

Unannounced Care Inspection Report 12 June 2019



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

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

This is a domiciliary care agency supported living type which provides personal care and housing support to 21 individuals with physical and mental health needs through a Dispersed Intensive Supported Housing (DISH) within the Southern Health and Social Care Trust (SHSCT) area. The service users are supported by eight staff (inclusive of the manager).

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Ms Cathy Lyness – application not yet submitted
Responsible Individual(s): Mr Andrew James Mayhew	
Person in charge at the time of inspection: Team Leader	Date manager registered: Ms Cathy Lyness – application not yet submitted

4.0 Inspection summary

An unannounced inspection took place on 12 June 2019 from 9.45 to 17.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found in relation to:

- care reviews
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC) and Nursing Midwifery Council (NMC)

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.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Areas requiring improvement were identified in relation to maintaining up to date records on staff inductions and training.

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jennifer Bingham, Team Leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 14 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 August 2018.

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 and quality improvement plan (QIP)
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with one service user and three staff and a visiting manager and telephone contact with one service users' relative.

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.

Ten questionnaires were also provided for distribution to the service users and their relatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Six were returned. Eight questionnaire responses were received and analysis of feedback is included within the report.

At the request of the inspector, the team leader was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Three responses were received and analysis of feedback is included within the report.

There were a number of areas rated as ‘undecided’ on the feedback received from service users. As there was no contact details recorded for service users, the inspector spoke to the registered manager on the 7 August 2019 and discussed the feedback received. The inspector has been assured by the registered manager that the comments made would be discussed with service users in the forum of a tenant meeting and a record retained for review at the next inspection.

The inspector requested that the team leader place a “Have we missed” you card in a prominent position in the agency to allow service users and relatives 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 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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 14 August 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1) (2) (3)</p> <p>Stated: First time</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</p>	<p>Met</p>

	<p>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>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	<p>Action taken as confirmed during the inspection: Inspector confirmed that quality monitoring reports were available and up to date at the time of inspection.</p>	<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 13.5 Stated: First time</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>Action taken as confirmed during the inspection: Inspector confirmed that appraisals were completed and up to date at the time of</p>	<p>Met</p>

	inspection.	
Area for improvement 2 Ref: Standard 5.6 Stated: First time	All records are legible, accurate, up to date and signed and dated by the person making the entry. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The inspector evidenced legible, accurate and up to date records which were signed and dated by the person making the entry. Review of team meeting minutes evidenced a discussion on the importance of record keeping and the adherence to policy and procedure.	

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 agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the team leader identified that they were knowledgeable in relation to safe recruitment practices.

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 that staff attend the Praxis Care Group (PCG) corporate induction programme. The inspector reviewed two staff induction files and found one staff member had not received an induction for their new job role. An area for improvement has been made in this regard.

One staff member who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period.

It was positive to note that the induction programme included training on values, rights, choice, privacy, independence, dignity, respect, identity and working in partnership with service users. A poster was displayed in the office, in relation to 'Confidentiality & Data Protection.'

Staffing levels were consistently maintained and there were no concerns raised with the inspector by staff, service users or relatives in relation to the service users' needs not being met. The team leader and staff advised that the agency uses a small number of relief staff who are currently employed by PCG to meet the needs of service users.

The inspector reviewed the agency's training plans which indicated they were not compliant with the Regulations and Minimum Standards so that staff had appropriate training to fulfil the duties of their role. An area for improvement has made in this regard.

Staff comments:

- "I got to shadow for a few days with experienced staff."
- "I have a duty of care to raise concerns."

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their 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) this was 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. 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 two safeguarding referrals to the SHSCT since the last inspection on 14 August 2018 and that the referral had been managed appropriately. It was positive to note that the agency had completed a safeguarding position report which was reviewed and found to contain appropriate information.

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.

Service user comments:

- "The staff protect my human rights."
- "The staff knock on my door or telephone when outside my home."

Relative's comments:

- "As far as I'm aware the staff do a good job."
- "The staff protect my XXXX confidentiality and human rights."

The inspector noted that staff had received training in restrictive practices. 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 HSCT Service users and representatives and were noted to have been reviewed yearly and evaluated. The inspector discussed the potential human rights implications of the restrictive practices being implemented and the team leader welcomed advice given and undertook to ensure that human rights considerations would be documented alongside each restrictive practice.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with General Data Protection Regulations (GDPR) data protection guidelines. It was noted that GDPR had been discussed during the staff meetings.

Of eight responses returned by service users, six indicated that they were ‘very satisfied’ that care was safe, one indicated that they were ‘satisfied’ that care was safe and one indicated that they were ‘undecided’ that care was safe. Of three responses returned by staff, two indicated they were ‘very satisfied’ that care was safe and one indicated that they were ‘satisfied’ that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supervision and appraisals, adult safeguarding referrals, restrictive practice and risk management.

Areas for improvement

Areas for improvement were identified during the inspection in relation to staff inductions and training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

The full nature and range of service provision is detailed in the Statement of Purpose (2018) and Service User Guide (2018). However, it was identified that the Statement of Purpose (2018) and Service User Guide (2018) did not contain the following information, name of the responsible individual, manager and information in relation to making a complaint and the relevant bodies to support service users if the need arose to make a complaint. Following the inspection the agency forwarded the revised Statement of Purpose and Service User Guide which were found to be satisfactory.

