

# Unannounced Inspection Report 22 August 2016



## PCG – Connaught House

**Domiciliary Care Agency/Supported Living Service**  
**1 Arthur Street, Newry, BT34 1HR**  
**Tel: 028 3026 8474**  
**Inspector: Jim McBride**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of PCG Connaught House took place on 22 August 2016 from 09:15 to 13:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care service/supported living service was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The service provision was outstanding. Staff could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The service provision was outstanding. The agency responds appropriately to the needs of service users through the development and review of individual care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The agency engages in partnership working with service users to meet the needs/choices of the individual. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The service provision was outstanding. The agency invites people who use their services to express their view about what they need and want from the agency. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. Agency staff aim to help service users work towards the achievement of individual outcomes as described within individual care and support plans, as well as individual task analysis and goal achievement. No areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be providing a well led service. The service provision was outstanding. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability.

The agency aims to ensure that managers and staff listen and are accessible to people who use services and their representatives including the HSC Trust and relatives. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The agency evidenced supports systems that enable service users to get involved e.g. advocacy services, user-led groups. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Stanley Mc Goldrick the Acting 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Praxis Care Group Andrew Mayhew	<b>Registered manager:</b> Stanley Mc Goldrick (Acting)
<b>Person in charge of the agency at the time of inspection:</b> Stanley Mc Goldrick	<b>Date manager registered:</b> Stanley Mc Goldrick (Acting)
<b>Number of service users receiving care during this inspection:</b> 8	

### 3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

The inspector visited the offices of Praxis Care on the 28 July 2016 to review a selection of records relating to the agency's recruitment practices. These records were found to have been satisfactory.

#### During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback

#### The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of service user needs and associated risks assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from January to July 2016
- Minutes of staff meetings held in: May, June and August 2016.
- Minutes of tenants meetings held in: April, May, June and July 2016
- Staff training records in relation to:
  - Vulnerable adults*
  - Values and attitudes*
  - Personal safety*
  - Restrictive practice*
  - Person centred planning*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information

## 4.0 The inspection

Connaught House, Newry, is a supported living type domiciliary care agency provided by Praxis Care, providing a service specifically for individuals diagnosed as having alcohol related brain damage. Under the direction of the Mr Stanley Mc Goldrick 12 staff provide care and support for up to eight service users within a supported living environment. The services provided include all aspects of daily living, enabling service users to maintain an optimum level of independence, inclusion and autonomy, whilst relearning lost daily living skills. The Southern Health and Social Care Trust commission services. During the inspection the inspector spoke with the registered manager (Acting) two staff and two service users. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Nine questionnaires were returned. The manager was also asked to distribute eight questionnaires to service users. Eight questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Staff raised some concerns about the level of staff on duty and extra staff issues. I discussed these staff issues with the manager on the 2 September 2016.

Following discussion with the manager, staff and service users, it was noted there was evidence over time of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the service users, agency staff and Praxis Care human resources staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Review of requirements and recommendations from the last care inspection dated 1 June 2015

There were no requirements of recommendations made as a result of the last care inspection.

### 4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency in May 2016.

The inspector was advised by the acting manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide May 2016 and December 2015. This approach was felt to be appropriate and important both in terms of the service users' security and the staff's knowledge of the required care.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments including restrictive practices. The agency care plans and risk screening tools completed contained evidence that service users and/or representative's views had been obtained and incorporated. Risk assessment examined provided clear evidence of safe effective care and support being provided to service users. One

service user stated: *"I'm aware of the restrictions in place for me, they are designed to help me cope with my day and the staff support me with all my needs."* *"My restrictions help me feel safe here."* The agency delivers excellent outcomes for people who use their services on an ongoing basis and in some instances over a long period of time. The agency's risk management policy was reviewed by the agency 15 October 2015.

Minutes of tenants' meetings read by the inspector provided clear evidence of safe care being discussed: e.g.

- Health and safety
- Personal care and support
- Human rights
- Service user survey
- Staffing
- Complaints
- RQIA inspections and role of the organisation
- Restrictive practices
- Operational plan

The agency has in place a written policy and procedure for the recruitment of staff. Employment procedures reviewed evidenced the completion of pre-employment checks. The recruitment policy was updated by the agency on 4 September 2014. The agency has in place a comprehensive checklist for personnel file documents.

A number of staff files were examined by the inspector on the 28 July 2016 and they included the required information in line with the agency's policy and good practice guidelines. The records were satisfactory.

