

Unannounced Care Inspection Report 6 August 2019



West Belfast Supported Living Services

Type of Service: Domiciliary Care Agency
Address: 1 Dunmisk Walk, Belfast, BT11 8JY
Tel No: 02890627895
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 services to 36 service users living in their own homes living within the Belfast Health and Social Care Trust (BHSCT) area, who require care and support with their mental ill health and learning disability. The service users are supported by 21 staff (includes the registered manager and operations manager).

3.0 Service details

Organisation/Registered Provider: Praxis Care Group (PCG)	Registered Manager: Ms Rois McCotter
Responsible Individual: Mr Andrew James Mayhew	
Person in charge at the time of inspection: Ms Rois Mc Cotter	Date manager registered: 9 March 2009

4.0 Inspection summary

An unannounced inspection took place on 6 August 2019 from 09.30 to 16.45.

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.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA have 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 seek 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:

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

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.

An area requiring improvement was identified in relation to mandatory training. The inspector noted that staffs first aid and personal safety training were both out of date.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Rois Mc Cotter, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with three service users, the registered manager, operations manager and six staff.

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 or their relatives. The questionnaires invited service users or their relatives to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Seven questionnaires were returned by service users/relatives and analysis of feedback is included within this report.

There were a number of areas rated as 'undecided', 'unsatisfied' and 'very unsatisfied' on the feedback received from service users/relatives and staff. As there were no contact details recorded for service users/relatives or staff, the inspector spoke to the registered manager on the 5 September 2019 and discussed the feedback received. The inspector has been assured by the registered manager that the feedback received would be discussed at both service users and staff in the forum of tenant and staff meetings and a record retained for review at the next inspection.

At the request of the inspector, the registered manager 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. Twelve responses were returned by staff and analysis of feedback is included within this report.

The inspector requested that the registered manager place a “Have we missed” you card in a prominent position in the agency to allow service users and family members 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.

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.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

6.2 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 registered manager 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 PCG corporate induction programme. Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector evidenced periods of shadowing for new staff on rotas. The inspector spoke to six staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the registered manager.

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.

Staffing levels were consistently maintained and there were no concerns raised with the inspector by staff, service users in relation to the service users’ needs not being met. The registered manager and staff advised that the agency uses a small number of relief staff who are currently employed by PCG and a small pool of staff from another registered domiciliary care agency to meet the needs of service users.

The registered manager provided the inspector with a detailed list of the domiciliary care agency staff, their Access NI number, training and evidence of their Northern Ireland Social Care Council (NISCC) registration and the induction programme provided to them by PCG.

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 been made in this regard.

Staff comments:

- "We got an induction booklet."
- "We shadowed staff initially."
- "We did Human Rights training."
- "The service user comes first."

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 a number of safeguarding referrals to the BHSCT since the last inspection on 4 July 2018 and the referrals had been managed appropriately. It was positive to note that that PCG had completed a safeguarding position report 2018/2019, 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 protects my human rights."
- "I can make my own decisions."

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 BHSCT, service users and were noted to have been reviewed six monthly and evaluated. The inspector discussed the potential human rights implications of the restrictive practices being implemented and the registered manager 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.

The inspector noted leaflets on Human Rights which were accessible to service users, relatives and staff throughout the agency.

Of seven questionnaires returned by service users/relatives, six indicated that they were 'very satisfied' that care was safe and one indicated that they were 'undecided' that care was safe. Of 12 responses by staff, four indicated that they were 'very satisfied' that care was safe, four indicated that they were 'satisfied' that care was safe, one indicated that they were 'unsatisfied' that care was safe and three indicated that they were 'very unsatisfied' that care was safe.

Areas of good practice

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

Areas for improvement

An area for improvement was identified during the inspection in relation to mandatory training.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 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).

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 monthly reviews by staff. The inspector noted that six monthly reviews took place with the relevant BHSCT representatives, 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.

The inspector noted 'information sharing agreements' and 'your information – privacy notices' were signed by service users and placed in their records.

Service user comments:

- "The staff don't institutionalise you."

- “The place runs like clockwork.”

Staff comments:

- “All service users and staff are treated with respect and dignity.”
- “Service users are encouraged to be independent.”

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

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, their relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a weekly 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 bi-monthly basis and that tenants views were being heard and addressed. This was confirmed by service users 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 BHSC Trust representatives.

Of seven questionnaires returned by service users, all seven indicated that they were ‘very satisfied’ that care was effective. Of 12 responses by staff, six indicated that they were ‘very satisfied’ that care was effective, one indicated that they were ‘satisfied’ that care was effective, three indicated that they were ‘undecided’ that care was effective and two indicated that they were ‘very unsatisfied’ 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

6.4 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, registered manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Service users who wished to speak to the inspector were provided with privacy as appropriate.

It was evident that the agency staff and BHSCT 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 as well as in the agency, 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 user comments:

- "I have nothing but the highest regard and respect for Praxis staff and the organisation."

Staff comments:

- "Great job satisfaction when service users meet their goals."

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 seven questionnaires returned by service users, six indicated that they were 'very satisfied' that care was compassionate and one indicated that they were 'satisfied' that care was compassionate. Of 12 responses by staff, seven indicated that they were 'very satisfied' that care was compassionate, two indicated that they were 'satisfied' that care was compassionate, one indicated that they were 'undecided' that care was compassionate and two indicated that they were 'very unsatisfied' 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.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 registered manager with the support of team leaders and a team of support workers. It was identified that the agency has effective systems of management and governance in place.

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 registered manager confirmed that information regarding registration and renewal dates was maintained by the agency. A review of records confirmed that all staff were currently registered as required. The registered manager described the system in place for monitoring registration status of staff with the relevant regulatory bodies and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

There had been no complaints received since the last inspection on 4 July 2018. The agency had received a number of compliments in both verbal and written format. The inspector noted the following compliment from a relative:

‘Thanks for all the excellent support you gave XXXX, and please pass on my seasonal good wishes to everyone at Praxis.’

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:

- “The managers are excellent.”

Staff comments:

- “The management is very supportive.”

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
- training and supervision

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency’s annual quality service user survey 2017/2018. The inspector reviewed the survey’s result and found them to be positive. The inspector reviewed the agency’s annual internal audit and found it to be positive.

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 BHSCT, service users, relatives and staff. The agency had received positive feedback through the quality monitoring report from BHSC trust’ 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 comments on a quality monitoring report from a relative:

‘XXXX expressed appreciation to XXXX re addressing smoking issue in Dunmisk.’

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

Of seven questionnaires returned by service users, six indicated that they were ‘very satisfied’ that the service was well led and one indicated that they were ‘satisfied’ that the service was well led. Of 12 responses by staff, five indicated that they were ‘very satisfied’ that the service was well led, four indicated that they were ‘satisfied’ that the service was well led, one indicated that they were ‘undecided’ that the service was well led and two indicated that they were ‘very unsatisfied’ 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 Ms Rois McCotter, Registered Manager, 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 12.3 Stated: First time To be completed by: Immediate and ongoing	Mandatory training requirements are met. This specifically relates to first aid and personal safety training. Ref: 6.2 Response by registered person detailing the actions taken: All outstanding mandatory training has been booked via Praxis Care Learning and Development Department

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)