



The Regulation and
Quality Improvement
Authority

Praxis Care Group
RQIA ID: 10822
64 Upper Suffolk Road
Belfast
BT11 9RH

Inspector: Jim McBride
Inspection ID: IN023306

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**Unannounced Care Inspection
of
Praxis Care Group**

19 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 19 October 2015 from 10.00 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: Mrs Irene Sloan	Registered Manager: Ms Rois Mc Cotter
Person in charge of the agency at the time of Inspection: Ms J Mc Neill	Date Manager Registered: 09/03/2009
Number of service users in receipt of a service on the day of Inspection: 15	

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 the Team Leader and two staff members. Two service users visited the inspector at the registered office.

The following records were examined during the inspection:

- Six 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 April, May, June, July, August and September 2015
- Staff meeting minutes for June, July, August, September and October 2015
- Service users meetings for May, June, July, August and September 2015
- Staff training records:
 - Vulnerable adults*
 - 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
- Staff rota information.

During the inspection questionnaires were completed by three staff. At the request of the inspector the Team Leader was asked to distribute questionnaires to staff for return to RQIA. Three questionnaires were returned.

These indicated that the 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?

Staffs written comments:

"I feel Praxis care provides excellent care to service users."

"The service is very much service user led."

"I feel that the service offered is compassionate, effective and safe."

"We provide a good service."

At the request of the inspector the Team Leader was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. Ten questionnaires were returned to the RQIA.

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 Group at Upper Suffolk Road, Belfast, is a domiciliary care agency operating a non 24 hour, 11 place supported living scheme, providing accommodation with support. A Dispersed Intensive Support Housing service is also provided for 4 service users, totalling service provision for 15 people.

The agency provides a range of services to adults who have experienced mental ill health and related complex needs. The agency's statement of purpose states: *Praxis Care strives to achieve the above aims by:-*

"Offering support and care to vulnerable people in the form of practical, social and emotional support which will facilitate the service user's functioning and their inclusion as citizens in the community".

Under the direction of the Manager, Ms Rois Mc Cotter, five staff assist service users in the planning and management of their own social routines, and provide support to enable service users to live as independently as possible within the community.

The service staff are available to service users from 9am-9pm Monday-Friday and 9am-5pm Saturday and Sunday. The services are commissioned by the Belfast Health and Social Care Trust.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 11 August 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 previous requirements or recommendations.

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 the staff members interviewed and in staff questionnaires. The Team Leader stated that the agency has had no new staff on induction for some number of years. However, the agency would maintain 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 staff prior to their supply, and the team leader assured the inspector that no staff are supplied unless this procedure is followed. The agency do not use any outside agency staff, however a procedure is in place for emergency induction arrangements if required.

The agency has a policy and procedure in place outlining staff supervision and appraisal which details the frequency of both. This was verified by staff during the inspection. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

Is Care Effective?

Discussions with the Team Leader indicated that an appropriate number of skilled and experienced persons are available at all times.

The Team Leader 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.

Discussion with the Team Leader 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. Training this year included:

- *Dual Diagnosis*

- *Team management*

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. The Team Leader described how the agency discusses staffing arrangements with service users. This was verified by the inspector in the minutes of a service users meeting held on the 25 September 2015. The Team Leader stated that staffing arrangements affecting individual service users is discussed with them one to one as required.

Discussions with the staff indicated that service users are prepared in advance of significant staff changes where possible. The staff 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.

One staff member 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.

Staff Comments:

"Training is good and is flexible."

"Supervision is one to one and is confidential."

"We are a good team we communicate well with each other."

Service user's comments:

"Staff are very good."

"I have good support here from all staff."

"Staff support me well with my difficulties."

"They are of great support to me."

"If I have any problems I can talk to ***** she's good and listens to me."

"I have a good relationship with all staff."

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. The Team Leader stated that *"We have a good relationship with the HSC Trust staff especially ***** who is very effective with timely care plan reviews."* "One service user also stated *"My CPN is very caring and supportive of me."*

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, as well as keyworker discussions with service users. It was good to note that all service users' reviews have been completed by the HSC Trust.

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

Feedback from monthly monitoring reports 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.

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

It was noted by the inspector 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*

Is Care Compassionate?

Feedback from one staff member and the Team Leader 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. One service user stated *"Staff listen to me and any concerns I have. I have no complaints at the moment and love living here."*

Promotion of values such as dignity, choice and respect were evident through discussion with staff members and two service users. 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

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

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.4 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 four complaints within the time period specified and all were resolved satisfactorily.

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

Service users identified their satisfaction in relation to:

- *Praxis staff*
- *Changes within the scheme*
- *The local community*
- *Individual support plans*
- *Safety and security*
- *Individual goals*
- *Advocacy*

The inspector noted the work completed by staff on activities for service users. Some service users agreed that they would be interested in engaging with staff in some kind of organised activity and suggested the following:

- Walking group
- Cooking
- Day trips
- Market
- Leisure centre
- Armchair meditation
- Cinema
- Bowling
- Computer courses
- Healthy eating

- Alcohol management
- A scheme newsletter

The results of the questionnaire was discussed at ta service users meeting in July 2015. Staff have agreed to get more information on the suggested activities.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Rois McCotter	Date Completed	27/10/15
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	30/10/15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	2/11/15

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

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