

Announced Care Inspection Report 20 July 2018



NDA Mental Health Services

Type of Service: Residential Care Home
Address: 18 William Street, Newtownards, BT23 4EJ
Tel No: 02891819426
Inspector: Joanne Faulkner

www.rqia.org.uk

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 Newtownards. The agency's aim is to provide care and support to meet the individual assessed needs of service users. Under the direction of the 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.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Miss Karen McRoberts
Person in charge at the time of inspection: Karen McRoberts	Date manager registered: 05/02/2015

4.0 Inspection summary

An announced inspection took place on 20 July 2018 from 10.00 to 16.00.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users and relevant stakeholders;
- Staff induction;
- Staff supervision and appraisal;
- Quality monitoring systems;
- Governance arrangements;
- Provision of care in an individualised manner;
- Service user engagement.

One area requiring improvement was identified, in relation to Regulation 13 (d) Schedule 3 and the information retained by the agency relating to domiciliary care workers.

The comments of service users have been included within the report.

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.

The inspector would like to thank the manager, service users and staff for their welcome, support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Karen McRoberts, 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 6 November 2017

No further actions were required to be taken following the most recent inspection on 6 November 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

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

- Discussion with the manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

During the inspection the inspector met with the registered manager, six service users and six staff

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Minutes of staff meetings
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; four questionnaires were returned to RQIA. Responses received indicated that service users and/or their relatives were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses have been received.

The inspector requested that the manager display a 'Have we missed you?' card within the agency. No responses have been received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 November 2018

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 November 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The organisation's recruitment and selection policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The Human Resources (HR) department co-ordinates the recruitment process which includes input from the manager. The manager stated that they receive confirmation via an email indicating that all pre-employment checks have been satisfactorily completed. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

The inspector noted that the agency does not currently have in place a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3. An area for improvement was identified.

The agency's induction policy outlines the induction provided to staff; records viewed indicate that it is in excess of the three day timescale as outlined within the domiciliary care agencies regulations. It was noted that staff are required to complete an initial induction during the first two weeks of employment; it includes shadowing other staff employed by the agency. Staff are required to complete a comprehensive induction workbook. The expectation is that staff complete the organisation's full induction programme within the initial six months of employment. Staff have a review of induction at three monthly intervals during their six month probationary period. Staff could describe the details of the induction provided to them and stated that they are required to complete shadow shifts with other staff employed by the agency.

Records of staff induction retained by the agency were viewed; they included details of the information provided to staff during their induction period. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the roles. It was identified that staff provided at short notice are primarily employees of the organisation; staff provided from another domiciliary care agency are required to complete induction.

Discussions with the manager, staff and service users indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information; it was detailed and reflected staffing levels as described by the manager. The rota clearly outlines the duties of all staff. Staff stated that they currently had enough staff to meet the needs of the service users; it was noted that the number of staff on duty can fluctuate to meet the individual needs of service users.

The agency has a process for managing staff registration status with Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. The manager retains details of staff registration and stated that the registration status of staff is monitored on a monthly. The manager stated that staff are not supplied for work if they are not appropriately registered.

The agency retains details of staff, their contact details and next of kin details; this information can be accessed by the manager and team leaders if required.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. Staff are provided with a supervision contract detailing the frequency of supervision; the agency retains a record of staff supervision and appraisal. Records relating to two staff reviewed during inspection indicated that staff had received supervision and appraisal in accordance with the agency's policies.

The agency has an electronic system for recording training completed by staff which records dates staff complete training and it details compliance levels; it was noted that the agency's compliance level was 98% on the day of inspection. The manager and staff could describe the process for identifying training needs and for ensuring that training updates are completed as required. The inspector noted that staff were required to complete a range of mandatory training and in addition training specific to the individual needs of service users. Staff indicated that their training was very good and had equipped them with the knowledge and skills for their job roles.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); the policy outlines their roles and key areas of responsibility.

Discussions with staff indicated that they had a good understanding of the process for reporting adult safeguarding concerns. It was noted that staff are required to complete classroom based safeguarding training during their induction programme and two yearly updates thereafter. Training records viewed by the inspector indicated that all staff had received training in relation to safeguarding vulnerable adults.

