

Unannounced Care Inspection Report 17 February 2021



Praxis Care Group

Type of Service: Domiciliary Care Agency
Address: 132 - 136 Thomas Street, Portadown, BT62 3AN
Tel No: 028 3833 1196
Inspector: Angela Graham

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 provider 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 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. Service users are supported by up to 24 staff which includes the manager.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Mr Stanley McGoldrick
Responsible Individual: Mr Greer Wilson	
Person in charge at the time of inspection: Mr Stanley McGoldrick	Date manager registered: 02 July 2019

4.0 Inspection summary

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 12 November 2019. Since the date of the last care inspection, a small number of correspondences were received in respect of the agency. RQIA was also informed as required of any notifiable incidents which had occurred within the agency. Whilst RQIA was not aware that there was any specific risk to the service users within the agency a decision was made to undertake an on-site inspection adhering to social distancing guidance.

An unannounced inspection took place on 17 February 2021 from 11.15 to 16.00 hours.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff commenced employment. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with the manager. We also reviewed Covid-19 related information, disseminated to staff and displayed throughout the agency. We verified staff understanding in the context of staff discussions during inspection.

The inspection also assessed progress with any areas for improvement identified during and since the last care inspection.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC and the NMC. Good practice was also found in relation to infection prevention and control (IPC), the use of personal protective equipment (PPE) and Covid-19 education.

Those consulted with indicated that they were satisfied with the care and support provided.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Domiciliary Care Agencies

Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Stanley McGoldrick, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 12 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 November 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and the returned Quality Improvement Plan (QIP), notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on consulting with the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff commenced employment and reviewed the following:

Recruitment records specifically relating to Access NI and NISCC and NMC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. The information received shows that people were satisfied with the current care and support. Comments received are included within the report.

An area for improvement identified at the last care inspection was reviewed as part of this inspection and compliance recorded as met.

We would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

Areas for improvement from the last care inspection dated 12 November 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10.4 Stated: Second time	Response by registered person The registered person shall ensure that information held on record is accurate, up-to-date and necessary. This relates specifically to the agency's staff rota information and the use of correction fluid.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of agency's staff rota for a three week period evidenced that this area for improvement had been satisfactorily addressed.	

6.1 Inspection findings

6.2 What people told us about this service

The feedback received indicated that people were satisfied with the current care and support. During the inspection we spoke with the manager, a team leader, two support workers and two service users. Four service users' questionnaires were returned. Comments are detailed below.

Comments from staff included:

- "We have recently undertaken Covid-19 training on e-learning."
- "The manager is supportive and very approachable."

- “Very comprehensive induction programme. I also shadowed other team leaders for a week.”
- “All mandatory training completed such as adult safeguarding, IPC, fire safety, medication administration and much more.”
- “Good IPC practices in place and good sharing of information by the organisation in regards to Covid. We receive a regular staff bulletin and global emails.”
- “I feel safe in the service.”
- “I really enjoy my job. Great place to work and great team.”
- “I have had Covid training which included transmission, hand hygiene, donning and doffing of PPE ant lots more.”
- “We undertake lots of cleaning such as high touch points including door handles and switches.”
- “Lots of PPE and hand sanitiser available to staff. I wear my PPE in line with table 4.”

Comments from service users’ included:

- “I like living here. Staff treat me very well and I can talk to any of the staff if something is bothering me.”
- “Staff treat me respectfully.”
- “The place is always clean. I see staff cleaning door handles and switches.”
- “Staff always wear their PPE.”
- “I love staying in Locke House and staff are great.”
- “Staff treat me very well and are always around to help.”
- “Staff have talked to me about Covid and how to stay safe.”

6.2 Inspection findings

Recruitment

The manager confirmed that all staff appointments were made in compliance with relevant legislative requirements and the organisation’s policy and procedures. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed prior to staff commencing employment.

A review of records confirmed all staff working in the agency are currently registered with NISCC or the NMC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Discussion with staff confirmed that they were registered with NISCC or the NMC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Governance and Management Arrangements

A complaints and compliments record was maintained in the agency. The manager confirmed that one complaint had been received since the date of the last inspection and that local resolution had been achieved. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The regulation 23 quality monitoring visits had been undertaken monthly by an independent monitoring officer. We reviewed three quality monitoring reports completed in November and December 2020 and January 2021. The reports adhered to RQIA guidelines and evidenced engagement with service users, professionals and staff, with positive feedback recorded. It was positive to note that the quality monitoring officer also reviewed NISCC and NMC registrations, care records, restrictive practices and health and safety matters.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager advised that a number of adult safeguarding referrals were made since the last care inspection and review of a sample of these allegations confirmed that these concerns were managed appropriately.

Covid-19

On entering the agency the inspector's temperature and contact tracing details were obtained by the team leader who advised that this is completed on all persons entering the agency in line with current Covid-19 guidelines. A wellness check was also completed by the inspector as requested by the team leader. Signage had been placed at the entrance to the agency which provided advice and information about Covid-19.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as PPE which was available for staff. Other infection prevention and control measures were in place, which included the availability of hand sanitiser throughout the agency. There were a number of laminated posters displayed throughout the agency to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19.

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. Staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning (putting on) and doffing (taking off) of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

There were measures in place to support service users to maintain a two metre distance from other people. Changes were made to the layout to furniture in the lounge and kitchen, in as much as possible.

There was also a system in place to ensure that staff and service users had a temperature and daily wellness check recorded.

The manager, staff and service users confirmed enhanced cleaning was undertaken, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

A Covid-19 file was available in the agency. This included information related to:

- Praxis working safely during Covid-19
- A visual guide to PPE
- Preparedness actions for Covid-19
- Covid-19 Guidance for domiciliary care providers in Northern Ireland.

It was positive to note that easy read format guidance was available to service users which included Stay at Home – A Guide for people with Coronavirus (Covid-19).

The procedures and guidance in place evidenced that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the agency.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring and safe manner.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as confirmed in discussions with staff and service users. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practices, staff registrations with NISCC and the NMC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including IPC measures.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

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)