



The Regulation and
Quality Improvement
Authority

Praxis Care Group
RQIA ID: 10821
179 Union Street
Lurgan
BT66 8EQ

Inspector: Jim McBride
Inspection ID: IN023565

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**Unannounced Care Inspection
of
Praxis Care Group

9 September 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 9 September 2015 from 09.00 to 13.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 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 can be found in the main body of the report. Overall on the day of inspection the staffing arrangements and service user involvement was found to be safe, effective and compassionate. The outcome of this inspection found no areas of concern. A quality improvement plan (QIP) was not included in this report.

2. Service Details

Registered Organisation/Registered Person: Irene Sloan	Registered Manager: Stanley Mc Goldrick
Person in charge of the agency at the time of Inspection: Stanley Mc Goldrick	Date Manager Registered: 07/03/2011
Number of service users in receipt of a service on the day of Inspection: 21	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Incident records
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with one service user, one team leader and the registered manager.

The following records were examined during the inspection:

- Five care and support plans.
- HSC Trust assessments of needs and risk assessments.
- Care review records.
- Recording/evaluation of care used by the agency.
- Monthly monitoring reports for May, June, July and August 2015.
- Tenants' meeting minutes for January, April, May, June and August 2015.
- Staff meeting minutes for May, June, July and August 2015.
- Staff training records:
 - Vulnerable adults*
 - Human rights*
 - Complaints*
 - Supervision for supervisors*
- Records relating to staff supervision.
- Complaints records.
- Recruitment policy. The policy was updated by Praxis Care on the 6 November 2014.
- Records relating to recruitment process.
- Induction procedure.
- Records of induction.
- Staff registers and associated records.
- Staff rota information.

At the request of the inspector the manager distributed ten questionnaires to staff. Three staff returned these to RQIA following the inspection. These indicated that the three staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern?

However those staff who returned their questionnaires stated their lack of satisfaction in relation to the appropriateness of staff numbers to meet service users' needs.

One staff member stated *“Ongoing issues with staff shortages, sometimes for up to six weeks or more.”*

Another stated; *“Staff levels are sometimes low therefore not meeting the service level agreement.”*

As stated earlier in this report the inspector examined samples of staff rotas and it would appear that all required shifts had been covered by the agency. No service users described their lack of satisfaction with staffing to meet their needs. The inspector spoke to the registered manager on the 16 September 2015 and highlighted the issues raised by staff. The registered manager did confirm that one 20 hour post has been out to recruitment and has been appointed to. The staff member is awaiting checks being completed. He also confirmed that all service level agreements have been adhered to.

At the request of the inspector a number of questionnaires were circulated to the service users to be completed asking them about various aspects of their care. Seven completed questionnaires were returned to the inspector following the inspection.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here

5. The Inspection

Praxis Care, Lurgan, provides domiciliary care and support services to 21 adults who have experienced mental ill health 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.

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.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 13 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

No requirements or recommendations resulted from the previous inspection.

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by one staff member interviewed. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure for verifying the identity of all supply prior to their supply, and the registered manager assured the inspector that no staff are supplied unless this procedure is followed.

The agency has a policy and procedure in place outlining staff supervision and appraisal which details the frequency of both. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure. Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Discussions with the registered manager and one staff member indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

One staff member who took part in the inspection described the induction as effective in preparing new staff for their role.

The agency's process of evaluating the effectiveness of staff induction was seen within records reviewed by the inspector.

Discussion with the manager and examination of training records evidenced that the agency has a process in place to identify and respond to training needs. The agency provides a range of training outside of mandatory training. The manager described to the inspector the recent training completed on Risk assessment and Dual Diagnosis.

The registered manager described a process of re-evaluating and improving training to suit the needs of staff and service users. One staff member provided positive feedback about the nature and frequency of supervision and training.

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements.

Discussions with the manager indicated that service users are prepared in advance of significant staff changes where possible. This was evidenced in the minutes of tenants meetings for April, May and June 2015.

The Manager and Team leader were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

The team leader clearly described having the knowledge and skills to carry out her roles and responsibilities.

The team leader described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

One service user stated: *"The staff are very caring and have helped me a great deal both here and at home."*

Overall on the day of the inspection the inspector found care to be compassionate.

Staff comments:

"Training and induction is comprehensive."

"We have good teamwork here."

"Communication is good."

"Supervision is effective for all staff."

Service user comments:

"I don't know how I would have coped without this service."

"The staff are all friendly and approachable."

"I have great support here."

"I have no complaints."

"I have been able to get my life back on track now, thanks to everyone here and at home."

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector saw records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service users and their views. This process results in individualised care and support plans seen by the inspector.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments, care plans, and records of adult safeguarding referrals.

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Records of reviews evidenced that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required.

Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. The manager described how care and support plans are written along with the service user and presented evidence of this.

Feedback from monthly monitoring reports and minutes of service users' meetings presented examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

The inspector noted the information provided to service users in their own in- house magazine "Lurgan Spade". This document updates service users of the following:

- Previous activities with pictures.
- Face to face interviews with service users.
- Staff changes.
- Quality survey results.
- Future events.

Service users have been provided with information relating to human rights in a suitable format.

It was noted that individual care and support plans place importance on the human rights of individuals. Care and support plans are written and reviewed under the following subdivisions:

- *Improved Health*
- *Improved quality of life*
- *Making a positive contribution*
- *Choice and control*
- *Freedom from discrimination and harassment*
- *Emotional wellbeing*
- *Personal dignity*

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

Feedback from staff evidenced that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner. Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery. The manager discussed examples of responding to service users' preferences.

Promotion of values such as dignity, choice and respect were evident through discussion with one staff member and one service user. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The

individual choices made by service users regarding the way they wish to live their lives were seen in activity programmes, care and support plans and through discussion with one service user.

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues.

Overall on the day of the inspection the inspector found care to be compassionate.

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

Complaints/Compliments

Records of complaints from 1 January 2014-31 March 2015 were examined. There were no complaints within the time period specified.

A number of compliments have been attributed to the service this year: One service user stated:

"Thanks for being there for me."

Annual service user survey

The inspector noted the positive comments made by service users during the 2015 annual review of the quality of service provision, completed by the agency.

Service users identified their satisfaction in relation to:

- Praxis staff
- The local community
- Individual support plans
- Safety and security

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Stanley McGoldrick	Date Completed	15/10/2015
Registered Person	Andy Mayhew on behalf	Date	19/10/15

	of Irene Sloan	Approved	
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	19/10/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address