The agency has a structured comprehensive six week staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. The agency's induction standards are in line with the Northern Ireland Social Care Council standards for new workers in social care. The agency's induction procedures were reviewed by the agency in February 2015. One staff member interviewed during the inspection suggested that *"My induction was excellent and prepared you for the role."*

The person centred part of the induction includes:

- Safeguarding & Protection of Vulnerable Adults & Child protection
- Service User Awareness
- Understanding Behaviour which Challenges
- Values and Attitudes
- Needs Assessment and Support Planning
- Person Centred Planning

Records examined evidenced that staff have received core mandatory and other relevant training including:

- Person centred planning
- Values and attitudes

- Restrictive practice
- Human rights

Records of staff induction, including short notice procedures and mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all relevant policies and procedures which are held centrally within the agency via the agency's intranet. The agency has a policy and procedure on staff supervision and appraisal reviewed by the agency 5 March 2015. The acting manager reported that he undertakes supervision with Team Leaders who in turn supervise care staff; this was verified by staff during discussions. The inspector examined staff rotas for weeks ending: 7, 14, 21 and 28 August 2016 and was satisfied that the agency's staff resources were appropriate to meet service user needs.

Discussions with the acting manager, staff and service users indicated that an appropriate number of suitably skilled and experienced staff were available at all times. It was noted that the agency's operational plan states an objective of *"Agreed minimum safe levels of staffing will be maintained at all times."* with an agreed escalation policy if minimum standards are not or cannot be met.

Staff interviewed demonstrated awareness and knowledge of Deprivation of Liberty Safeguards, Restrictive practices, Safeguarding of Vulnerable Adults and Whistleblowing. Staff who engaged with the inspector gave a comprehensive overview of the current restrictive practices in place, for individuals, whilst explaining the review of these with the HSC Trust and service users.

Staff were aware of their obligations in relation to raising concerns about poor practice. Staff stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Staff gave comprehensive responses to their role in reporting poor practice.

Where shortcomings in systems may have been highlighted as a result of an investigation, additional identified safeguards are put in place. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed. The inspector also viewed the restrictive practice assessments in place. Records in place show regular review and updates of these practices.

Service users interviewed by the inspector stated that they felt safe and secure and that the care and support they received was excellent. The inspector noted that staff make every attempt to increase people's choice and control. This was noted by the inspector in relation to the role of staff in helping tenants to achieve personal goals whilst living with restrictions in place.

Other comments from service users included:

*"I'm very safe here; staff are great and respect me at all times."*

*"I have a great keyworker."*

*"I'm helped to go out and be safe."*

*"This is my home and is safer than where I was before."*

Staff comments:

*"Tenants are safe as we adhere to all health and safety."*

*"Staff communicate well with each other."*

*"We have in place person centred care and support plans that describe all the care and support required."*

*“Staff induction is excellent; the staff were very supportive of me during my induction.”*  
*“Training is good and keeps you updated.”*

Nine questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user’s needs
- Any complaints from service users are listened to

Comments:

*“The training received is very helpful for me to do my job.”*

Eight questionnaires returned from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

Service users interviewed by the inspector were aware of whom to contact if there any issues regarding care or support.

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified.

The inspector noted some of the comments received during annual reviews:

*“I like the staff here.”*

*“It’s better than \*\*\*\*\*.”*

*“The girls are lovely and could not do any more for me.”*

*“No change needed to my support I’m very happy here.”*

*I have no worries about \*\*\* here overall my \*\*\* has settled well.”*

*“\*\*\* is very happy and content living here.”*

The agency maintains a daily contact record for each service user. The agency’s individual activity records show what service users did, including how they link activities with the community. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision including restrictive practices. The agency aims to provide a physical environment that is free from unnecessary sources of danger to vulnerable people. Coded door entry and exit is in place to ensure the safety of service users due to their memory impairments. HSC Trust staff and Praxis staff complete assessments as to the safety

of service users moving about freely or with staff assistance. These assessments are regularly reviewed by HSC Trust staff or by the request of service users. The agency promotes the least restrictive practices as possible.

Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. During engagement with staff it was evident that staff focus on people as individuals with different needs and wishes. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users and their relatives are also given the opportunity to comment on the quality of service.

Service user comments:

*“The staff are very good and provide me with the support I need.”*  
*“I have no complaints about the service.”*

Staff comments:

*“We support the tenants with all their support needs and ensure they have all their care reviewed and updated.”*  
*“The induction and on-going training helps us to be effective in our role.”*  
*“We have good service users meetings and listen to their views.”*

Nine returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide

Staff comments:

*“The scheme is monitored regularly.”*  
*“We are understaffed sometimes and one to one takes up time.”*

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- They get the right care, at the right time and with the best outcome for them

Comments

*“I would like more say into my care plan.”*

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

Service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. *One service user stated: “Staff offer a good home here and really do help me that sometimes is not easy.” “When I’m upset or worried they are always free to help and listen.”*

The inspector noted the agency’s annual quality survey and positive results in relation to the following:

- Are you happy with the way staff help you?
- Do staff treat you the way you like to be treated?
- Has the scheme helped you?
- Has your life changed since you started to get help from the scheme?
- Do staff help you make your goals happen?
- Do you have a review once per year?
- How safe do you feel?
- Are you told about changes?

