

Unannounced Care Inspection Report 4 September 2017



Praxis Care Group

Domiciliary Care Agency/Supported Living
132 - 136 Thomas Street, Portadown, BT62 3AN
Tel no: 028 3833 1196
Inspector: Joanne Faulkner

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Praxis Care Group is a supported living type domiciliary care agency located in 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 acting manager staff are available to support tenants 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.

3.0 Service details

Registered organisation/registered person: Praxis Care Group	Registered manager: Niamh Nugent (Awaiting Application)
Person in charge of the service at the time of inspection: Niamh Nugent	Date manager registered: (Awaiting Application)

4.0 Inspection summary

An unannounced inspection took place on 4 September 2017 from 10.30 to 15.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation to staff recruitment, staff supervision and quality monitoring processes.

Areas for improvement were identified in relation to the agency's recruitment and appraisal policies and procedures, staff induction records and staff appraisal.

Comments made by service users from returned questionnaires are included within the report.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with name, position, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 10 October 2016

No further actions were required to be taken following the most recent inspection on 10 October 2016.

5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- Discussion with the acting manager
- Examination of records
- Consultation with staff
- Evaluation and feedback.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

During the inspection the inspector met with the manager and one staff member; no service users were available to speak to the inspector.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Mandatory Training Policy
- Supervision Policy
- Appraisal Policy
- Disciplinary Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy

- Complaints Policy
- Information Governance and Data Protection Policy
- Registration of Care and Support Staff
- Restrictive Practice Policy
- Statement of Purpose
- Service User Guide.

Prior to the inspection the inspector visited that organisations' Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

During the inspection the inspector provided questionnaires for completion by staff and service users; four service user and ten staff questionnaires were returned to RQIA.

Following the inspection the inspector spoke with a service user in relation to comments made on a returned questionnaire in relation to the quality of care provided. The service user did not wish to discuss the comments further and informed the inspector that they were very happy with everything and had no complaints at present in relation to the care received.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection 10 October 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 October 2016

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection the inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of individual staff personnel records; documentation viewed included details of the agency's recruitment processes and evidence of pre-employment checks completed.

Records viewed indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy which was noted to detail the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment was viewed; however it was identified that the policy is required to be reviewed and updated in line with timescales outlined with the minimum standards.

The agency's induction policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was noted that staff are required to complete an induction workbook during the initial two weeks of employment. The inspector noted that staff are required to shadow other staff employed by the agency during their induction programme; the manager stated that this process is normally for a period of two weeks. Staff who spoke to the inspector stated that the expectation is that they complete the full induction programme within their six month probationary period.

It was identified that a record of the induction programme provided to staff is not routinely retained by the agency; the inspector viewed the records of one staff member who is currently completing their induction. The inspector discussed with the manager the need to develop a system for retaining information relating to staff induction within the agency's office. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager stated that relief staff are accessed from the organisations relief staff team and another domiciliary care agency; they described the process for ensuring that any staff provided at short notice have the skills to fulfil the requirements of the job role. The inspector viewed a number of staff profiles for relief staff and noted that they contained information in relation to the individuals training, relevant experience, induction and registration with the Northern Ireland Social Care Council (NISCC).

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The manager described the ongoing challenges in maintaining continuity of staff provided to service users due to a number of staff being on long term absence. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. Staff who spoke to the inspector felt that there are enough staff to meet the needs of the service users at present.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was identified that the agency's appraisal policy is required to be reviewed and updated in accordance with timescales outline within the minimum standards. The inspector viewed individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; documentation reviewed indicated that staff receive supervision in accordance with the agency's policies and procedures. It was identified that there had been a delay in the completion of annual staff appraisals due to the recent changes in management and that a number of staff require an appraisal to be completed. Staff could describe the benefits of supervision and appraisal.

The agency has an electronic system for recording staff training; the manager could describe the process for identifying training needs. The inspector noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Staff could describe their individual responsibility for ensuring that required training updates are completed. It was noted that the agency records compliance levels in relation to training completed by staff; the inspector identified that the compliance level is lower than expected due to a number of staff being on long term absence.