Service users could clearly describe the process for reporting concerns in relation to their safety or the care they received. Service users had been provided with information in relation to adult protection.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the manager and records viewed evidenced that the agency has a process for recording details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that the agency had made no referrals in relation to adult safeguarding since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in a monthly review of their care and support and in reviews involving their HSCT keyworker. The inspector viewed a range of comprehensive risk assessments in place relating to individual service users. The agency has a restrictive practice register and risk assessments in place for practices deemed to be restrictive; these were noted to be reviewed monthly by the person completing the quality monitoring visit.

The agency's office accommodation is located at a separate location from the homes of the service users. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Comments received during inspection process.

Service users' comments

- 'Staff are great.'
- 'We come to the office weekly and bake.'
- 'My CPN visits me.'
- 'Praxis staff notice things.'
- 'Staff help me with my shopping and going for a walk.'
- 'My keyworker is really helpful'
- 'I speak to staff if I am worried.'

Staff comments

- 'Best training I have ever had.'
- 'I feel part of the team in a short period of time.'
- 'Very happy; feel supported.'
- 'The atmosphere is better since we got new staff.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, appraisal and adult protection processes.

Areas for improvement

One areas for improvement was identified during the inspection in relation to information retained for domiciliary care workers.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's Information Governance, Records Management and Retention and Disposal policies detail the systems for the creation, storage, retention and disposal of records. It was good to note the organisational policies had recently been updated to include information in accordance with General Data Protection Regulation (GDPR) legislation. Agency staff had received training relating to record keeping and confidentiality during their induction programme and had recently completed GDPR training online.

Records viewed during the inspection were retained in accordance with legislation, standards and the organisational policy; they were retained securely and personal computers were noted to be password protected.

Staff described the process used for effectively engaging service users in their care planning and review processes. Service users stated that staff supported them to contribute to their individual risk assessment and care planning processes and respect their views and opinions. From records viewed it was noted that staff record daily the care and support provided and that care and support is reviewed on a monthly basis by keyworkers in conjunction with service users.

The agency's Service User Handbook includes information in relation to a wide range of areas including safeguarding, complaints, advocacy and equality.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users. It includes monthly visits by the Head of Service to audit and review the quality of the service and the development of a monthly report.

The inspector viewed a number of the agency's reports of monthly quality monitoring visits; records viewed indicated that the process is effective in identifying areas for improvement and that a detailed, time limited action plan is developed. The reports were noted to include comments from service users, staff, HSCT representatives and where appropriate service user representatives. The reports provide details of the review of the previous action plan, review of complaints, accidents, and incidents; including those reportable to RQIA. In addition safeguarding matters; staffing arrangements, training, care records, medication and financial management arrangements are monitored as part of the process.

Comments on quality monitoring reports.

- 'I have three people on my caseload, the service is great. Staff support me in my role. Communication is good with me.'
- 'It is positively recognised how this staff member was positive, mannerly and caring in nature. A credit to the profession.'
- 'Praxis do a very good job; I enjoy coming to the groups. Staff are great.'
- 'Really benefitted from *****'s help.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff indicated that staff communicate appropriately with service users. Staff stated that the communication processes which include a daily staff handover were effective for ensuring that all staff were updated in relation to any changes in the needs of service users'.

Staff could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates monthly staff meetings; it was noted that staff meetings had not occurred as regularly due to staff changes. Service user meetings are facilitated six monthly. It was identified that a range of items are discussed at the meetings including safety, complaints, record keeping, staffing arrangements, environmental issues

incidents/accidents, GDPR legislation; NISCC registration and key policies and procedures. Records of service user meetings were noted to include details of decisions made by service users.

Comments received during inspection process.

Service users' comments

- 'Staff always make themselves available.'
- 'I see my keyworker twice per week.'
- 'Staff help me with shopping, swimming and days out.'
- 'The staff are fantastic; everything is good.'

Staff comments

- 'We have a good team.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's monitoring and auditing arrangements and communication and effective engagement with service users and other relevant stakeholders.

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 care compassionate?

