

Announced Care Inspection Report 6 November 2017



NDA Mental Health Services

Domiciliary Care Agency

Address: 18 William Street, Newtownards, BT23 4EJ

Tel No: 02891819426

Inspector: Joanne Faulkner

User Consultation Officer: Clair McConnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 acting 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	Registered Manager: Karen McRoberts
Person in charge at the time of inspection: Karen McRoberts	Date manager registered: 5 February 2015

4.0 Inspection summary

An announced inspection took place on 6 November 2017 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 recruitment processes, staff supervision and appraisal, quality monitoring processes and engagement with service users and Health and Social Care Trust (HSCT) representatives. No areas for improvement were identified.

Comments made by service users during the inspection and from completed questionnaires are 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.

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 the registered 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 3 November 2016

No further actions were required to be taken following the most recent inspection on 3 November 2016.

5.0 How we inspect

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

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

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

During the inspection the inspector met with the registered manager, a team leader and seven staff members.

On the day of the inspection the User Consultation Officer (UCO) spoke with six service users and observed interactions between staff and service users.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisation's Human Resources (HR) department to review the agency's staff recruitment records; details of the findings are included within the report.

At the request of the inspector, the registered manager was asked to display a poster within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; nine responses were received.

During the inspection the inspector provided questionnaires for completion by service users; six service user questionnaires were returned to RQIA. Feedback received during the course of the inspection and from returned questionnaires is reflected throughout this report.

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

The inspector would like to thank RQIA's user consultation officer, the registered manager, staff and service users for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 November 2016

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

6.2 Review of areas for improvement from the last care inspection dated 3 November 2016

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

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of staff personnel records; those viewed included details of the agency's recruitment processes and evidence of pre-employment checks completed.

Documentation viewed and discussions with HR personnel indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was noted that the recruitment policy was required to be reviewed and updated in line with timescales for review as outlined within the minimum standards; an updated policy was provided to RQIA prior to the issuing of this report. Staff records retained at the agency's office and in the HR department were noted to be retained securely and in an organised manner.

The agency's induction policy outlines the induction programme noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that staff are required to complete corporate induction, a range of mandatory training and an induction workbook during their induction period.

A record of the induction programme provided to staff; is retained; the inspector viewed a number of individual staff induction records. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The inspector viewed staff profiles in place for relief staff accessed by the agency. The registered manager described the process for ensuring that staff provided at short notice have the skills to fulfil the requirements of the job role.

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The registered manager and staff discussed the difficulties in providing care due to staff shortages and the methods used to ensure continuity of staff. It was noted that the agency are currently in an ongoing staff recruitment process; staff stated that they have worked additional hours to ensure the assessed needs of service users are met. Staff discussed the challenges relating to them undertaking additional hours and also the impact on service users such as the changes in the timing of the support provided.

The manager stated that the agency is currently meeting on a monthly basis with the HSCT contracts department to discuss matters relating to the impact staff shortages is having on the provision of care. The registered manager provided evidence that they are required on occasions to work additional shifts to ensure the needs of service users are met. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager; the inspector discussed with the registered manager the need to ensure that the rota includes that full name of staff employed.

The agency's staff supervision and appraisal policies outline the timescales and procedures to be followed. It was noted that supervision can take the form of one to one supervision, direct observation of staff or reflective group supervision. The agency provides staff with a supervision contract and retains a record of staff supervision and appraisal; those viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures.

The inspector viewed details of training completed by staff; records viewed indicated that staff had complete appropriate training to their job role. It was noted that staff are required to

complete a range of mandatory training and training specific to the needs of individual service users. Staff could describe the process for identifying training needs and for ensuring that required training updates are completed. The agency records compliance levels in relation to training completed; this information is audited by the person completing the agency's monthly quality monitoring visit.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's updated policy and procedures reflect information contained within the regional policy. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility in relation to adult safeguarding.

The agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the registered manager indicated that the agency has made no referrals in relation to adult protection matters.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an update two yearly. Staff demonstrated that they had a good understanding of adult safeguarding matters and the process for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's risk assessment and management policy outlines the process for assessing and reviewing risk.

It was identified that the agency has detailed risk assessments in place relating for individual service users. The agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support.

Staff described how they support service users to be effectively engaged in the development of their care plans. Staff record daily the care and support provided to service users and develop a detailed monthly review report. Care plans are reviewed as required; service users have an annual review involving their HSCT keyworker.

The agency's registered premises which are located separately to the service users' homes; the office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

The service users spoken with have been receiving support from Praxis for a significant period of time. The UCO was informed that, although there have been changes in staffing over time, new staff members are introduced to the service users by a regular member of staff. This was felt to be very beneficial for the service users. No concerns regarding the staff from Praxis were raised with the UCO; however service users confirmed that they were aware of the complaints process and independent advocacy if necessary.

Through informal discussions with staff, they demonstrated that they were knowledgeable about the individual service users and no concerns were noted during the UCO's observations of staff interacting with the service users.

Examples of some of the comments made by the service users’ are listed below:

- “If it wasn’t for Praxis I wouldn’t be here today.”
- “It gives me a sense of security.” Someone is always there if I feel down.”
- “It’s easier and quicker to talk to the staff here than the professionals.”

Questionnaires returned to RQIA by service users indicated that they were satisfied that care provided is safe.

Comments received during inspection.

Staff comments

- ‘Service users are safe; we promote independence.’
- ‘We have been short staffed recently; staff have worked extra hours.’
- ‘Praxis is good the training is good.’
- ‘We have good team work.’
- ‘I prefer one to one supervision; we get a daily handover.’

Comment from online staff survey

- Despite current staff shortages, all efforts are made to maintain a high standard of care for all Service Users, with staff working extra hours and sharing the workload amongst the Team.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, supervision and appraisal.