The agency involves everyone in consultation activities and considers that everyone has the capacity to be involved.

Comments received during the annual survey:

*“Your kind, it’s a good place and the girls are nice.”*

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector recorded some comments from service users, relatives, staff and HSC Trust professionals:

Service user's comments:

*"My complaint was resolved by the manager."*  
*"Staff support me well."*  
*"I like to relax and have the support I need here."*

HSC Trust comments:

*"Good service provided to \*\*\*."*  
*"I'm happy with the service provision."*  
*"Very happy with the service provided to my client."*

Staff comments:

*"I enjoy my keyworker role."*  
*"Induction and training is excellent."*  
*"Happy working here."*  
*"I have adapted to the changes and I'm happy here."*  
*"My induction was very positive."*

Relative's comments:

*"Very happy with the support offered."*  
*"I'm delighted with my \*\*\*\*\* care placement."*

During discussion with staff it was stated that:

*"The care we provide is person centred; we listen to tenants and support them in all they do."*

Service user's comments:

*"The staff are caring and supportive and always listen to me and my concerns and worries."*  
*"This is a new role for me and change in career. I find it rewarding and fulfilling to help and support others. I have been very well supported by staff and others"*

Nine returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to

Comments:

*"All service users are involved in decisions and are treated with the ultimate dignity and respect."*

Eight returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions sought about the quality of the service

Comments:

*“I feel my care is arranged for me. My opinion is not sought.”*

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is the service well led?

Feedback provided to the inspector indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by staff who reported improvements in outcomes for service users.

A number of policies and procedures in place are accessible to staff via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. It was noted that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to trend identification.

The agency has a complaints policy and procedure in place dated April 2016, which is also reflected within the Statement of Purpose and Service User Guide. Incidents are reported to RQIA when required and it is evident that agency procedures are followed in relation to these. Incidents form part of the monthly monitoring and the agency’s operational plan objectives. Required actions are taken to address concerns; this is ongoing within the agency to enable them to reflect on any learning from incidents. The incident reporting policy was reviewed by the agency in November 2015.

A number of staff training events have taken place and mandatory training was up to date for all staff at the time of the inspection.

Supervision records examined by the inspector showed clear evidence of compliance with the agency’s own policy and procedures. Feedback provided to the inspector indicated that staff feel respected and supported by the management structure within the agency. Staff reported that they had a very good working relationship with the manager.

There was strong evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this. The policy was reviewed by the agency in March 2014.

There was evidence that staff were encouraged to be involved in the development and improvement of the service including measuring the outcomes for service users in relation to their care and support. This was noted within the staff meeting agendas, minutes and the agency's operational plan. The agency has a policy and procedure on staff supervision and appraisal. The manager reported that he undertakes supervision with team leaders who in turn supervise care staff.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received one complaint during this period which was resolved satisfactorily. The acting manager demonstrated an awareness of the regulatory framework and understanding of their obligations in relation to this. The agency's system for reviewing policies and procedures was in place and had been actioned. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice and these are followed by staff. The inspector noted a number of key policies that were subject to systematic review.

The inspector noted that the governance systems within the agency identify and drive quality improvement the agency considers everything to be a suitable topic for consultation. The agency's operational plan states a number of objectives that ensure outcomes for service users beyond statutory requirements:

- Measured outcomes for service users
- Service users involvement in staff recruitment
- Individual task analysis and goal achievements
- Tenant compatibility discussions
- Volunteer development
- Local community involvement
- Identification of quality improvement

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The inspector saw evidence of systematic audit within the agency which results in effective improvement plans with measured outcomes. This included monitoring of training, supervision, complaints and incidents. The audits within the agency are there to improve the quality of service delivery and individual outcomes for service users. The agency aims to make it possible for people to have control over decisions about their life and day-to-day decisions, as well as enabling people to do activities that they find important, enjoyable and meaningful.

Following discussions with staff and service users, it was evident that service users are able to play a key role in how the service is managed. The central focus of provision is person centred. The agency reflects on its work using the outcome focus of the operational plan including, action plans and uses this information to challenge its own performance outcomes.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Staff comments received during inspection:

- “Supervision and appraisal helps with the job.”*
- “Staff meetings help highlight concerns we may have as well as helping with continuity of care.”*
- “The staff communicate well with each other.”*
- “We have a good effective staff team.”*

Service user’s comments:

- “The staff are excellent I have never any worries about them.”*
- “I’m treated with respect and dignity at all times.”*
- “The manager is so good and is very approachable.”*

Nine questionnaires returned from staff indicated that:

- The service is well managed.
- Any complaints from service users are listened to

Comments:

- “The manager is very supportive and is a pleasure to work with.”*
- “We are under staffed and some complaints made by service users have had no real outcome.”*
- “Staffing needs looked at.”*

Eight questionnaires returned from service users indicated that:

- The care they receive meets their needs and expectations
  - The service is managed well
- The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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