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

The inspection assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff receive training in relation to equality and confidentiality during their induction programme. Discussions with service users and staff, documentation viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. It was good to note that the organisation has appointed a data protection officer to support the organisation's domiciliary care agencies in relation to meeting GDPR legislation. Staff have recently been provided with information relating to GDPR and completed an E-learning module on GDPR.

Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences. Service users could describe how staff support them to be involved in all discussions and decisions relating to their care and daily routines; they stated that staff treat them with respect and that they have choice in relation to their daily lives.

Discussions with staff and service users indicated that care and support is provided in an individualised manner; they discussed a range of methods used for effectively supporting service users in making informed choices.

The inspector viewed complaints information provided to the service users by the agency in an alternative format.

The inspector discussed with the manager arrangements in place relating to the equality of opportunity for service users and the importance of agency staff being aware of equality legislation, whilst recognising and responding to the diverse needs of individual service users, in a safe and effective manner.

The agency's Statement of Purpose and Service User Handbook contains information relating to equality legislation.

The agency has an equality policy. Discussions with the service users and staff indicated that the agency supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user choice
- Adult Protection processes
- Equity of provision of care and support
- Provision of care in an individualised manner
- Individualised risk assessment processes.

The agency has systems for recording comments made by service users and where appropriate their representatives. Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints process, care review meetings, keyworker review meetings and tenant meetings. The agency's monthly quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made and discussions with staff and service users provided evidence that service users are encouraged to make choices regarding their daily routines and activities. Service users stated that staff are very helpful and willing to listen to them at any time.

Comments received during inspection.

Service users' comments

- 'It is an excellent service, I can speak from personal experience. I was at a low ebb and staff talked to me and helped me.'
- 'I am very happy; I have no concerns.'

- Staff talk to you; they listen.'

Staff comments

- 'We help service users achieve their goals.'
- 'We change things around to suit service users.'
- 'Service users call in to the office.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the ongoing effective engagement with service users and where appropriate relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The inspection reviewed management and governance systems in place within the agency to meet the individual assessed needs of service users.

The agency is managed on a day to day basis by the manager, and a number of team leaders. Staff could describe the process for obtaining support including out of hours arrangements. Staff stated that the recent staff changes have been positive.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically. Policies and procedures viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. Staff knew how to access policies and procedures.

The agency has systems for auditing and reviewing information with the aim of improving safety and improving the quality of care provided to service users. Records viewed and discussions with the manager and staff indicated that the agency's governance arrangements promote the identification and management of risk. Processes include the provision of policies and procedures, monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, safeguarding referrals and incidents including those notifiable to RQIA. There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives.

The agency's complaints policy details the process for managing complaints; staff had a good understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints training during their induction programme. Service users knew how to raise concerns; they stated that they can talk to staff at any time.

The agency has a system for retaining a record of complaints received; records viewed evidenced that the agency had received no complaints since the previous inspection. It was noted that complaints and compliments are audited on a monthly basis as part of the agency's quality monitoring process.

The agency maintains a record of accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. Incidents are reviewed monthly as part of the agency's quality monitoring process.

The agency has in place management and governance systems to monitor and improve the quality of the service; this includes the monthly quality monitoring process. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal.

The organisational and management structure of the agency is outlined in the Statement of Purpose. Staff had a clear understanding of the responsibilities of their job roles; service users knew who to talk to if they had a concern. Staff stated that the manager and senior staff are supportive and approachable. Staff described the benefits of the daily handover meeting; they stated that this process provided them with the opportunity to communicate and discuss any issues or concerns in relation to the care and support of service users. Staff indicated that communication is good.

On the date of inspection the RQIA certificate was noted to be displayed appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

Comments received during inspection.

Staff comments

- 'I am supported in my role.'
- 'I can raise issues; I feel listened to.'
- 'We have a strong team.'
- 'The manager is supportive.'
- 'Always an open door.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements which includes the provision of policies and procedures, the quality monitoring process and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the 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/or 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<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: 6.4</p> <p>Response by registered person detailing the actions taken: The registered person has communicated with head office to ensure all domiciliary care workers have a statement that they are mentally and physicaly fit for work, this has been forwarded to Praxis Director who has been in contact with RQIA</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care