Staff who spoke to the inspector stated that they felt that their induction programme and training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's policy and procedures reflect information contained within the regional policy. The agency's policy and procedures outline the procedure for staff in relation to reporting concerns.

The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility in relation to adult safeguarding.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding matters and of the procedure for reporting concerns. It was identified from discussions with the manager and training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition a two yearly update. It was noted that there were a number of staff who are currently on long term absence requiring training updates in relation to safeguarding vulnerable adults.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was identified that the agency retains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of

abuse. Records viewed and discussions with the manager indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk.

It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed as required. The inspector viewed a range of risk assessments in place relating to individual service users and in relation to a restrictive practice in place for one service user. It was identified that the agency completes a monthly review for each individual service user in relation to their care needs.

The agency's registered premises are located in the same building as the service users' accommodation; the office is suitable for the operation of the agency as described in the Statement of Purpose.

Four service user and 10 staff questionnaires were returned to RQIA; responses received indicated that three service users and all staff were satisfied that care provided is safe.

Comments received during inspection.

Staff comments

- 'I feel well supported in my role.'
- 'Training is good; I have had training specific to the needs of the tenant's.'
- 'I get supervision monthly; it is beneficial I set goals.'
- 'I feel service users are safe.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment processes and supervision.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to the agency's recruitment and appraisal policies and procedures, staff induction records and staff appraisal.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's information governance and data protection policy outlines the procedures for the creation, storage, retention and disposal of records. It was indicated from records viewed both prior to and during inspection that they were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff personnel records viewed at the organisation's head office prior to the inspection were retained in an organised manner; records held in the agency's office were noted to be retained securely. It was noted that staff received training relating to record keeping during their induction programme.

Staff could describe the methods used for encouraging service users to be effectively engaged in the care planning process. Service users indicated on questionnaires returned to RQIA that staff involve them in the development of their care plans. Staff stated that service users can retain a copy of their individual care and support plans if they wish to; it was noted that service users are requested to sign their individual care plans indicating that they have agreed to the care and support to be provided.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing monthly quality monitoring visits; it was noted that this process seeks to obtain feedback from service users in relation to the quality of care provided.

The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; records viewed indicated that the process is effective. Records viewed were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of accidents, incidents or safeguarding referrals, medication, care plans, staffing arrangements and financial management arrangements.

Comments recorded on quality monitoring reports

HSCT representatives' comments

- 'Service provision to service users is of a high standard.'

Service users' comments

- 'Like the scheme, I can call into the office for support.'
- 'Like living here, but would like to move to Lurgan. Staff very supportive.'

Service users' relatives

- 'Very happy with the support provided.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The agency facilitates monthly service user and staff meetings. It was identified that a range of standard items are discussed at all meetings, they include recruitment, service user issues, policies and procedures adult protection and safeguarding.

The manager could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

Four service user and 10 staff questionnaires were returned to RQIA; responses received indicated that three service users and 10 staff were satisfied that care provided is effective.

Comments received during inspection.

Staff comments

- 'Risk assessments are completed to minimise risk but they also enable positive risk taking to occur.'
- 'At times due to staffing levels some support cancelled but they are offered an alternative.'
- 'Staffing has been a problem recently; we use regular agency staff. We change times of support on occasions but service users assessed needs are still being met.'
- 'Staffing arrangements are improving.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and communication with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

It was identified that staff had received training in relation to confidentiality during their induction programme. Discussions with staff, and observations of staff and service user interactions made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture of the organisation.

Staff could describe the methods used to ensure that care and support is provided in an individualised manner. Staff could describe the procedure for meaningfully supporting service users to make informed choices.

