

Unannounced Care Inspection Report 28 November 2016



Praxis Care Group

North Down Supported Living
42 Foresthill, Conlig, Bangor, BT23 7FL
Tel no: 028 9146 8039
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of North Down Supported Living took place on 28 November 2016 from 09.10 To 13.30.

The inspection sought to assess progress with any issues raised 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.

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 agency responds appropriately to the needs of service users through the development and review of individual care and support plans. The agency's system of quality monitoring requires review relating to the views of service users and their relatives/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. One area for quality improvement was identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. 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. One area for quality improvement was identified. The agency's system of quality monitoring requires review relating to the views of service users and their relatives/representatives.

Is the service well led?

On the day of the inspection the agency was found to be providing a well led service. 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. However, the agency's system of quality monitoring requires review relating to the views of service users and their relatives/representatives. 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. There was evidence over time of positive outcomes for service users. One area for quality improvement was identified.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Robert Alexander the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

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

Registered organisation/registered person: Praxis Care Group Andrew Mayhew	Registered manager: Robert Alexander
Person in charge of the service at the time of inspection: Robert Alexander	Date manager registered: Robert Alexander - 23/11/16

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

- Any information received by RQIA

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;
- 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;
- Minutes of staff meetings;
- Minutes of tenants meetings;
- Staff training records in relation to:
 - Vulnerable adults*
 - Challenging behaviour*
 - Medication*
 - Confidentiality*
 - Human rights*
 - First aid*
- Records relating to staff supervision;
- Complaints records;
- Induction procedure;
- Staff rota information.

4.0 The inspection

North Down Supported Living is a domiciliary care agency that provides service to nine individuals living in the North Down area. Service is provided by twenty eight staff supported by the registered manager Robert Alexander.

During the inspection the inspector spoke with the registered manager and two staff. Their feedback has been included throughout this report. The inspector had no opportunity to speak to service users during this unannounced inspection.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Five questionnaires were returned. The manager was also asked to distribute nine questionnaires to service users. Five questionnaires were returned. Further detail of feedback is included in this report.

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

The inspector would like to thank the 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 most recent inspection dated 05/10/2015

The most recent inspection of agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 05/10/2015

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

4.3 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 November 2016.

The inspector was advised by the manager and staff 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. 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 and complexity of needs.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined four care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk screening tools completed contained evidence that service users representative's views had been obtained and incorporated. Risk assessments examined provided clear evidence of safe effective care and support being provided to service users. The agency delivers positive outcomes for people who use their services on an ongoing basis. The agency's risk management policy was reviewed by the agency 15 October 2015.

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

- Health and safety;
- Service improvement;
- Activities;
- Complaints;
- Service users' topics.

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 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 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. Two staff members interviewed during the inspection suggested that the induction prepares all staff for their role. The agency currently use the services of an outside domiciliary agency, the records in place were satisfactory.

The person centred part of the induction includes:

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

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 manager reported that he undertakes supervision with Team Leaders who in turn supervise care staff. The inspector examined staff rotas for weeks ending 13/11/16, 20/11/16, 27/11/16 and the 4/12/16 and was satisfied that the agency's staff resources were appropriate to meet service user needs.

Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times. It was noted that 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 a comprehensive awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.

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 noted that staff make every attempt to increase people’s choice and control.

Staff comments:

- “This is a safe service as we know all the needs of the service users and we are well trained to deal with complex needs.”
- “Safe care is provided by a caring team of staff.”

Five questionnaires returned from staff indicated that:

- They receive appropriate training for their role.
- They receive supervision and appraisal.

Five questionnaires returned from service users indicated that:

- They feel safe and protected from harm.
- They can you talk to staff if they are unhappy or have any concerns.

Comments:

- “I love living here.”
- “Staff look after me well.”

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Service user 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 made by service users and HSC Trust staff during annual care reviews:

- “I feel comfortable talking to staff.”
- “I like all my activities.”
- “I like where I live.”
- “Staff are good to me.”
- “Staff are very helpful and sort out all my problems.”

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 inspector noted during examination of records that the agency’s system of quality monitoring requires review relating to obtaining the views of service users and their relatives/representatives.

