings and a record retained for review at the next inspection.

The inspector requested that the person in charge place a "Tell us" card in a prominent position in the agency to allow service users, family members and friends who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 12 June 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Standard 12.1 Stated: First time	Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.	Not met

	<p>This relates specifically to existing staff that are moving into temporary senior roles.</p> <p>Ref: 6.4</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector could not evidence that inductions were completed with two existing staff as documented on the previous QIP.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p>	<p>Mandatory training requirements are met.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed training records and found them to be up to date.</p>	<p>Met</p>

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. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

The agency's induction programme outlines the induction programme which included the NISCC Induction Standards, lasting at least three days which is in accordance with the timescales detailed within the Regulations. The inspector reviewed induction records relating to new staff and found them to be satisfactory. However, the inspector could not evidence that existing staff had received an induction for their new job role. An area for improvement has been made in this regard for the second time.

A review of all seven staff records confirmed that staff were currently registered with NISCC. The inspector 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.

The inspector reviewed the records relating to staff training which indicated compliance with regulations and standards. The updated list of completed Deprivation of Liberty safeguarding (DoL's) training was forwarded to the inspector on the day following the inspection. The inspector reviewed this list and found it to be satisfactory.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

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 safeguarding training completed by staff were up to date.

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

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 the agency had made one safeguarding referrals to the SHSCT since the last inspection 12 June 2019 and that the referral had been managed appropriately. On the day of the inspection the Annual Position Report was available for review by the inspector. The inspector reviewed the report and found it be satisfactory.

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.

The inspector spoke to one staff member, who were knowledgeable in relation to their responsibility in reporting concerns. The staff member spoken to was confident that management would take them seriously and act upon their concerns.

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.

The team leader advised the inspector that they had no DoL's practices in the agency.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, and annual care reviews with the service user, representatives and relevant Trust representative.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector noted the following comments from service users, staff and Trust professional on the monthly quality monitoring reports:

Service users

'XXXX was happy living in XXXX home.'

Staff

'XXXX enjoyed working in the scheme and felt that staff worked hard to ensure all service user's needs are met.'

Trust professional

'XXXX was pleased with the service the scheme provided to XXXX client, who found staff very supportive and understanding of their individual needs.'

The inspector reviewed the Statement of Purpose (2020) and Service User Guide (2020) and noted that both documents needed to be updated to include information on DoL's, restrictive practice, contact details for the ombudsman and Covid-19. Following the inspection and withing an agreed timescale the manager forwarded the updated documents to RQIA. The inspector reviewed both documents and found them to be satisfactory.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, AccessNI, NISCC registrations, adult safeguarding, risk management, collaborative working and service user involvement.

Areas for improvement

An area for improvement was identified for the second time during the inspection in relation to induction of existing staff to a new job role.

	Regulations	Standards
Total number of areas for improvement	0	1

Covid-19:

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff spoken to 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 were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. It was positive to note that the agency provided training to the small pool of staff from an employment agency to ensure compliance with the Covid-19 guidance. The policies and procedures had been updated to include Covid-19 and were available electronically within the agency.

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

The inspector reviewed records that indicated that staff had their temperatures monitored twice daily 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. However, the team leader informed the inspector that service user's temperatures were not routinely recorded twice daily in accordance with the guidance. An area for improvement was made in this regard.

It was positive to note that the agency staff checked the inspector's temperature twice on the day of the inspection.

On the day of the inspection the team leader advised the inspector that service users did not share communal areas as they lived alone in their own home.

The inspector evidenced daily cleaning schedules within the agency.

It was positive to note that the agency had easy read guides for service users on self-isolation and staying at home. Staff informed the inspector that they maintained a two metre distance at all times from service users and staff.

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

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

The manager advised the inspector that information was disseminated to staff via emails and the Covid-19 risk assessment folder which is available to all staff.

Areas of good practice

Compliance with donning and doffing of PPE, disposal, availability of Covid-19 folder, social distancing, availability of hand sanitisers.

Areas for improvement

An area for improvement was identified in relation to completing service user's temperatures as in accordance with the guidance.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the team leader 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 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 Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.1 Stated: Second time To be completed by: Immediate and ongoing	<p>Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>This relates specifically to existing staff that are moving into temporary senior roles.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The pending registered manager (kieran Johnston) has now completed the Induction and Competency Assessment for the two current acting up Team Leaders within scheme. The pending registered manager will continue to do so for any new positions in the future for any staff moving into senior roles.</p>
Area for improvement 2 Ref: Standard 16.3 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person promotes safety and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:</p> <ul style="list-style-type: none"> infection control <p>This relates specifically to twice daily recordings of service user's temperatures as in accordance with the guidelines.</p> <p>Ref:6.1</p>
	<p>Response by registered person detailing the actions taken: The pending registered manager (kieran Johnston) has now put in place a daily recording proforma for monitoring Services user's temperatures twice daily where applicable in accordance with guidelines.</p>

Please ensure this document is completed in full and returned via Web Portal



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