The review of three 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 yearly care reviews with the relevant SHSCT representative, service users and relatives as appropriate.

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

Service user comments:

- “I have attended one multi-disciplinary review.”
- “I can come down to the office to discuss issues.”
- “I have taken the notes for one tenants meeting.”

Relative comments:

- “XXX has only had one review which I attended.”
- “I was given the opportunity to give my opinion at the review.”

Staff comments:

- “The service user is treated with dignity and respect.”
- “I treat service users the way I would like to be treated.”

The agency maintains daily contact records for each service user which were maintained within policy and procedure.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users, relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a monthly basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. Staff indicated that the staff team are supportive to each other and that communication is good.

The inspector reviewed tenant meeting records which indicated that they took place on a two monthly basis and that tenants views were being heard and addressed. This was confirmed by service user who spoke to the inspector.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and SHSCT representatives.

Of eight responses returned by service users, five indicated that they were ‘very satisfied’ that care was effective, one indicated that they were ‘satisfied’ that care was effective and two indicated that they were ‘undecided’ that care was effective. Of three responses returned by staff, two indicated they were ‘very satisfied’ that care was effective and one indicated that they were ‘satisfied’ that care was effective.

Areas of good practice

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

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

6.6 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on human rights, attitudes and values.

Discussions with the service users, team leader and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in arranging and taking part in community activities.

It was evident that the agency staff and SHSCT 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.

The inspector observed staff using appropriate language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. Service users who wished to speak to the inspector were provided with privacy as appropriate.

Service user comments:

- "I am applying to Queens and the UK for university courses."
- "I do volunteer work in the community."

Relative comments:

- "My XXX seems to like the staff."

Staff comments:

- "We go above and beyond to help our service user."

The inspector noted the following compliment from a relative on a thank you card to staff:

'Thank the staff for everything they have done for their XXXX and all their hard work.'

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Of eight responses returned by service users, six indicated that they were 'very satisfied' that care was compassionate, one indicated that they were 'satisfied' that care was compassionate and one indicated that they were 'undecided' that care was compassionate. Of three responses returned by staff, two indicated 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users. The agency is managed on a day to day basis by the manager with the support of team leaders and a team of support assistants. It was identified that the agency has effective systems of management and governance in place. Since the previous inspection RQIA has been informed of a temporary change of management from January 2019. A new application for registered manager is in the process of being submitted to RQIA at this time.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The team leader described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

There had been a number of complaints received from the date of the last inspection. These complaints were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. The inspector noted the complainant was fully satisfied with the outcome of their complaint. All those consulted with were confident that management would manage any concern raised by them appropriately.

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.

Service user comments:

- “I have met the new manager, no problems and she seems very nice.”

Staff comments:

- “There are on-call management arrangements.”
- “Management would listen to any concerns.”

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency’s policies and procedures:

- care and support records
- service user’ finances
- accidents and incidents
- complaints
- NISCC registrations
- restrictive practices

The team leader informed the inspector that the annual scheme evaluation was not finalised on the day of the inspection. Following the inspection the agency forwarded information that provided the necessary assurances that the annual scheme evaluation was completed and is planned to be shared with all stakeholders. The inspector reviewed the information and found the annual report to be satisfactory.

The agency’s annual quality service user survey 2019 was not finalised on the day of inspection. This can be reviewed at the next inspection.

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years. Policies were held electronically which were accessible to staff.

Records of service user meetings and reports of quality monitoring visits indicated the agency’s commitment to regularly engaging with service users and where appropriate relevant stakeholders.

There was evidence of effective collaborative working relationships with key stakeholders, including the SHSCT, service users, relatives and staff. The agency had received positive feedback through the quality monitoring report from SHSCT representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The inspector noted the following comment on a quality monitoring report from a SHSCT keyworker:

'XXXX praised staff for the good work they continued to do to meet the service user's support needs.'

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the team leader was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

Of eight responses returned by service users, six indicated that they were 'very satisfied' that the service was well led, one indicated that they were 'satisfied' that the service was well led and one indicated that they were 'undecided' that the service was well led. Of three responses returned by staff, two indicated 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 good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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 Mrs Jennifer Bingham, 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

<p>Area for improvement 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<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: 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered manager (Pending), Cathy Lyness, has contacted governance and training department to highlight same. She has suggested a proforma training checklist and induction into the new role procedure to be devised that would meet this standard for the whole organisation. Within Lurgan DISH there will also be a period of shadowing for any existing staff moving into a senior role.</p> <p>The pending registered manager has completed the Induction and Competency Assessment for Team Leaders proforma for the current staff and will continue to do so for any new positions in the future. All existing staff who are moving into or have moved into a senior role will also be booked onto management training provided by the organisation. The two current acting up Team Leaders are currently completing same.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Mandatory training requirements are met.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff are currently up to date with all mandatory training or are booked to complete same in the coming month. Registered manager (Pending), Cathy Lyness, will continue to monitor and update this monthly.</p>

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



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