Inspection Report

7 November 2023

Praxis Care Group

Type of service: Domiciliary Care Agency
Address: 132 - 136 Thomas Street, Portadown, BT62 3AN
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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 **Responsible Individual:** Mrs Alyson Dunn	**Registered Manager:** Mrs Christine Bracewell **Date registered:** 25/04/2023
Person in charge at the time of inspection: Mrs Christine Bracewell	
Brief description of the accommodation/how the service operates: Praxis Care Group is a supported living type domiciliary care agency located in Locke House, Portadown. The agency's aim is to provide care and support to meet the needs of people who live in individual flats, and a group setting. Under the direction of the manager, staff are available to support service users 24 hours per day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2023 between 9.00 a.m. and 2.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management was also reviewed.

Areas for improvement identified are related to; recruitment, induction and care records.

Good practice was identified in relation to training, quality monitoring and checking of professional registrations.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I like living here."
- "There is lots to do here, I don't always join in."
- "The staff are really good."
- "I go to the drop in events, I enjoy snooker and movie nights."
- "I feel very safe."
- "The staff look after me."
- "There is nothing I would change about my care."
- "I have recently come back from holiday."
- "I couldn't live without this service."
- "The building is lovely and the staff are so friendly."

Staff comments:

- "I love working here."
- "I feel well supported."
- "The standard of care is really good."
- "I am registered with NISCC."
- "The training here is really good."
- "I am confident to raise any concerns."
- "My manager is very approachable; I have confidence in her ability."

There were no returned questionnaires and no responses to the electronic staff survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 23 September 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

Through discussions with service users, it was good to note that service users had an input into devising their own plan of care. From reviewing service users' care records these contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review, but did not consistently contain the signatures of the service users or the member(s) of staff. A Personal Emergency Evacuation Plan (PEEP) contained incorrect information. An area for improvement has been made.

It was also good to note that the agency had service users' meetings, which enabled the service users to discuss the provisions of their care. The manager has agreed to review the frequency of these meetings.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

None of the service users were assessed by SALT or required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Recruitment records did not consistently contain full employments histories, reasons for leaving employment or references from the current or most recent employer. An area for improvement has been made.

There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was a lack of robust evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. An area for improvement has been made. There was evidence that shadowing of a more experienced staff member had taken place.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection. A number of compliments were received. One comment received stated:

- "I think of all the staff as my family."

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	3	0

The areas for improvement and details of the QIP were discussed with Mrs Christine Bracewell, Registered Manager and Mrs Nicola Cloughan, Assistant Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15 (3) (a)(b)(c)(d) **Stated:** First	The registered person shall ensure that service user's care records are completed accurately and consistently at all times. These care records should also contain service user and / or staff signatures as needed. Ref: 5.2.2
To be completed by: Immediately from the date of inspection	**Response by registered person detailing the actions taken:** Management have arranged a full service user file audit and a matrix has been implemented where records due for renewal will be highlighted. This was discussed at team leader meetings, individual supervision and the importance of ensuring all documents are signed reiterated to all staff. Individual workplans developed with keyworkers to ensure files are up to date.
Area for improvement 2 **Ref:** Regulation 13 (d) Schedule 3 **Stated:** First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Ref: 5.2.4
To be completed by: Immediately from the date of inspection	**Response by registered person detailing the actions taken**: This was discussed and noted with the recruitment department at a Manager's zone meeting. Head of Operations and Regional Director in attendance. Interview assessment forms now have box prompting gaps in employment and conviction history to be discussed at interview. Fitness to work forms to

	be forwarded to Manager prior to employment starting so they have oversight of documentation.
Area for improvement 3 **Ref:** Regulation 16 (5)(a) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure that each domiciliary care worker is provided with appropriately structured induction training lasting a minimum of three full working days Ref: 5.2.5
	Response by registered person detailing the actions taken: Training has been requested from the learning and development department for team leaders and managers in the new induction book process. Emphasis on completion of same discussed at team leader meetings and individual supervisions.

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

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