

Unannounced Care Inspection Report 12 November 2019



Praxis Care Group

Type of Service: Domiciliary Care Agency
Address: 132 - 136 Thomas Street, Portadown, BT62 3AN
Tel No: 02838331196
Inspector: Kieran Murray

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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 (PCG) is a domiciliary care agency supported living type which provides personal care and housing support to 35 service users with mental health and learning disability needs within the Southern Health and Social Care Trust (SHSCT) area. Service users are supported by up to 21 staff which includes the manager.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Mr Stanley McGoldrick
Responsible Individual(s): Mr Andrew James Mayhew	
Person in charge at the time of inspection: Mr Stanley McGoldrick	Date manager registered: 02 July 2019

4.0 Inspection summary

An unannounced inspection took place on 12 November 2019 from 09.40 to 16.55.

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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 be seeking 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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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
- care reviews
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC) and Nursing Midwifery Council (NMC)

Areas requiring improvement were identified in relation to record keeping.

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 Mr Stanley McGoldrick, Registered Manager, 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 28 June 2018

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 June 2018.

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

During the inspection the inspector met with the manager, head of operations, two service users and four 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.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received for inclusion in the report.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were received for inclusion in the report

The inspector requested that the 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.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care/finance inspection were reviewed and assessment of compliance recorded as met and not met.

The inspector would like to thank the manager, head of operations, service users, service user's relatives and staff for their support and co-operation throughout the inspection process

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 28 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.4</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that full and satisfactory information was available on the day of the inspection in relation to Schedule 3.</p>		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that information held on record is accurate, up-to-date and necessary.</p> <p>This relates specifically to the agency's staff rota information</p> <p>Ref: 6.4</p>	Not met

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that correction fluid had been used on one occasion on duty rotas.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref. 6.4</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Training records viewed during and following the inspection assured RQIA that mandatory training was up to date.</p>	

6.2 Inspection findings

6.3 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 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 spoke to four 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 manager.

It was positive to note that the induction programme included training on attitudes, values and human rights.

Staffing levels were consistently maintained and there were no concerns raised with the inspector by staff, service users or representatives in relation to the service users' needs not being met. The inspector reviewed the rotas and found that correction fluid had continued to be used on rotas. *An area for improvement has been stated for the second time.

The manager advised the inspector that the agency uses a small pool of staff from an employment agency which is also a domiciliary care agency to meet the needs of service users.

The manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence and evidence of their NISCC registration and the induction programme provided to them.

The inspector reviewed the agency's training plans which indicated that two staff had not received training in relation to fire safety and moving and handling. Following the inspection and within an agreed timescale the manager provided RQIA with the assurance that these two staff had completed the training outlined above. The inspector reviewed the information and found it to be satisfactory.

A poster was displayed in the office, in relation to 'Confidentiality & Data Protection.'

It was positive to note that the agency that all staff had completed Deprivation of Liberty safeguarding (DOL's) e-learning module.

The inspector would also like to commend the agency for providing easy read guides on DOL's to service users and providing service users in the agency with first aid training.

Staff comments:

- "I had my first week in corporate induction."
- "Training and induction prepared me for the job."

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 there had a number of safeguarding referrals to the SHSCT since the last inspection on 28 June 2018. These referrals had been made appropriately in conjunction with the SHSCT as evidenced by the inspector.

A discussion took place with the manager in relation to the ASC completing an adult safeguarding position report before by 31 March 2020. This can be reviewed at the next inspection.

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 protect my human rights.”
- “Everything you need is here.”

On the day of the inspection it was noted that restrictive practice register was in place and restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the service user, relative, SHSCT and the agency staff and these practices were reviewed regularly and evaluated.

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.

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 and risk management.

Areas for improvement

An area for improvement was identified during the inspection in relation to record keeping i.e. the use of correction fluid on rotas.

	Regulations	Standards
Total number of areas for improvement	0	1*

6.4 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 (2019) and Service User Guide (2019). On the day of the inspection the manager updated information on both documents to include names and addresses of independent advocates and the Ombudsman for Northern Ireland. The inspector reviewed both documents and found them to be satisfactory.

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, monthly reviews with agency staff and six monthly and yearly care reviews with the relevant SHSCT representative, 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.

Service user comments:

- "I have a review of my medication coming up."
- "I go around to the health centre to get my medication."

Staff comments:

- "Service users sit in on their reviews and contribute."
- "Praxis protect us as individuals."

The agency maintains daily contact records for each service user which were completed in line with 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, relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a monthly basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. The inspector noted topics discussed included deprivation of liberty, safeguarding complaints and NISCC registrations. 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 three monthly basis and that tenants views were being heard and addressed.

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 SHSCT representatives.

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

6.5 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, manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in arranging and taking part in community activities.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with the service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

The inspector was invited to visit service users in the communal area of their homes. Service users informed the inspector that the furniture, fittings and décor of their homes were chosen by themselves.

It was evident that the agency staff and SHSCT 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, with appropriate staff support.

Service user comments:

- "I went to Spain last year, supported by staff."
- "The staff are friendly and pleasant."

Staff comments:

- "Service users have choices."

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.

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.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 assistants.

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 NISCC and the NMC. The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC/NMC records confirmed that all staff were currently registered. The registered manager described the system in place for monitoring renewal of NISCC/NMC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC/NMC registration has lapsed.

There had been a number of complaints received from the date of the last inspection 28 June 2018. The inspector reviewed the complaints records and found that they had been managed appropriately within policy and procedure and that the complainants were fully satisfied with the outcomes.

The inspector reviewed the records in relation to accidents and incidents both reportable and non-reportable to RQIA and found that the agency had completed both records in line with policy and procedure.

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:

- "I have no concerns or complaints."

Staff comments:

- "Management have an open door policy."
- "The agency staff are worth their weight in gold."

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

Process for engaging with and responding to the comments of service users was evident within the agency's annual quality service user survey 2019. The inspector reviewed the survey result and found it to be positive and negative and the action plan devised. The inspector reviewed the annual quality review of service report and found it to be satisfactory.

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 SHSCT, service users, relatives and staff. The agency had received positive feedback through the quality monitoring report from SHSCT representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

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

The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the registered manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

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 Mr Stanley McGoldrick, Registered Manager and Ms Karen Harding, Head of Operations, 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	
<p>Area for improvement 1</p> <p>Ref: Standard 10.4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person The registered person shall ensure that information held on record is accurate, up-to-date and necessary.</p> <p>This relates specifically to the agency’s staff rota information and the use of correction fluid.</p> <p>Ref: 6.3</p> <hr/> <p>The Manager has raised this matter with all staff and has advised that the use of correction fluid is unacceptable on staff rota's.</p>

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



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