



The Regulation and
Quality Improvement
Authority

Praxis Care Group
RQIA ID: 10831
43 Gardenmore Place
Larne
BT40 1SE

Inspector: Jim McBride
Inspection ID: IN023308

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**Unannounced Care Inspection
of
Praxis Care Group**

27 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 26 October 2015 from 09.00 to 13.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report. Overall on the day of inspection the staffing arrangements and service user involvement was found to be safe, effective and compassionate. The outcome of this inspection found no areas of concern. A quality improvement plan (QIP) was not included in this report.

2. Service Details

Registered Organisation/Registered Person: Mrs Irene Sloan	Registered Manager: Ms Frances Philpott
Person in charge of the agency at the time of Inspection: Initially Ms F Bennett & Ms S Harper Both Team Leaders	Date Manager Registered: 1/12/14
Number of service users in receipt of a service on the day of Inspection: 11	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan (QIP)
- Incident records.
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with the two Team Leaders and three staff members. One service user spoke with the inspector.

The following records were examined during the inspection:

- Six care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for April, May, June, July, August and October 2015
- Staff meeting minutes for June, July, August, September and October 2015
- Service users meetings for May, June, July, September and October 2015
- Staff training records:
 - Vulnerable adults*
 - Human Rights*
 - Supervision for supervisors*
- Records relating to staff supervision
- Complaints records
- Recruitment policy. The policy was updated by Praxis Care on the 6 November 2014
- Induction procedure
- Staff rota information.

During the inspection five questionnaires were completed by staff. At the request of the inspector the team leader was asked to distribute a number of questionnaires to staff for return to RQIA. Five questionnaires were returned.

These questionnaires indicated that the staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role

- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern?

Staffs written comments:

“I feel happy to be part of such a multi-talented team who put the needs of the service user’s central to the service provision.”

“I feel that we provide a good quality service.”

“We aim for this to be as homely as possible.”

“Praxis are great at looking after service user’s needs, staff are also great at looking after service users’ needs.”

At the request of the inspector the Team Leader was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. Five questionnaires were completed during the inspection and four questionnaires were returned to the RQIA following the inspection.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here.

5. The Inspection

Praxis Care, Laurel Lodge, Larne, offers support to adults experiencing mental health problems. It is a domiciliary care agency which provides supported accommodation in partnership with the Northern Health and Social Care Trust and Supporting People. Under the direction of Ms Frances Philpott the Registered manager a team of 16 staff provide care/support to 11 service users.

The scheme is made up of an eight place core building, where service users have their own rooms and shared kitchen, lounge and dining areas. On the same site, there is a block of four specially designed flats for service users who are more independent.

Services users are encouraged to be as independent as possible and are supported with mental health needs, shopping, cooking, cleaning, budgeting and other daily living tasks.

The Northern Health and Social Care Trust commission their service and referrals to this service are made through the Community Mental Health Team.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 22 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (6) (d)</p>	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <p style="padding-left: 40px;">Utilities bills</p> <p>The service users' individual financial agreements will have to be further developed to reflect any payments made by them for, utilities costs and any reimbursements received.</p> <p>This requirement has been restated in relation to reimbursements of costs associated with utilities.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The agencies calculations were examined by the inspector and the documentation in place was satisfactory.</p>	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by the staff members interviewed and in staff questionnaires. The team leader stated that the agency has had one new staff member on induction this year. Staff are provided with a handbook, and have access to policies, procedures, and guidance. One staff member stated; *"My induction was good and was informative."*

The agency has a procedure for verifying the identity of all staff prior to their supply, and the team leader assured the inspector that no staff are supplied unless this procedure is followed. The agency supplies staff from another domiciliary care agency, a procedure is in place for emergency induction arrangements if required, this was examined by the inspector and all records in place were satisfactory.

The agency has a policy and procedure in place outlining staff supervision and appraisal which details the frequency of both. This was verified by staff during the inspection. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure. One staff member stated: "My supervision is one to one and is comprehensive."

Is Care Effective?

Discussions with the team leader indicated that an appropriate number of skilled and experienced persons are available at all times. This was verified by the examination of the staff rotas available.

The team leader described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

Discussion with the team leader and examination of training records evidenced that the agency has a process in place to identify and respond to training needs. The agency provides a range of training outside of mandatory training. Training provided this inspection year included:

- *Dual Diagnosis*
- *Service users awareness*
- *Recovery Model*
- *Values and attitudes*

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. The team leader described how the agency discusses staffing arrangements with service users. The team leader stated that staffing arrangements affecting individual service users is discussed with them one to one or at tenants meetings as required.

Discussions with the team leader indicated that service users are prepared in advance of significant staff changes where possible. The staff were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

One staff member described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Staff Comments:

"Training is excellent."

"Praxis training is very flexible."

"My induction was comprehensive."

"Other staff supported me though my induction."

“Supervision and team meetings give you the opportunity to discuss work and personal issues.”

“Induction training prepared me for my role.”

Service user’s comments:

“Staff are all very good and support me well.”

“I asked for my care plan to be changed and it was amended to suit my needs.”

“Staff listen to my concerns, I have no complaints here.”

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector saw records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service users and their views. This process results in individualised care and support plans seen by the inspector. One service user stated: *My care plan is for my care and my needs staff help me with the stuff I need.*”

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments, care plans.

Is Care Effective?

Records of reviews evidenced that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required, as well as keyworker discussions with service users. It was good to note that all service users’ reviews have been completed by the HSC Trust.

Care and support plans seen by the inspector were written in a person centred manner and included the service users’ views. The staff described how care and support plans are written along with the service user and presented evidence of this.

Feedback from monthly monitoring reports provided examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives. One service user stated: *“The staff listen to me and if I have any concerns they help me.”*

Service users have been provided with information relating to human rights in a suitable format.

It was noted by the inspector that individual care and support plans place importance on the human rights of individuals. Care and support plans are written and reviewed under the following subdivisions:

- *Improved Health*
- *Improved quality of life*
- *Making a positive contribution*
- *Choice and control*
- *Freedom from discrimination and harassment*
- *Emotional wellbeing*
- *Personal dignity.*

Is Care Compassionate?

Feedback from staff members and the team leaders evidenced that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner.

Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery.

Promotion of values such as dignity, choice and respect were evident through discussion with staff members and two service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were included in their care and support plan. One service user stated: *"I have the choice to do what I want to do; I choose to have a quiet life and staff respect my wishes."*

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues.

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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Additional Areas Examined

Monthly Quality Monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

Complaints/Compliments

Records of complaints from 1 January 2014-31 March 2015 were examined. There was one complaint within the time period specified and it was resolved satisfactorily.

The inspector noted the positive comments made by service users during the annual review of the quality of service provision, completed by the agency.

Service users identified their satisfaction in relation to:

- *Praxis staff*
- *Changes within the scheme*
- *The local community*
- *Individual support plans*
- *Safety and security*
- *Individual goals*
- *Advocacy.*

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Frances Philpott	Date Completed	10/11/15
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	18/11/15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	20/11/15

Please provide any additional comments or observations you may wish to make below:

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