The agency’s Statement of Purpose and Service User Guide, makes appropriate references to the nature and range of service provision. 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. Following engagement with staff it was evident that staff focus on people as individuals with different needs and wishes. 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.

Staff comments:

- “The training and the induction prepares you for the job.”
- “Supervision is good and well supported by team leaders.”

Five returned questionnaires from staff indicated that:

- There are systems in place to monitor the quality/safety of the service staff provide.
- The needs of the people who use the service kept under review.

Five returned questionnaires from service users indicated that:

- They are aware of systems in place to monitor the quality/safety of the service you receive.
- They are involved in the review of their care needs.

Comments:

- “I go to my review every year.”
- “I attend all the meetings.”

Areas for improvement

The agency’s system of quality monitoring requires review relating to the views of service users and their relatives/representatives.

Number of requirements	1	Number of recommendations	0
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4.5 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide reflect 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, 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 agency's system of quality monitoring requires review relating to the views of service users and their relatives/representatives. The reports must evidence how, the agency ascertains and responds to the views of service users, relatives and representatives.

Staff comments:

- "The staff are a well-trained effective and compassionate team."

Five returned questionnaires from staff indicated:

- They were satisfied that the people who use the service have their views listened to.
- They were satisfied that improvements are made in line with the views of the people who use the service.

Five returned questionnaires from service users indicated that:

- Their views and opinions are sought about the quality of the service.
- The care they receive meets their needs and expectations.

Comments:

- "I'm treated with dignity."

No areas for improvement were identified during the inspection.

Number of requirements	1	Number of recommendations	0
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4.6 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. The staff interviewed by the inspector were aware of the complaints procedure and their role if they receive a complaint. It was noted by the inspector that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to any trend identification. The agency has a complaints policy and procedure in place 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 indicated 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 inspector noted some of the topics discussed during team meetings:

- Confidentiality;
- Service user updates;
- Professional boundaries;
- Staffing;
- Training;
- Medication;
- Complaints;
- Key working.

The agency has a policy and procedure on staff supervision and appraisal. The manager reported that he undertakes supervision with the 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 all complaints have been satisfactorily resolved. The manager demonstrated an awareness of the regulatory framework and understanding of the agency 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 that 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 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; however, the agency's system of quality monitoring requires review relating to the views of service users and their relatives/representatives.

Staff comments:

- “The managers are excellent and have time to spend with staff.”
- “***** has been a great support to all staff and tenants during the transition of the service.”

Five questionnaires returned from staff indicated that:

- They were satisfied that complaints from the people who use the service are listened to.
- Feel the service is managed well.

Five questionnaires returned from service users indicated that:

- They feel the service is managed well.
- Any concerns or complaints would be listened to and responded to.

Areas for improvement

The registered provider is required to review the agency's systems of quality monitoring to ensure they capture the views of service users and their relatives/representatives. The agency is required to forward the monthly quality monitoring report to RQIA until further notice.

Number of requirements	2	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Robert Alexander Registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk or assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 23</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This requirement refers to the views of service users and their representatives being sought during monthly quality monitoring.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>A rota has been put in place by Rob Alexander, registered provider, to ensure that each of the four houses that comprise the Foresthill scheme are visited on a regular basis by the monthly quality monitoring reports. Further to this, that the visit is conducted in such a time and manner that the service users and their representatives are spoken to and their views recorded. If service users or their representatives are not available at the time of the visit, Rob Alexander will ensure a follow up visit is conducted by the inspecting manager to facilitate this.</p>
<p>Requirement 2</p> <p>Ref: Regulation 23.3</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The report referred to shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>The agency must forward to the RQIA the completed monthly quality monitoring reports until further notice.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Monthly quality reports will be sent to Jim McBride at RQIA by Rob Alexander, registered provider. Should Rob Alexander be absent from scheme due to any unforeseen circumstances, Carmel Cunningham, Assistant Director and Rebecca Stewart, Assistant Manager, will ensure that the monthly quality reports are conducted as per Requirement 1 and sent to RQIA as per Requirement 2. The monthly quality monitoring reports will continue to be sent to Jim McBride until further notice is given.</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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