

Unannounced Care Inspection Report 9 December 2019



Mid and East Antrim Domiciliary Care Services

Type of Service: Domiciliary Care Agency
Address: 163 Rathkyle, Stiles, Antrim, BT41 1LW
Tel No: 02894428321
Inspector: Aveen Donnelly

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a supported living type domiciliary care agency located in Antrim which provides care and support for up to 34 service users. The agency's aim is to provide care and support to meet the individual assessed needs of service users. Under the direction of the registered manager, staff are available to provide care and support to service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

The service users care and support is commissioned by the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Ms Emma McLaughlin
Responsible Individual: Mr Andrew James Mayhew	
Person in charge at the time of inspection: Ms Emma McLaughlin	Date manager registered: 04 September 2019

4.0 Inspection summary

An unannounced inspection took place on 09 December 2019 from 09.45 to 16.00 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 be seeking 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified 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.

There were examples of good practice found throughout the inspection in relation to staff development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There was a culture within the service which focused on maintaining good working relationships.

An area for improvement relating to the physical and mental health declaration of staff was not met and has been stated for the second time. Other areas for improvement related to the monthly quality monitoring processes and the annual quality report.

Service users who met with the inspector said they were very happy with the care and support provided to them.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Emma McLaughlin, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 04 June 2018

The completed QIP was returned and approved by the care inspector and was followed up during this inspection.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; none were returned within the timeframe for inclusion within the report.

During the inspection, the inspector spoke with three staff members and three service users. Comments received are reflected within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 04 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time To be completed by: Immediate from the date of inspection.	The registered person shall ensure that no domiciliary worker is supplied by an agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Partially met
	Action taken as confirmed during the inspection: The review of two personnel records confirmed that the statement of physical and mental health fitness was not consistently in place. This area for improvement was not fully met and has been stated for the second time.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's staff recruitment processes were noted to be managed by the organisation's human resources department (HR). The manager advised that they receive confirmation from HR indicating that the required pre-employment checks have been satisfactorily completed and verified before staff commence employment. However, as discussed in section 6.1, the review of the personnel records identified that the declaration of physical

and mental health fitness was not consistently in place. An area for improvement previously made in this regard has been stated for the second time.

The inspector was advised that the agency had been having difficulties recruiting staff and that two staff had recently been recruited and were awaiting the relevant checks to be undertaken, before starting in post. Relief staff and agency staff from other registered domiciliary care agencies were being used to provide staffing cover. No concerns were raised in relation to service users' needs were not being met.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures.

There was a rolling programme of supervision, appraisals and training and these areas were routinely monitored as part of the monthly quality monitoring processes. Supervision was also undertaken with relief staff and the manager advised that plans were in place to undertake supervision with staff from other registered domiciliary care agencies who are working in the agency on a block-booked basis.

It was good to note that additional training had been provided to staff in areas such as Knowledge and Understanding Framework (KUF), motivational interviewing, human rights, confidentiality and data protection. Bespoke training had also been provided in relation to specific service user need.

Competency assessments were completed annually in relation to medicines management. Advice was given in relation to the system for recording the annual review process. The manager welcomed this advice and agreed to amend the current system of recording updates.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised by the manager that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The review of records confirmed that any potential safeguarding incidents had been referred appropriately. Any safeguarding issues were reviewed as part of the monthly quality monitoring processes, to ensure any follow up action was taken. The annual safeguarding position report had been completed. Advice was given in relation to the report needing to be service-specific. This will be reviewed at the next inspection.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The review of the care records identified that where restrictive practices were deemed necessary, they were reviewed on a regular basis, to ensure that they were of the least restrictive option available. The review of the records confirmed that staff had been working with service users to build upon their abilities to self-administer their own medicines, to reduce this element of restrictive practice and to increase their level of independence.

The manager advised that staff had completed level two training in respect of the Deprivation of Liberty Safeguards (DOLs). Advice was given to the manager in relation to the Code of Practice which focuses on how the provisions relating to money and valuables and research work. The inspector was advised that the agency was in the process of seeking updated staff profiles from other registered domiciliary care agencies, to ensure that their training included the DOLs training, as required.

