The Regulation and Quality Improvement Authority

Inspection Report

15 March 2022

PCG Kilmorey House

Type of Service: Domiciliary Care Agency
Address: 3 Arthur Street, Newry, BT34 1HR
Tel No: 028 3026 9150

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:** Mr Greer Wilson, Acting	**Registered Manager:** Mr Stephen Fitzpatrick **Date registered:** Acting
Person in charge at the time of inspection: Mr Stephen Fitzpatrick	
Brief description of the accommodation/how the service operates: PCG Kilmorey House is a domiciliary care agency supported living type located in Newry. The agency's aim is to provide care and support to meet the individual assessed needs of people with enduring mental health issues. 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 was undertaken on 15 March 2022 between 10.00 a.m. and 1.30 p.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users, staff registrations with NISCC and the management of complaints and adult safeguarding. Good practice was found in relation to the system in place of disseminating Covid-19 related information to staff and service users. There was evidence of robust management and governance arrangements.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

The inspection focused on:

- contacting the service users, Health and Social Care (HSC) Trust representatives and staff to obtain their views of the service

- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

We discussed any complaints and incidents during the inspection with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with three service users and one staff member. We requested feedback from HSC Trust representatives.

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

There were no questionnaires returned and no response to the staff survey.

Comments received during inspection process included:

Service users' comments:

- "Very happy."
- "Staff are good."
- "I like it here and am well supported."
- "Speak to ***** (manager) if any problems."
- "I have no issues."

Staff comments:

- "Great place to work, I love it here."
- "Much improved since ****** (manager) came; he is really approachable and supportive."
- "It is very service user centred; it is all about the service users."
- "I have no concerns."

5.0 The inspection

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

The last inspection of PCG Kilmorey House was undertaken on 24 February 2020 by a care inspector; no areas for improvement were identified. An inspection was not completed in the 2020-2021 inspection year due to the first surge of the Covid-19 pandemic.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency was reviewed and is completed in a comprehensive manner.

Discussions with the person in charge and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was identified that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter. We noted that all staff had completed training as required.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the person in charge indicated that referrals made with regard to adult safeguarding since the last inspection had been managed in accordance with policy and procedures. It was identified that adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the manager or staff if they had any concerns in relation to the care and support being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and are reviewed as part of the quality monitoring process.

It was noted that all staff have completed DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users, who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed and reviewed in conjunction with the HSC Trust representatives.

The manager stated that the agency is not appointee for any of the service users.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details are monitored by the manager in conjunction with the organisation's Human Resources (HR) department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration was maintained up to date.

5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

It was noted that one service user has been assessed by the SALT in relation to swallowing issues and dysphagia needs. Discussions with the person in charge, staff and review of service

user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe, effective and specific to the individual assessed needs of service users.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements. Staff had completed dysphagia awareness training.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, staff, service users' relatives and HSC Trust representatives as appropriate.

The reports were noted to included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the relevant policy and procedures. Complaints are reviewed as part of the agency's monthly quality monitoring process. We discussed with the manager the benefits of ensuring that information of the actions taken is retained with details of the complaint.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	0

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