



Unannounced Care Inspection Report 6 August 2018



PCG – Connaught House

Domiciliary Care Agency
1 Arthur Street, Newry, BT34 1HR
Tel: 028 3026 8474
Inspector: Joanne Faulkner

www.rqia.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

PCG Connaught House is a supported living type domiciliary care agency located in Newry. The agency's aim is to provide care and support to meet the individual assessed needs of service users. Staff provide care and support to service users who live in a group living arrangement. 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.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Praxis Care Group Responsible Individual(s): Andrew James Mayhew | Registered Manager: Caroline Harper |
| Person in charge at the time of inspection: Caroline Harper | Date manager registered: Caroline Harper – application not yet submitted |

4.0 Inspection summary

An unannounced inspection took place on 6 August 2018 from 10.00 to 15.00.

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

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:

- Engagement with service users and relevant stakeholders;
- Staff induction;
- Staff supervision and appraisal;
- Staff training;
- Quality monitoring systems;
- Provision of care in an individualised manner.

No areas for improvement were identified during the inspection.

The comments of service users have been 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.

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

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 Caroline Harper, 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 8 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 September 2017.

5.0 How we inspect

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

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

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

- Discussion with the manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

During the inspection the inspector met with the manager, two service users and two staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Minutes of staff meetings
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; no questionnaires were returned to RQIA.

At the request of the inspector, the person in charge was asked to display a poster within the agency’s office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the manager display ‘Have we missed you?’ card within the premises. No responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 September 2017

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

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

6.2 Review of areas for improvement from the last care inspection dated 18 September 2017

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 9.5 Stated: First time | 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. Ref: 6.4 | Met |

| | | |
|---|---|-------------------|
| | <p>Action taken as confirmed during the inspection: It was noted from policies viewed that they had been reviewed and updated in accordance with timescales detailed in the minimum standards.</p> | |
| <p>Area for improvement 2 Ref: Standard 8.3 Stated: First time</p> | <p>The registered person shall ensure that all staff are familiar with, and work in line with the agency’s policies and procedures (Appendix 1), and any revision thereof.</p> <p>Ref: 6.5</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection: It was identified that two staff sign the finance records in accordance with the agency’s policy and procedure.</p> | |

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.

The inspector reviewed the agency’s systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency’s recruitment policy outlines the processes for ensuring that required staff pre-employment checks are completed. The organisation’s Human Resources (HR) department co-ordinates the recruitment process which includes input from the manager. The manager stated that they receive confirmation indicating that all pre-employment checks have been satisfactorily completed for any new staff. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

Following the inspection the registered person provided assurances to RQIA that they had developed and were in the process of implementing a system to ensure compliance with Regulation 13 (d) Schedule 3. It was identified that the agency plans to have in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform.

The agency’s induction policy details the induction programme provided; it is in excess of the three day timescale as outlined within the domiciliary care agencies regulations. The manager provided details of the induction programme provided to staff. It was identified that staff are required to complete initial induction during the first two weeks of employment and in addition to shadow other staff employed by the agency.

Staff are required to complete an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers within the initial six months of employment.

Records of staff induction retained by the agency were viewed; they included details of the information provided to staff during their induction period. Staff described the content and format of the induction provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the roles and appropriate induction. The inspector viewed profiles of staff provided at short notice who are accessed from another domiciliary care agency and discussed with the manager the benefits of requesting that their staff profiles record the expiry date of their NISCC registration.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users in a person centred manner. The agency's staff rota information was presented in an organised format and reflected staffing levels as described by the manager; the rota identified the person in charge of each shift. Staff stated that they have enough staff to meet the needs of the service users.

The agency has a process for managing staff registration status with NISCC or other relevant regulatory bodies. The manager reviews the registration status of staff on a monthly basis; they stated that staff would not be supplied for work if they are not appropriately registered. Staff who spoke to the inspector were aware of the importance of ensuring that they remain appropriately registered. Records viewed indicated that staff were registered appropriately. The agency retains an index of staff, their contact details and next of kin details; this information can be accessed by the manager and team leaders if required.

The agency's supervision and appraisal policies detail the timescales and processes to be followed. Staff are provided with a supervision contract; the agency retains a record of staff supervision and appraisal. Records reviewed relating to two staff indicated that they had received supervision and appraisal in accordance with the agency's policies. It was noted that a number of new staff are due to have an appraisal completed in the next few months.

