

Announced Care Inspection Report 15 March 2021



NDA Mental Health Services

Type of Service: Domiciliary Care Agency
Address: 18 William Street, Newtownards, BT23 4EJ
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Inspector: Joanne Faulkner

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

NDA Mental Health Services is a domiciliary care agency, supported living type; the agency office is located in Newtownards. The agency’s aim is to provide care and support to meet the individual assessed needs of service users who are living in their own homes or shared accommodation. 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	Registered Manager: Ms Ellie Harbinson, Acting- no application required
Responsible Individual(s): Mr Greer Wilson- registration pending	
Person in charge at the time of inspection: Ms Ellie Harbinson	Date manager registered: Acting- no application required

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 31 October 2019. Since the date of the last care inspection RQIA was informed of any notifiable incidents which had occurred within the agency in accordance with regulations. Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 15 March 2021 from 10.00 to 12.30 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by us in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. We contacted stakeholders to obtain their views on the quality of service provided.

We reviewed the dates that criminal record checks (AccessNI) for staff employed by the agency had been completed to ensure that they were in place before staff were supplied to service users. We reviewed and confirmed that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations.

Staff adherence to the Covid-19 Guidance was also reviewed and supported through discussions with a number of staff and service users. In addition, we reviewed Covid-19 related information, disseminated to staff by the agency.

The inspection assessed progress with any areas for improvement identified during the last care inspection and to determine 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 recruitment practices and staff registrations with NISCC. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were generally satisfied with the care and support provided.

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.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Ellie Harbinson, acting manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 31 October 2019

Following the inspection of 31 October 2019 in accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to inform them of the intention to issue two Failure to Comply notices with regards to Regulation 23 and Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007.

At a meeting on 13 November 2019, RQIA was provided with evidence and assurances that the registered person had developed and planned to implement a more robust and effective system for monitoring the quality of the service provided in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. In addition, the registered person had developed a detailed action plan in respect of Regulation 13 and the requirement for all staff to be appropriately registered with the relevant regulatory body. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, staff and Health and Social Care Trust (HSCT) representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI checks completed for staff employed;
- Staff NISCC registration information.

We also reviewed agency's IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed with the manager any complaints received by the agency and incidents that occurred. In addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks completed in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff with regards to providing feedback to the RQIA.

6.0 What people told us about this agency

The feedback received indicated that people were generally satisfied with the current care and support. During the inspection we spoke with the manager, the operations manager, and a number of staff with the use of video technology.

Following the inspection we spoke with a number of service users who indicated that that they were satisfied with the care and support provided by the agency. Feedback was requested from three HSCT representatives; however, no responses were received. Comments are detailed below:

Staff

- "Management is terrific, changes for the better."
- "We are informed of any changes."
- "This is the most approachable manager in my time."
- "I can raise issues and they are sorted out."
- "We were supported and informed about Covid; we got lots of information."
- "We have mountains of PPE; it is easy to access."
- "I have just started, everyone is very welcoming. I had induction, e-learning training and shadowing visits. Everyone is approachable."
- "We get supervision."
- "There have been changes since the new manager came; they have supported us as a team."
- "We got lots of information about Covid; information about cleaning and how to put it into practice in each scheme."

Service users

- "Staff are great."
- "Staff will offer support."
- "I have no problems at the minute."
- "I like it here."

- “Lots of information about the Covid; we got leaflets and they talked about it and all the things we needed to do.”
- “Would like to get out more but it’s hard with Covid.”

Feedback was received from the electronic survey from one staff member, a HSCT professional and seven relatives. The feedback received indicated that people were generally satisfied the current care and support.

Comments included:

- ‘My son moved into ***** a small number of years ago. He suffers from mental health issues. It was quite traumatic for him to return to Northern Ireland but the support he received and continues to receive is fantastic. All the staff and management support is exceptional. Due to the support he receives he continues to improve both mentally and physically. The staff shows patience and empathy all the time. During the pandemic, they have been caring and structured in providing a protective shield to him. The quality of his accommodation is very good and caters for his needs.’
- ‘Praxis have been very helpful and kind in the support of my relative.’
- ‘My sister is very appreciative of the twice weekly visits she receives from Praxis befrienders. She enjoys their friendship and finds their visits stimulating. They are sensitive to her moods. Praxis have been most helpful in liaising with my sister’s care management team to update her care management plan.’
- ‘Would appreciate more updates about relatives review of treatment.’
- ‘I am very happy with the work Praxis in Newtownards are giving my mother who is a very vulnerable person. In particular my mother’s key worker ***** is exceptional at her job – this has been demonstrated by weekly check-ins on my mum to highlight any risks, progress or concerns. Additionally ***** (key worker) even recommended teaching my mum how to cook meals and become more independent. What I really like about ***** (key worker) is her determination to help my mum progress, I am sure this is challenging at times with my mother’s condition however she always manages to find the right balance of care and coaching. Thank you for everything - to be honest, I am not sure how bad things would be if it were not for this amazing team.’
- ‘Needs to be more continuity between staff and service user since it’s for mental health, the service user should see regular staff to build a rapport not having different staff each session.’

