

Unannounced Care Inspection Report 18 September 2017



PCG – Connaught House

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

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 acting 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

Registered organisation/registered person: Praxis Care Group Andrew Mayhew	Registered manager: Stanley Mc Goldrick (Acting)
Person in charge of the agency at the time of inspection: Stanley Mc Goldrick (Acting)	Date manager registered: Stanley Mc Goldrick (Acting)

4.0 Inspection summary

An unannounced inspection took place on 18 September 2017 from 10.00 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 appraisal, quality monitoring processes and engagement with service users and HSCT representatives.

Areas for improvement were identified in relation to the agency's recruitment policy and record keeping.

Comments made by service users during the inspection 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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with the acting 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 22 August 2016

No further actions were required to be taken following the most recent inspection on 22 August 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 and service users
- 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 acting manager, three service users and four staff members.

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
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection 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 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; no questionnaires were returned to RQIA.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 August 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 22 August 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; which 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; records viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Documentation viewed during the inspection 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 details the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; however it was identified that the policy is required to be reviewed and updated in line with timescales for review as outlined with the minimum standards.

The inspector reviewed the agency's induction policy and noted that it outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; staff are required to complete an induction workbook during the initial induction period. Staff described how they were required to shadow other staff employed by the agency during their induction programme.

It was identified that a record of the induction programme provided to staff is retained by the agency; the inspector viewed the induction records for three staff. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The acting manager stated that relief staff are accessed from a number of registered domiciliary care agencies; 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, experience, induction and the status of registration with the Northern Ireland Social Care Council (NISCC).

Discussions with the acting 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 acting manager discussed the recent challenges in ensuring that continuity of staff was maintained due to staff vacancies; it was noted that three additional staff have recently been employed by the agency and two are currently completing their induction programme. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the acting manager; it was noted that the rota details the amount of staff required. Staff and service users who spoke to the inspector felt that there is enough staff to meet the assessed needs of individuals. The agency has recently increased the number of staff provided overnight to meet the needs of the service users.

The agency's staff supervision and appraisal policies outline the frequency and procedures to be followed. The agency provides staff with a supervision contract and maintains a record of staff supervision and appraisal; records viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. Staff could describe the positive benefits of receiving supervision and appraisal.

The agency has an electronic system for recording staff training it was viewed by the inspector; the acting manager could describe the process for identifying training needs. It was identified 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 who spoke to the inspector were aware of their responsibility for ensuring that required training updates are completed. It was noted that the agency records compliance levels in relation to training completed; this information is reviewed by the person completing the agency's monthly quality monitoring visit. It was identified that a fire training update for two staff was outstanding; following the inspection the inspector was provided with evidence that the appropriate training had been completed.

Staff indicated that they felt that their induction and training programmes had equipped them with the knowledge and skills for their roles; they could describe the process for requesting additional training if required and stated that they felt supported in their job roles.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The acting 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 updated policy and procedures reflect information contained within the regional policy. The 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 indicated that they had a clear understanding of adult safeguarding matters and the process for reporting concerns. It was identified from discussions with staff and records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and a two yearly update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was noted that the agency maintains a record of referrals made to the HSCT safeguarding team relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse. Staff described the details of protection plans currently in place in relation to safeguarding.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector viewed a number of risk assessments in place relating agreed restrictive practices in place; it was noted that restrictive practices are discussed and agreed in conjunction with a consultant psychiatrist. The acting manager stated that following the completion of a risk assessment relating to smoking additional staff have been provided at night.

The inspector noted that the agency receives a range of information and assessments relating to service users prior to them receiving care and support. Service users and where appropriate their representatives participate in the development of their care plans and in an annual review involving their HSCT keyworker. It was identified from discussions with staff and records viewed that care and support plans are reviewed monthly or as required; staff record daily the care and support provided to service users.