The agency has a system for recording training completed by staff; records viewed indicated that training compliance was currently 99%. Staff could describe the procedure for identifying and ensuring that training updates are completed as required. It was noted that staff are required to complete training in a range of mandatory areas and additional training specific to the individual needs of service users. Staff indicated that their training was good and that it had equipped them with the knowledge and skills for their job roles.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff could clearly describe the procedure for reporting adult safeguarding concerns. Training records viewed, provided evidence that staff had received adult safeguarding training. Staff are required to complete classroom based safeguarding training during their induction programme and two yearly updates thereafter. It was noted that information relating to adult safeguarding

had been discussed at a recent staff meeting. Service users knew how to raise concerns in relation to their safety or the care they received.

The inspector viewed records maintained in relation to adult safeguarding referrals made by the agency. Discussions with the manager and records viewed evidenced that the agency has a process for recording details 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 evidenced that the agency had acted in accordance with their policy and procedure in relation to adult safeguarding matters identified since the previous inspection and that detailed records of actions taken are retained.

The agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety were reviewed. The agency receives a range of assessments and risk assessments for service users prior to them receiving care. Service users are supported to participate in a monthly review of their care and support; those viewed were noted to be comprehensive. In addition annual reviews involving the HSCT keyworkers are completed. The inspector viewed a range of risk assessments in place relating to individual service users. The agency has a restrictive practice register and risk assessments in place for practices deemed to be restrictive; these were noted to be monitored monthly by the person completing the quality monitoring visit.

The agency's office accommodation is located in the same building as the home of a number of the service users and accessed from a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. It was noted that the office is locked and that information is stored appropriately. Records viewed during the inspection were noted to be well organised.

Comments received during inspection.

Service users' comments

- 'I am happy here; the staff are good.'
- 'I like the garden and I like getting out.'
- 'I like helping the staff.'

Staff comments

- 'I feel service users are safe with support, advice and guidance from staff.'
- 'Training is brilliant, first class; you can get additional training if you need it.'
- 'I get supervision, it is brilliant; it is a safe place to talk about concerns.'
- 'This is a great place to work.'
- 'I am not afraid to ask for help.'
- 'I feel supported; the staff have good relationships with each other.'
- 'I feel we help service users to be safe.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, appraisal and adult protection processes.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

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

The agency's arrangements for responding to, assessing and appropriately meeting the needs of service users were reviewed 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, Records Management and Retention and Disposal policies outline the processes for the creation, storage, retention and disposal of records. It was positive to note the policies had recently been updated to include information in accordance with General Data Protection Regulation (GDPR) legislation. Agency staff had received training relating to record keeping and confidentiality during their induction programme and had recently completed GDPR training online. The organisation has appointed a data protection officer to support the organisation's domiciliary care agencies in relation to meeting GPDR legislative requirements.

Records viewed by the inspector were noted to be well organised and retained securely in accordance with legislation, standards and the organisational policy.

Staff described the range of methods used to support service users to be effectively involved in the care planning process. Service users stated that staff encourage and support them to contribute to their individual risk assessment and care plan. Staff record daily the care and support provided; care and support provided is reviewed on a monthly basis in conjunction with service users and their identified keyworker.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users. The process includes monthly monitoring visits completed by the Head of Service to review the quality of the service; a report is developed.

Quality monitoring reports viewed indicated that the process is effective in identifying areas for improvement; an action plan is developed. Reports include comments from service users, staff, HSCT representatives and where appropriate service user representatives. The reports provide details of the review of the previous action plan, review of complaints, accidents, and incidents; including those reportable to RQIA. In addition safeguarding matters; staffing arrangements, training, care records, medication and financial management arrangements are monitored as part of the process.

Comments received from quality monitoring process.

Service users' representatives

- 'Connaught House is great for my ****'.
- 'I have found staff to be very proactive with communication; I am updated at all times.'

- ‘I have no concerns; communication is effective’.

The agency’s processes to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate in an appropriate manner with service users.

The agency’s Service User Handbook includes details of service users’ right to fair treatment and information relating to advocacy services that service users can access if required.

The manager described the range of methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates monthly staff meetings; service user meetings are facilitated quarterly. It was identified from records of minutes viewed that a range of standard items are discussed at the meetings such as personal safety, complaints, record keeping, staffing arrangements, sharing arrangements, trips and activities, environmental issues incidents/accidents, GPDR legislation. Records of meetings were detailed and included details of comments and decisions made by service users.

Comments received during inspection.

Service users’ comments

- ‘It is all good here; staff are great.’

Staff comments

- ‘Service users are supported to learn new skills.’
- ‘We are out and about with service users, either together or on a one to one basis.’
- ‘Service users are supported to participate in an amazing selection of activities.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s monitoring arrangements and engagement with service users and other relevant stakeholders.

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.

The agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive was assessed.

Staff had received training relating to confidentiality, human rights and equality during their initial induction programme. It was positive to note that staff had recently completed training in GDPR. In addition it was noted that the agency had provided service users with information relating to confidentiality at a recent meeting. It was identified that the agency seeks the service users' consent in a range of matters relating to their individual care and support.

