Inspection Report

29 October 2024

Antrim & Ballyclare Supported Living Services

Type of service: Domiciliary Care Agency
Address: 163 Rathkyle, Stiles, Antrim, BT41 1LW
Telephone number: 02894428321

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Praxis Care **Responsible Individual:** Mr Greer Wilson	**Registered Manager:** Mrs Aine Martin **Date registered:** 20 April 2023
Person in charge at the time of inspection: Mrs Aine Martin	
Brief description of the accommodation/how the service operates: Antrim & Ballyclare Supported Living Services is a domiciliary care agency (supported living type) which provides personal care and support to people living in shared accommodation and their own homes. Under the direction of the manager, staff are available to provide support to the service users with tasks of everyday living, and emotional support with the overall goal of promoting health and maximising their quality of life. At the time of the inspection there were 31 individuals in receipt of a service.	

2.0 Inspection summary

An unannounced inspection took place on 29 October 2024 between 9.00 a.m. and 4.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

Areas for improvement identified related to the recruitment and selection process, induction records and the inclusion of service users' representatives' views in quality monitoring reports.

Good practice was identified in relation to service user involvement, person centred care plans and partnership working with trust representatives.

Antrim & Ballyclare Supported Living uses the term tenants to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members. We also sought the views of HSC Trust representatives following the inspection.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Staff are really nice."
- "Brilliant staff."
- "Respectful."
- "Good support and help with household things from staff."
- "I am happy with my own space."

Staff comments:

- "I love working here."
- "Good support from manager."

HSC Trust representatives' comments:

- "I want to commend the Praxis supported living team for creating a warm, inclusive, and empowering environment for all tenants."
- "It's evident that staff genuinely care about the tenants."
- "The regular engagement activities and one-on-one support sessions have had such a positive impact, promoting both community involvement and personal growth."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 25 April 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager advised that no concerns had been raised under the whistleblowing procedures.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. There was evidence that staff received medicine competency assessments at regular intervals; however, records indicated that a small number of staff had required assessment in July 2024 in line with the services policy and these had not been completed. The manager advised that they had recently made arrangements to action this matter and planned to work with another registered service within the Praxis group to facilitate these assessments. The dates for these assessments have been confirmed with RQIA following the inspection. In the interim, the manager agreed that only staff who were up to date with their competency assessments would support service users with medications. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance. It was good to note that the service had recently completed/facilitated a routine independent finance audit which identified areas for improvement which the manager had committed to action.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Care records were noted to be person-centred and it was evident that key workers were aware of the service users' individual needs.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included tenancy, planned social activities and personal safety.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A review of training records confirmed that a number of staff had completed training in dysphagia awareness and how to respond to choking incidents. Whilst none of the service users had swallowing difficulties, the manager confirmed that further dysphagia training would be accessed for all staff as it was now part of the training requirements for all new staff joining Praxis.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified by a centralised human resource (HR) department which in turn provided an email to confirm all relevant checks were satisfactory. However, two staff files were viewed and it was noted that the date on the verification email from the HR department post-dated the start date for each staff member. This would indicate that staff members commenced employment and had direct engagement with service users before it was confirmed satisfactory checks had been made. The HR department confirmed this was not the case. An area for improvement (AFI) has been identified in relation to the verification of all pre-employment checks provided by the HR department.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was an appropriate system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

A review of induction records evidenced that newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, in excess of three days, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role. Staff who transfer from another Praxis service are not required to complete a local induction, however records of their induction to Praxis were not retained in the staff recruitment file. The manager stated that every staff member received an induction specific to the service however there were no records to evidence this. An induction template has been developed and shared following the inspection, the manager will ensure they are retained in staff files. An area for improvement has been identified.

The agency has maintained a record for each member of staff of all training and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that they included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was further noted that there was engagement with service users, staff and HSC Trust representatives; however, no engagement with service users' relatives. This was discussed with the manager who stated the service users were required to provide consent to contact relatives. The manager agreed this matter would be discussed at service user meetings. The manager was advised a record of these discussions should be maintained and reference to same should be recorded in future quality monitoring reports. An area for improvement has been identified.

The Annual Quality Report was reviewed. Advice was given in relation to obtaining feedback from service users' relatives.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a system in place for reporting any instances where staff are unable to gain access to a service user's home. The agency had also developed a Staff Access to Service User Accommodation Policy, that clearly directs staff as to the actions they should take if they are unable to gain access, including reporting in a timely manner.

6.0 Quality Improvement Plan (QIP)/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 The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the QIP were discussed with Mrs Aine Martin, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from date of inspection.	The Registered Manager shall ensure they receive written verification of all pre-employment checks prior to staff members commencing employment and before any direct engagement with service users. Ref: 5.2.4
	Response by registered person detailing the actions taken: HR have implemented a new template for all new staff, which can be provided if required. This document will be shared with service manager prior to all staff commencing their role and any direct engagement with service users.
Area for improvement 2 **Ref:** Regulation 23 (2) (b) **Stated:** First time **To be completed by:** end of December 2024	The Registered Manager shall ensure: • the inclusion of service users' representatives' views of the service as part of the system for evaluating the quality of the service; and • evidence the reason for their omission from the monthly quality monitoring and annual quality reports were applicable. Ref: 5.2.6
	Response by registered person detailing the actions taken: All service users are now asked during monthly keyworks if they would like any representatives to be consulted on the service they receive. Following this consultation process one service user consented for her brother to be contacted. I spoke with him on 06/12/24. He is very happy with the service provided to his sister, in particular the social aspect of activities and medication administration, both of which he feels are integral to his sisters recovery journey. More detail will be provided for those who have declined for the Monthly quality monitoring and annual report.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.7 **Stated:** First time **To be completed by:** 30 November 2024	The Registered Manager shall retain induction records of all staff members, (including those who transfer from another Praxis service) which should reflect service specific induction information. Ref: 5.2.5
	Response by registered person detailing the actions taken: All records for transferred staff now provided by HR prior to the staff member taking up their role within the service. Service specific induction now in place for both the Antrim and Ballyclare sites for all new staff members.

Please ensure this document is completed in full and returned via Web Portal

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