One person commented how the agency staff had remained with their relative when they became ill and had kept them informed of any changes until the medical assistance arrived. All comments received were discussed with the manager prior to the issuing of the report.

7.0 The inspection

Areas for improvement from the last care inspection dated 31 October 2019		Validation of compliance
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: Second time</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>This relates specifically to a statement by the registered provider, or the registered manager, as the case may be, that person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Ref: 6.3</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency has in a place a statement by the registered provider, or the registered manager, as the case may be, that person is physically and mentally fit for the purposes of the work which he is to perform. Copies are retained in the individual staff files.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 13. (d)(e)</p> <p>Stated: First time</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>(e) Subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register;</p> <p>This relates specifically to the registration of staff with the relevant regulatory body.</p> <p>Ref: 6.3</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We confirmed that all staff are registered as required with the relevant regulatory body. A list of registration information is retained by the manager and reviewed monthly.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 21.(1)(a) Schedule 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We confirmed from care records viewed that staff have recorded their full signature.</p>	<p style="text-align: center;">Met</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 23.- (1)(2)(3)(4)(5)</p> <p>Stated: First time</p>		<p>23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>

	<p>Ref: 6.6</p> <p>Action taken as confirmed during the inspection: We confirmed that a robust system is in place to review that quality of the services provided to service users and a monthly report is completed.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Ref: 6.3</p> <p>Action taken as confirmed during the inspection: It was identified that that staff have received supervision in accordance with the organisations policy and procedures and that a record is retained. This is also reviewed as part of the monthly monitoring process.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 14.7</p> <p>State: First time</p>	<p>The registered person shall ensure written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken by the agency.</p> <p>Ref: 6.3</p> <p>Action taken as confirmed during the inspection: It was noted that written records are kept of suspected, alleged or actual incidents of abuse and that they include details of the referral information, the investigation, the outcome and action taken by the agency.</p>	Met

7.1 Inspection findings

Recruitment

Staff recruitment is completed in conjunction with the organisations Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for all staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager on a monthly basis; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff displaying symptoms or being diagnosed with Covid-19. We noted that staff had received training in IPC in line with their roles and responsibilities.

Staff had also completed training in relation to Covid-19 and on the donning (putting on) and doffing (taking off) of PPE. Staff described how they wore PPE for activities that brought them within two metres of service users. Staff reported that there was a good supply of PPE.

There was a system in place to ensure that IPC procedures were being adhered to. This included senior staff undertaking spot checks of care staff in relation to their adherence to the guidance and handwashing audits. The service users spoken with confirmed that the staff wore PPE appropriately.

The manager and staff described the availability of hand sanitisers which are accessible throughout the areas staff use. They stated that information detailing the procedure for effective hand-washing was displayed as visual aids to encourage good handwashing techniques.

It was identified that there were measures in place to support service users to maintain a two metre distance from other people. Staff described how they supported service users to adhere to Covid-19 guidance with particular regards to handwashing, social distancing and the wearing of facemasks. There was also a system in place to ensure that staff and service users had temperature checks completed as required. Enhanced cleaning schedules were in place to minimise the risk of cross contamination. This included the frequently touched points throughout the shared accommodation areas.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff;
- monitoring of staff practice;
- infection prevention and control policies and procedures have been updated to address current guidance in relation to Covid-19;
- staff training and guidance in relation to infection prevention and control and the use of PPE.

It was identified that staff had access to Covid-19 information and it included current guidance documents from the Public Health Agency (PHA) and the DOH.

The procedures and guidance in place evidenced that:

- clear systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff;
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices;

- staff are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service;
- service users had been provided with information with regards to Covid-19 and IPC.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a safe, effective and compassionate manner. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Governance and Management Arrangements

We identified that there is a process for recording complaints in accordance with the agency's policy and procedures. On the day of the inspection we noted that complaints received had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monitoring processes.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. We reviewed the agency's monthly monitoring reports completed in January, February and March 2021. We identified that the process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff training and staffing arrangements.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and that a number of the incidents had resulted in an adult safeguarding referral being made.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the organisation.

Discussion with the manager and staff indicated that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns. The manager confirmed that a number of adult safeguarding referrals were made since the last care inspection. Discussions with the manager indicated that the appropriate actions had been taken by the agency.

Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for individualised, person centred interventions which facilitate effective engagement with service users and promote communication and social engagement. Service users spoken to indicated that they felt the care provided was safe, effective, compassionate and well led.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices specifically relating to Access NI checks and staff registrations with NISCC. Good practice was found in relation to IPC practices; there was evidence that staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

8.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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