Care records and information relating to service users were stored in the service users' homes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The care records evidenced referral information and risk assessments and were noted to be comprehensive. The review of the care records also noted that service users' strengths and abilities were identified and the care plans were noted to be written in the first tense, which evidenced a very person-centred approach to care delivery. This is good practice and is commended.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service users' rights to privacy, dignity, expressing views, consent and autonomy. The review of the care records identified that consent was obtained from service users in relation to sharing information which pertained to them. Information was also available in relation to how service users preferred to receive information and make decisions.

Service users were encouraged to self-administer their own medications, as appropriate; and where necessary, the required level of support was provided by staff.

The review of the daily notes identified that staff were recording appropriately.

Care reviews were held annually and records were retained.

Review of service user care records evidenced that collaborative working arrangements were in place with service users and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had monthly quality monitoring systems in place which included consultation with a range of service users, staff and where appropriate HSC Trust representatives.

Areas of good practice

The care records were well maintained and there was evidence that the agency engaged well with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency had a service user involvement strategy which aimed to keep service users informed about all aspects of their care and support. This included involving them in the development of their care and support plans and also in contributing towards the delivery of services at a corporate level. Service users were encouraged to become involved in the recruitment of staff, their input into staff induction and training was sought and their involvement in the developing policies was also encouraged. There was also a system in place to ensure that service users have a meaningful involvement in committees and decision-making groups. A service users group, called the 'UP in Policy' group meets on a regular basis to represent the views of services users and to discuss issues which are important to them. This is good practice and is commended.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. No complaints had been received in relation to inequality issues. Training was planned for staff in relation to equality and diversity.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- equity of care and support
- individualised person-centred care.

A number of documents were also available in easy read format. These included information on consenting to information being shared and how to make a complaint.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders. The review of the compliments records identified that relatives had praised the staff for their positive attitude. It was good to note that the annual service user satisfaction survey, specifically asked service users if they felt that:

- the staff had been caring and helpful,
- they had been involved in the development of their care and support plan
- they were able to maintain contact with their family and friends
- risks pertaining to themselves were managed appropriately
- they knew how to make a complaint
- their lives had improved as a result of the care and support provided.

Participation in activities in the local and wider community were encouraged, with appropriate staff support; it was good to note that the service users were involved in planning the activities they wished to partake in.

The inspector also spoke with three staff members and three service users who commented positively in relation to the care and support provided.

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There was a procedure in place for managing complaints, to ensure that they would be managed appropriately and in accordance with legislation, standards and the agency's own policies. The review of the complaints records confirmed that any complaints received had been managed appropriately. Those consulted with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). There was a system in place to monitor registration and renewal dates; the inspector noted that oversight of this had recently been included in the monthly quality monitoring processes.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and an action plan was generated to address any identified areas for improvement. However, the monthly quality monitoring process had failed to follow up on the quality improvement plan, issued by RQIA.

An area for improvement has been made in this regard.

Although there was a process in place for engaging with and responding to the comments of service users, the inspector was advised that the staff and trust representatives had not been included in the annual quality review process. An area for improvement has been made in this regard.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

Areas of good practice

There was a culture within the service which focused on maintaining good working relationships.

Areas for improvement

An area for improvement was made in relation to the monthly quality monitoring processes and the annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Emma McLaughlin, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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) Schedule 3 Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: All staff members have now been signed off by the organisation and have a statement of physical and mental health fitness. These are located in all personnel files at service level.</p>
Area for improvement 2 Ref: Regulation 23 (2) (c) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person must ensure that the monthly quality monitoring reports specifically monitor and respond to areas for improvement identified in Quality Improvement Plans.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Monthly quality reports will document all actions in relation to RQIA inspection and carry these forward until the next inspection.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 8.2 Stated: First time To be completed by: 31 March 2020	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>The annual quality report should be submitted to RQIA, when complete.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A stakeholder survey will be completed before 31st March 2020 to evaluate the service, with a plan for any actions. Staff surveys have been completed and we are awaiting results, which will facilitate a plan for improvement.</p>



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