Discussions with staff and information viewed indicated that the agency has processes in place to record comments made by service users and/or their representatives. Records of service user and care review meetings, and reports of quality monitoring visits indicated

engagement with service users and where appropriate their relatives; records were noted to contain comments made by service users and were appropriate relevant stakeholders. Systems for effectively engaging and responding to the comments and views of service users and their representatives are maintained through the agency's quality monitoring process; complaints process; monthly care review; annual care review meetings and service user meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The manager stated that if required the agency can provide a range of information in an alternative format to support service users to be effectively engage in decisions about their care.

Four service user and 10 staff questionnaires were returned to RQIA; responses received indicated that three service users and all staff were satisfied that care provided is compassionate.

Comments received during the inspection process.

Staff comments

- 'Service users know who to speak to if they have concerns.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's processes for engaging with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by an acting manager; they could describe the procedure for obtaining support and guidance from a senior manager within the organisation if required.

It was noted that the agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards. It was identified that the policies are retained in an electronic format which staff can access. During the inspection the inspector viewed a

number of the organisation's policies; it was identified the recruitment and appraisal policies are required to be reviewed and update in accordance with timescales outlined within the minimum standards.

The agency has processes in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users. It was noted from records viewed and discussions with the manager that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive training in relation to managing complaints during their induction programme. Staff stated that service users are encouraged to raise any issues or concerns they have in relation to the care and support they receive.

It was noted from discussions with staff and records viewed that the agency has received two complaints since the previous inspection; records viewed indicated that the agency had acted in accordance with their policy.

Documentation viewed by the inspector during the inspection indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include ongoing arrangements for monitoring staffing arrangements, incidents, accidents and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training and supervision. The manager could describe the benefits of the process for the ongoing review of the quality of the services provided and of identifying areas for improvement.

The RQIA certificate was displayed appropriately and reflective of the service provided. The organisational and management structure of the agency is outlined in the Statement of Purpose. Staff were aware of the responsibilities of their individual job roles; they demonstrated that they had an understanding of the agency's whistleblowing policy. Staff who met with the inspector indicated that the manager is supportive and approachable and could describe the procedure for obtaining support.

There was evidence of effective collaborative working relationships with relevant stakeholders, including HSCT representatives. The manager discussed the challenges experienced in relation to ongoing liaison with HSCT representatives in relation to one individual who moved from another HSCT area.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; the manager stated that a record is maintained by the agency's HR department which records registration details and expiry dates. The manager stated that they are alerted when staff are due to register. Discussions with the manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. The inspector discussed with the manager the benefits of retaining a list of registration details at the agency's office.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Four service user and 10 staff questionnaires were returned to RQIA; responses received indicated that three service users and 10 staff were satisfied that the service is well led.

Comments received during inspection.

Staff comments

- 'We have had agency staff of late in order to provide a good service.'
- 'Only recently have we had a full staff team.'
- 'A complaint some service users are having is that different staff (agency) are calling to support them.'
- 'Communication is good.'
- 'We have regular team meetings.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and incidents and quality monitoring processes.

Areas for improvement

No areas for improvement were identified 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 Niamh Nugent, manager (awaiting application), 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 Regulations (Northern Ireland) 2007 and/or 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 21(1)(c) Schedule 4.6 Stated: First time To be completed by: 4 December 2017	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Schedule 4 6. Where the agency is acting otherwise than as an employment agency, the details of the training undertaken by all employees including, where applicable, induction training.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Details of induction training for all staff are currently being copied from HR and placed in the staff files. When completed an induction checklist will be available in all staff files to clearly document the training completed on induction. To be completed by February 2018.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 9.5 Stated: First time To be completed by: 4 December 2017	<p>The registered person shall ensure that Policies and procedures are subject to a systematic 3 yearly review, and that the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: HR have been informed and have subsequently updated various policies and procedures including the Appraisal policy. HR have also introduced new review dates as per recommendations.</p>
Area for improvement 2 Ref: Standard 13.5 Stated: First time To be completed by: 4 December 2017	<p>The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Completing appraisals with the staff team has been given priority. Appraisals are currently being scheduled with the staff team and are due to be completed by February 2018.</p>

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



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