The agency's registered premises are located in the same building as a number of the service users' accommodation and accessed from a shared entrance; the office is suitable for the operation of the agency as described in the Statement of Purpose.

Comments received during inspection.

Service users' comments

- 'Staff are pretty good.'
- 'I am happy here; I feel safe.'

Staff comments

- 'We have had to use agency staff due to staff issues; it has taken a long time to recruit staff.'
- 'Service users are safe.'
- 'Training is good; supervision is worthwhile.'
- 'We could do with more time to provide additional one to one support to service users; all staff try their best.'
- 'I got an induction.'
- 'I am happy working here.'
- 'Assessed needs of service users are met but more staff would be good.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's staff recruitment processes, supervision and appraisal, and adult safeguarding.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's recruitment policy.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Handbook.

It was noted that the agency's information governance and data protection policy outlines the procedures for the creation, storage, retention and disposal of records. The majority of records viewed by the inspector both prior to and during the inspection demonstrated that they were maintained in accordance with legislation, standards and the organisational policy. It was identified that on a number of occasions finance records of daily cash checks did not contain two signatures in accordance with the agency's policy and procedures; this was discussed with the acting manager.

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. Staff stated that they receive training relating to record keeping during their induction programme.

Staff could describe the processes used for encouraging and supporting service users to be effectively engaged in the care planning process; they described to the inspector the challenges encountered in supporting service users to fully understand the information being communicated.

One service user could describe how staff supports them to be involved in the development of their individual care plans. Service users are provided with a copy of their care and support plans; it was noted that service users are requested to sign their individual care plans where appropriate.

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 the process seeks to obtain feedback from service users and relevant stakeholders in relation to the quality of care and support provided.

The inspector viewed the records of a number of monthly quality monitoring visits completed and the action plans developed; records viewed indicated that the process is effective in identifying areas for improvement. Documentation viewed included comments made by service users, and where appropriate their representatives. The record included details of the review of accidents, incidents or safeguarding referrals, restrictive practices, complaints, medication, care plans and staffing arrangements.

The agency's service user handbook includes details of advocacy services available to service users.

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

The agency facilitates monthly service user and staff meetings; a range of items are discussed they include recruitment, service user issues, policies and procedures and adult protection.

The acting manager could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders. The inspector viewed evidence of a range of ongoing engagement between the agency's staff and HSCT representatives.

Comments received during inspection.

Service users' comments

- 'I speak to staff if I am worried.'
- 'Everything is alright.'
- 'Staff help me with my cleaning; I go shopping with staff.'

Staff comments

- 'Service users are given choice.'
- 'XXXX will inform us when we are due training updates.'
- 'Service users are involved in their care and support planning.'
- 'We have keyworker sessions with service users at least once a fortnight.'
- 'We have service user meeting; service users are encouraged to attend.'

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

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 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 noted from records viewed and discussions with staff that they receive training in relation to confidentiality during their induction programme. Discussions with service users and 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 service users are effectively engaged in decisions about the care and support they receive. Service users indicated that they can make their own decisions and indicated that staff are respectful of their views and opinions.

Staff could describe the methods used to ensure that care and support is provided in an individualised manner; they described the process used in conjunction with HSCT representatives for effectively supporting service users to make informed choices.

It was identified from discussions with service users, staff and information viewed that the agency has a range of systems in place to record comments made by service users and were appropriate their representatives. Records of service user care review meetings and reports of quality monitoring visits indicated that the agency endeavours to engage with service users and where appropriate their representatives.

The agency has systems in place to promote effective engagement with service users and were appropriate their representatives and for responding to the comments made by them; they include the agency's quality monitoring process; complaints process; annual care review meetings, annual survey 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.

Comments received from the annual survey

- 'It's excellent.'

- ‘I am happy with the service provided.’
- ‘Connaught House is a good place to live.’
- ‘It’s alright.’

Staff stated that if required the agency can provide a range of information in an alternative format.

Comments received during the inspection process.

