



The Regulation and
Quality Improvement
Authority

Praxis Care Group
RQIA ID: 11033
5 Carmen Lane
Bangor
BT20 3PL

Inspector: Jim McBride
Inspection ID: IN22318

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**Announced Care Inspection
of
Praxis Care Group**

11 June 2015

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 11 June 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. There was no Quality Improvement Plan (QIP) as a result of the 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

N/A

Actions/Enforcement Resulting from this Inspection

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

1.2 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.

2. Service Details

Registered Organisation/Registered Person: Irene Sloan	Registered Manager: Karen Mc Roberts
Person in charge of the agency at the time of Inspection: The Registered manager	Date Manager Registered: 05/02/2015
Number of service users in receipt of a service on the day of Inspection: 16	

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:

- The previous inspection report and QIP
- Incident records
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with three service users, four care staff and the registered manager.

The following records were examined during the inspection:

- Four 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 January, February, March and April 2015.
- Staff meeting minutes for March, April and May 2015.
- Staff training records:
 - Vulnerable adults 8 April 2015*
 - Human Rights 11 May 2015*
 - Challenging behaviour 9 April 2015*
 - Staff supervision 2 April 2015*
 - Whistleblowing 19 May 2015*
 - Person centred planning 1 April 2015*
 - Risk assessment 21 April 2015*
- Records relating to staff supervision
- Complaints records
- Recruitment policy, the policy was updated by Praxis Care on the 6 November 2014.
- Records relating to recruitment process
- Induction procedure
- Records of induction for two staff
- Staff register and associated records
- Staff rota information.

Five questionnaires were completed by staff during the inspection; these indicated that the majority of 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?

Individual staff comments:

"I feel that the standard of care that our service users receive is of a high standard. We empower our service users to make their own decisions."

“Staff work extremely hard to help people in transition.”

“The training department provided us with high quality bespoke training package, which was extremely helpful.”

During the inspection questionnaires were circulated to the service users to be completed asking them about various aspects of their care. Two completed questionnaires were returned to the inspector during the inspection. Two questionnaires were returned 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.

Individual comments made by service users:

“The service is very good.”

“The care i receive in Carmen Lane is very good.”

“My opinions are very valued.”

5. The Inspection

Praxis Care Group, Carmen Lane, Bangor, is a domiciliary type agency (supported living) and (DISH) service. The agency has been providing services to people in Bangor since 1992.

Under the direction of the manager, Ms Karen Mc Roberts a staff of eight provides support to 16 adults with mental health care needs, in their own homes. The domiciliary care service is provided to six adults in a flat cluster in Carmen lane and also in the community within the individual homes of service users.

The services provided include a range of support (practical, social and emotional), and guidance on integration into a community setting.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Praxis Care Group was an unannounced care inspection dated 31 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No previous requirements and recommendations.

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 staff interviewed and evidenced in the records of one staff member examined by the inspector. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure for verifying the identity of all supply prior to their supply, and the registered manager assured the inspector that no staff are supplied unless this procedure is followed. The agency provides new staff with "Staff Induction Notes" These notes outline protocols and behaviours staff must adhere to as well as being an information source for staff.

The agency has a policy and procedure in place for staff supervision and appraisal which details the frequency of both. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction examined supported staff feedback.

The agency's process of evaluating the effectiveness of staff induction was seen within records reviewed by the inspector.

Discussion with staff and the examination of training records provided evidence 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. The registered manager and staff described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff provided positive feedback about the nature and frequency of supervision and appraisal.

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. This was verified by records of staff/rota changes being discussed by service users on the 1 June 2015. These comments and the agency's response to them could be seen in daily recording, minutes of tenants meetings and staff meetings.

Discussions with staff and the manager 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.

The registered manager described a process of recruitment undertaken by the agency in order to improve the continuity of staff to service users and minimise the disruption to service users. Induction records seen by the inspector verified that staff receive an induction specific to the needs of service users, this was supported by staff comments.

Agency staff who took part in the inspection clearly described having the knowledge and skills to carry out their roles and responsibilities. Service users confirmed that staff have appropriate knowledge and skills.

Agency staff 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.

Overall on the day of the inspection the inspector found care to be compassionate.

Service users' comments:

"Staff support me well."

"I'm very satisfied with the service I receive."

"My Care and support is good."

Staff comments:

"Training is good and can be bespoke to the service."

"Induction prepares you for your role."

HSC Trust comments:

"This has been a very positive experience for *****."

"The staff are very supportive."

"Staff communicate effectively with me and the HSC Trust."

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**Is Care Safe?**

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 user and their views. This process results in individualised care and support plans seen by the inspector.

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, and records of adult safeguarding referrals. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice. Staff could provide examples of positive risk taking in practice.

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Records of reviews provided evidence that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required. Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. Staff described how care and support plans are written in conjunction with the service user. Records in place provided evidence of this.

Feedback from , monthly monitoring reports, minutes of service users' meetings 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.

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

It was noted 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.*

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

Feedback from staff, service users and HSC Trust staff member would suggest that service users receive care in an individualised manner. Care plans and agency records are 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. One service user interviewed stated: *“Staff refer things about me to me and listen to what I have to say.”* Staff discussed examples of responding to service users’ preferences.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and 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 seen in activity programmes, care and support plans and through discussion with service users.

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues. This collaboration was verified by the HSC Trust staff spoken to by the inspector. The agency’s response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

Overall on the day of the inspection the inspector found care to be compassionate.

Service users’ comments:

“Staff are friendly and very easy to talk to.”

“Staff listen to me if I have any complaints.”

Staff comments:

“Person centred practice help all tenants daily.”

“Staff communicate well with each other.”

“We promote outside activities and community inclusion.”

HSC Trust comments:

“***** life has changed so much since the move to this service.”

“Staff have had positive influence on ***** life.”

“Supported living has been an excellent choice for *****.”

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined**Reports of 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, 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

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

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	K MCROBERTS	Date Completed	19/06/2015
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	24/07/2015
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	1/08/15

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

****Please complete in full and returned to Agencies.Team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.