Discussions with service users and staff, documentation viewed and observations made during the inspection provided evidence that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed contained information in relation to their individual needs, choices and preferences.

Discussions with staff and service users and observations made indicated that care and support is provided in a person centred manner; staff described the methods used for effectively supporting service users in making informed choices. Service users stated that they are involved in discussions relating to their individual care, support and daily routines; they stated that they can make choices about their everyday lives and that staff are respectful of their choices.

It was noted that service users had been provided with details of the agency's complaints process in the format of a leaflet.

The inspector discussed with staff the arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst recognising and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. Staff described how their induction and mandatory training had equipped them with the appropriate knowledge and skills to engage with a diverse range of service users and the challenges faced.

The agency has an equality policy; the Statement of Purpose and Service User Handbook contains information relating to equality legislation. Discussions with the service users and staff highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user choice
- Individualised risk assessment processes
- Equity of provision of care and support
- Provision of care and support in an individualised manner

Discussions with staff and records viewed provided evidenced that the agency has processes for recording comments made by service users and where appropriate their representatives.

Records of service user meetings, care review meetings, keyworker meetings and reports of quality monitoring visits included evidence of engagement with service users and where appropriate relevant stakeholders.

Engagement with service users and their representatives are also maintained through the agency's complaints process, monthly review meeting with their identified keyworker and care review meetings involving the HSCT keyworker. The agency's monthly quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Discussions with service users indicated that they are encouraged and supported to make choices regarding their daily routines and activities. They indicated that staff respect their views and opinions and that they are provided with an opportunity to express their opinions in relation to a range of matters relating to their care and the shared living arrangement.

Comments received during inspection.

Service users' comments

- 'I would like to go out on my own but I am forgetful.'
- 'I went on holiday; I enjoyed it.'
- 'I have no concerns.'
- 'I speak to ***** if I am worried.'
- 'Staff help me with everything.'

Staff comments

- 'Service users have choice.'
- 'We support service users to be as independent as possible.'
- 'There are some service users who need more supervision than others due to their needs, safety and abilities but we try to make this as least restrictive as possible.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and the processes for effectively engaging with service users and where appropriate other relevant stakeholders.

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.

Management and governance systems in place within the agency to meet the individual assessed needs of service users were reviewed.

The agency is managed on a day to day basis by the manager supported by a number of team leaders and support workers. Staff stated that the manager and team leaders are very approachable and supportive and could describe the process for obtaining support and guidance, including out of hours arrangements. Staff stated that they could raise issues and that they felt that matters are addressed.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained electronically. Policies and procedures viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has systems in place for identifying and managing risks they include risk assessments and a restrictive practice register; these are noted to be monitored and reviewed regularly by the manager and staff.

The agency's policy outlines the processes for managing complaints received. Staff who spoke to the inspector stated that they received training relating to complaints during their induction programme; they could describe the actions to be taken in the event of a complaint being received. Service users knew how to raise concerns and had been provided with information in relation to making a complaint or raising a concern. The inspector provided information booklets developed by RQIA in relation to the processes for raising concerns; they requested that this information be placed in a prominent within the service users shared areas.

It was noted that a record of complaints received is retained and that the outcomes are clearly recorded. It was identified from records viewed that complaints received since the previous inspection had been managed in accordance with the agency's policy and procedures. Complaints are audited as part of the agency's monthly quality monitoring process. It was positive to note that the agency had received a number of compliments in relation to the care and support provided.

The agency has in place management and governance systems to monitor and improve the quality of the service; they includes the monthly quality monitoring process. There are systems in place for auditing and reviewing information with the aim of improving safety and improving the quality of care provided. Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. The systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, safeguarding referrals and incidents including those notifiable to RQIA. There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal.

A record of accidents and incidents including those reportable to RQIA are retained; records viewed were noted to include details of the incident and the actions taken. Incidents are reviewed monthly as part of the agency's quality monitoring process and included details of liaison with HSCT representatives as required.

The organisational and management structure of the agency and lines of accountability are outlined in the Service User Guide. Staff had a clear understanding of the responsibilities of their job roles. It was noted that a daily handover meeting is completed; staff could describe the benefits of this meeting in promoting effective communication and continuity.

On the date of inspection the RQIA registration certificate was noted to be displayed appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

Comments received during inspection.

Service user comments

- 'Staff are good.'
- 'I go out and about with staff; they help me.'

Staff comments

- 'I am just back and I notice big changes for the better.'
- 'The manager is approachable; we have a good team.'
- 'We have a pro-active staff team.'
- 'The whole management of Praxis are very easy to talk to, very genuine and supportive.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process, the provision of policies and procedures and the handling of complaints and incidents.

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.



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