Service users’ comments

- ‘I am really happy here.’
- ‘My memory is gone but staff help me.’
- ‘I can talk to staff.’
- ‘I can do what I want; I’m happy.’

Staff comments

- ‘Service users have choice.’
- ‘Support is provided on a one to one basis and as a group.’

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 and relevant stakeholders and in endeavouring to provide care and support in a person centred manner.

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 noted 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 and a number of team leaders. Staff could clearly describe the procedure for obtaining support and guidance from senior management within the organisation if required.

The agency has a range of policies and procedures in place noted to be in accordance with those required within the minimum standards. It was identified that the agency’s policies are retained in an electronic format which staff can access; however it was noted that a range of

key policies are also available for staff in a paper format. During the inspection the inspector viewed a number of the organisation's policies; it was identified that the recruitment policy is required to be reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The inspector reviewed the agency's procedures in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users; this included the ongoing review of risk assessments and care plans in place for individual service users. It was identified from records viewed and discussions with staff that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of staffing arrangements, complaints, accidents, safeguarding referrals, restrictive practices and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; discussions with staff indicated that they had an understanding of the actions required in the event of a complaint being received. It was noted that staff receive training in relation to managing complaints during their induction programme. Service users knew who to speak to if they had a complaint or concern.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received a number of complaints since the previous inspection. Records viewed and discussions with the acting manager indicated that the agency had acted in accordance with their policy. The inspector identified from records viewed that the agency keeps a record of the outcome of the investigation of individual complaints.

It was identified from records viewed and discussions with the acting manager during the inspection that the agency has in place effective management and governance systems to monitor and improve quality; these include ongoing arrangements for monitoring staffing arrangements, restrictive practices, incidents, accidents and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal. The acting manager and staff could describe the benefits of the process for the ongoing review of the quality of the service provided and of identifying areas for improvement.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided. The organisational and management structure of the agency is outlined in the Statement of Purpose and service user handbook.

Staff could describe the responsibilities of their job roles; it was noted that staff are provided with a job description at the commencement of their employment for the organisation. Staff stated that they are provided with a detailed handover information pro forma at the commencement of each shift; it outlines for staff any changes in the needs of individual service users and the duties to be completed.

Staff indicated that the acting manager and team leaders are supportive and could describe the procedure for obtaining additional support if required. Service users were aware of staff roles and knew how to get help or advice from staff. Staff demonstrated that they had a clear understanding of the agency's whistleblowing policy.

There was evidence of ongoing collaborative working relationships with relevant stakeholders, including HSCT representatives.

All staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other appropriate regulatory body; the acting manager stated that a record is maintained by the agency's HR department which records registration details and expiry dates. Discussions with HR personnel and the acting 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. It was identified that registration status is discussed with staff at supervision and that they are alerted when they are due to renew their registration. The agency retains a copy of each individual staff members NISCC certificate.

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.

Comments received during inspection.

Service users' comments

- 'It is good here.'

Staff comments

- 'At handover we get details of what we need to do.'
- 'I feel supported in my role.'
- 'We have a good team; staff help out and are flexible.'
- 'Communication is good.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and management 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stanley McGoldrick, acting manager, 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 office 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 9.5</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2017</p>	<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: The particular policy, the Recruitment policy for the agency is subject to a systematic 3 yearly review, this was reviewed yesterday and signed off by HR. Going forward it is expected that all policies that are subject to a time specific review will be completed within the expected timeframe.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2017</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>Response by registered person detailing the actions taken: The registered manager regularly uses various forums to ensure staff are familiar with, and work in line with the agency's policies and procedures. This is done through staff supervision, regular team meetings and on site mentoring by the registered manager and team leaders. The particular issue raised within this report - double</p>

	sigatures and daily finance records - has been specifically reviewed by the manager and the agencies Head of department and corrective action has been taken.
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****Please ensure this document is completed in full and returned via Web Portal***



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