



The Regulation and
Quality Improvement
Authority

Praxis Care Group
RQIA ID: 10826
132 - 136 Thomas Street
Portadown
BT62 3AN

Inspector: Jim McBride
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**Unannounced Care Inspection
of
Praxis Care Group
14 September 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 14 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: Karen Harding |
| Person in charge of the agency at the time of Inspection: Team Leader (acting) and Mrs K Harding | Date Manager Registered: 30/12/15 |
| Number of service users in receipt of a service on the day of Inspection: 31 | |

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 and quality improvement plan (QIP)
- Incident records
- Records of contact with the agency since the last inspection.

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

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 and August 2015
- Tenants' meeting minutes for January, May, June and July 2015
- Staff meeting minutes for June, July, August and September 2015
- Staff training records:
 - Vulnerable adults*
 - Complaints*
 - Person centred planning*
 - 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 was asked to distribute ten questionnaires to staff no questionnaires were returned. However the inspector did speak to three staff during the inspection.

At the request of the inspector the manager was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. No questionnaires were returned. However the inspector did speak to one service user during the inspection.

5. The Inspection

The agency provides domiciliary care supported living type accommodation for up to 31 tenants, seven of whom live in individual flats, and a further seven who live in a group setting. Under the direction of the registered manager, Mrs Karen Harding 18 staff provide services including assistance and support in a range of activities, such as housekeeping, food preparation, support with daily living and social activities, maintaining their tenancy and budgeting.

5.1 Review of Requirements and Recommendations from Previous Inspection.

The previous inspection of the agency was an announced care inspection dated 25 September 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection.

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 15(2) (c) | The registered person is required to ensure that each service user has in place an agreement specifying the number of support hours available to them individually. | Met |
| | Action taken as confirmed during the inspection: Each service user has an agreement in place specifying the number of support hours they are entitled to per week. Completed 7/1/15. The inspector examined the documentation in place and was satisfied with the arrangements. | |
| Requirement 2 Ref: Regulation 15(2) (c) | It is required that the registered person reviews the overnight on- call arrangements within the agency to ensure that staff on sleep in duties have access to support if required . | Met |
| | Action taken as confirmed during the inspection: The current overnight on call arrangements are as follows. The member of staff on sleep in will call the scheme manager who will assess the situation and provide the appropriate level of support required. In addition to this the named AD on call can be contacted for advice and support. If necessary there is the option of providing additional staff on site overnight if the level of risk at scheme level deems | |

| | <p>this as being necessary.</p> <p>In addition to this the current overnight staffing levels are being reviewed by Praxis Care and the Trust.</p> <p>The documentation in place was satisfactory.</p> | |
|---|--|---------------------------------|
| Previous Inspection Recommendations | | Validation of Compliance |
| <p>Recommendation 1</p> <p>Ref: Standard 12.4</p> | <p>It is recommended that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This recommendation refers, but is not limited to information in relation to safeguarding vulnerable adults and supported living model training discussed within Theme 2 Statement 2.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>All staff have completed restrictive practice training.</p> <p>The documentation in place was satisfactory.</p> | |
| <p>Recommendation 2</p> <p>Ref: Standard 4.3,</p> | <p>It is recommended that the care and support plans are reviewed and updated to reflect any changes in the need for service delivery.</p> <p>Refers to two service users discussed within Theme 3 Statement.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>The care and support plans for the 2 service users discussed have been reviewed and amended to reflect their current support needs as of the 19/12/14.</p> <p>The documentation in place was satisfactory.</p> | |
| <p>Recommendation 3</p> <p>Ref: Standard 4.2</p> | <p>It is recommended that the document ""House rules"" is reviewed to ensure that it no longer refers to restrictions not in place in the homes of service users.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>The document referring to "House Rules" was reviewed by service users on the 5/1/15. There are no longer references within this document that might suggest restrictive practice as there are no restrictive practices at scheme level. The ethos of the document now reflects an agreement which has been discussed and agreed by service users in relation to living in a group living. The documentation in place was satisfactory.</p> | |

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 staff members 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 staff supply prior to their supply, and the team leader assured the inspector that no staff are supplied unless this procedure is followed. The inspector examined a number of records relating to outside agency staff provided by the agency. The records in place were satisfactory.

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 team leader 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 and team leader.

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, Dual Diagnosis, Assessment and Support, and Risk Management.

The registered manager described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff interviewed 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 and July 2015. The Manager was 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.

Staff interviewed clearly described having the knowledge and skills to carry out their roles and responsibilities.

The team leader and staff 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.

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

Staff comments:

"Induction prepares you for the role"

"Training is good"

"We communicate well with each other"

"Staff are supportive to tenants."

Service user's comments:

"This has been the best place for me"

"The staff support me well and listen if I have any concerns"

"I have no complaints about the service"

"When I had some difficulties staff helped me through them."

Areas for Improvement

N/A

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

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?

The agency has in place 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 staff 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.

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 staff members 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. One service user stated: *"The staff are very caring and do support me well, I really do rely on them to keep me safe."*

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 |
|--------------------------------|----------|-----------------------------------|----------|

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 five complaints within the time period specified. These were dealt with satisfactorily.

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:

- The help they required
- Their reviews
- Personal Goals
- Safety and security

No requirements or recommendations resulted from this inspection.

| | | | |
|--|--------------------------------------|-----------------------|----------|
| I agree with the content of the report. | | | |
| Registered Manager | Karen Harding | Date Completed | 23/09/15 |
| Registered Person | Andy Mayhew on behalf of Irene Sloan | Date Approved | 23/09/15 |
| RQIA Inspector Assessing Response | Jim Mc Bride | Date Approved | 10/10/15 |

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