Inspection Report

25 May 2021

PCG Lurgan DISH

Type of service: Domicillary Care Agency
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Praxis Care Group (PCG) **Responsible Individual:** Mr Greer Wilson	**Registered Manager:** Ms Cathy Lyness **Date registered:** 18 October 2019
Person in charge at the time of inspection: Ms Cathy Lyness	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection took place on 25 May 2021, at 10.00 by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, monthly quality monitoring, Covid-19 guidance and we sought to assess progress with issues raised in the last quality improvement plan (QIP).

Good practice was identified in relation to appropriate checks being undertaken before staff stated to provide care and support to the service users. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Service users said that they were satisfied with the standard of care and support provided.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, QIP, notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

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

4.0 What people told us about the service

We spoke with three service users, one relative, six staff and one SHSCT representative.

In addition we received questionnaires from service users/relatives as well as electronic survey feedback from staff which indicated that all respondents were happy generally with the service provided by the agency. However, one response from a service user indicated that they were 'undecided' that care was safe.

As there was no contact details recorded for service user, we spoke to the manager on the 7 June 2021 and discussed the feedback received. We were assured by the manager that the comment made would be discussed with service users in the forum of a resident meeting and a record retained for review at the next inspection.

Comments received during inspection process-

Service users' comments:

- "The staff are extremely supportive and friendly."
- "They treat me with respect."
- "If I had any problems I would go to the office."
- "Staff are very pleasant and caring."

- "They do their job well."
- "All going well at present."

Relative comments:

- "The staff are very good."
- "XXX would be lost without the staff."
- "No issues at present."

Staff comments:

- "Praxis did support us and ensure our safety during Covid-19."
- "We do pull together as a team."
- "Training continued during Covid-19."
- "We were surprised how well the service user coped with Covid-19."
- "We get supervisions and appraisal."
- "All concerns would be listened to by management."
- "Always trying our best for service users."

SHSCT representatives' comments:

- "I have a lot of time for the girls."
- "There is a lot of two way communication."
- "I can't fault them."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 1 September 2019 by a care inspector. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 1 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 12.1 **Stated:** Second 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. This relates specifically to existing staff that are moving into temporary senior roles.	**Met**

	Ref: 6.1 **Action taken as confirmed during the inspection**: We confirmed that staff moving into senior roles had an appropriate induction.	
Area for improvement 2 **Ref**: Standard 16.3 **Stated:** First time	The registered person promotes safety and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas: • infection control This relates specifically to twice daily recordings of service user's temperatures as in accordance with the guidelines. Ref:6.1 We reviewed records and evidenced that service users had their temperatures monitored twice a day in accordance with guidelines.	**Met**

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the SHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoLS training appropriate to their job roles. The manager told us that none of service users met the criteria to have a DoLS measure to be put in place.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that the agency does not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

Where a service user is experiencing a restrictive practice, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the SHSCT representative.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager told us that there were no care partners visiting the service users during the Covid-19 pandemic restrictions.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment processes were managed in conjunction with the organisation's Human Resources (HR) Department. It was established that the manager was knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. There was evidence in staff files in relation to pre-employment checks which gave us assurances that Access NI checks had been completed before commencement of employment.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and SHSCT representatives. The reports included details of the review of service user care records, accident/incidents, service user surveys, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. It was noted that 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.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

The manager confirmed that the agency had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users Dysphagia needs to ensure the care received in the setting was safe and effective.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Cathy Lyness, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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