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 effective?

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

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Handbook; the service user handbook also contains information in relation to human rights, advocacy and adult protection.

The agency’s information governance and data protection policy details the procedures for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection were noted to be maintained in accordance with legislation, standards and the

organisational policy. Staff personnel records viewed by the inspector at the organisation's head office prior to the inspection were noted to be maintained in an organised manner; documentation held in the agency's office was noted to be organised and retained securely.

Staff could describe the processes used for supporting service users to be effectively involved in the development of their care plans; it was noted that service users are provided with a copy of their care plan. The agency requests that service users sign their care plan to indicate that they have agreed to the care and support to be provided.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves a monthly visit being completed by an assistant director from within the organization. The process seeks to obtain feedback from service users and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits were noted to include details of the review of the agency and an improvement plan. The documentation includes details of the review of accidents, incidents or safeguarding referrals, practices deemed as restrictive, complaints, medication, care plans and staffing arrangements. It was noted that the person completing the monitoring visit records the comments made by service users, and where appropriate their representatives.

Comments made by service users and included in quality monitoring reports

- 'Service is excellent. It has made such a difference to my life.'
- 'Staff are very pleasant and helpful.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the acting manager, staff and service users indicated that staff communicate appropriately with service users.

Staff were knowledgeable about the individual needs of service users; they could describe the methods used to support service users to live an active and independent life. Staff stated that they seek to support service users to participate in community activities.

The agency facilitates monthly staff meetings and six monthly service user meetings as requested by the service users. It was identified from minutes of meeting viewed that a range of standard items are discussed at each meeting, they include operational matters, confidentiality; record keeping; staffing, on call and service user issues.

Discussions with the registered manager and staff demonstrated that they endeavour to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT representatives.

The service users interviewed have received support from Praxis for a number of years and support provided by staff is tailored to suit the needs of the individuals to enable them to live as independently as possible in the community.

The UCO was informed by the service users that they are encouraged by the staff to carry out tasks such as cooking and cleaning. It was felt that the support and routine was very important to the service users.

Examples of some of the comments made by the service users are listed below:

- “Appreciate everything they do for me.”
- “I needed a lot of help from Praxis when I first moved here.”
- “Would praise them highly.”
- “There is good communication.”

Questionnaires returned to RQIA by service users indicated that they were satisfied that care provided is effective.

Comments from returned questionnaires

- ‘I think Praxis is an excellent organisation; a great help and support to me.’
- ‘My care is much more than I expected.’

Comments received during inspection.

Staff comments

- ‘The team work well together; we have good support from the team leaders.’
- ‘We support service users to attend social groups.’
- ‘We support service users to go on holiday.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s record keeping, auditing arrangements and communication with 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, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive. Discussions with and staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation; they stated that they had received training in relation to confidentiality during their induction.

Staff could describe the methods used for supporting service users to make informed choices. The inspector viewed information provided by the agency in an alternative format to support service users to be effectively engaged in decisions about their care.

There are a range of systems in place to promote effective engagement with service users; they include the agency's monthly quality monitoring process; complaints process; care review meetings and service user meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The agency has processes in place to record comments made by service users; records of service user care review meetings and reports of quality monitoring visits viewed by the inspector provided evidence that the agency endeavours to engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Questionnaires returned to RQIA by service users indicated that they were satisfied that care provided is compassionate.

Comments from returned questionnaires

- 'Praxis has made a big difference in my life. All staff are so nice, pleasant and helpful.'
- 'My carer help me through my XXXXXX; I couldn't have done it without her.'

There were discussions with the UCO about the service users' experiences of receiving support from Praxis whilst remaining part of the local community. A 'men's group' meets weekly at which members have a choice as to the activities they carry out for example going to the cinema, playing snooker or going for meals out. A 'Ladies group' meets weekly; their members prefer to bake, cook or go shopping. Service users informed the UCO that they felt the informal support by the group members as well as the routine was important to their mental wellbeing.

As well of the smaller groups, Praxis organises activities for all service users to attend if they wish to do so. Examples of previous activities organised by Praxis included:

- Christmas dinner
- BBQ
- Bus trips to Newcastle, Portrush, Titanic Centre, Crumlin Road Gaol and shopping trips

Service users' have the choice if they wish to participate in activities organised by Praxis. Examples of some of the comments made by the service users interviewed are listed below:

- "I like the informal help I get from the staff."
- "Staff are easy to talk."
- "I like the support from the other service users."

Comments received during the inspection process.

Staff comments

- 'We meet the service users' needs as best we can; we are here for the service users.'
- 'We listen to service users and provide emotional support.'

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with service users and in an individualised manner.

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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis the registered manager and a number of team leaders. Staff who met with the inspector could describe the process for obtaining support from senior management if required.

Comments made by a staff member in relation to knowing the whereabouts of the registered manager were discussed with the registered manager. The manager stated that when she is not available on site staff are able to make contact at all times via a mobile phone; the inspector discussed with the registered manager the benefits of discussing their availability with staff. The registered manager stated that the matter would be discussed with staff at supervision and team meetings.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access. Prior to, during and following the inspection the inspector viewed a number of the organisation's policies; it was identified those viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The agency's procedures for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for effectively handling complaints; discussions with staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. The inspector viewed a copy of the complaints policy provided to service users in an easy read format. It was noted that staff receive training in relation to managing complaints during their induction programme.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received no complaints since the previous inspection. The inspector identified from records viewed that the agency has a proforma to record of the outcome of the investigation of any complaints received.

Records viewed and discussions with the registered manager indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the ongoing review of incidents, accidents, safeguarding referrals and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the service user handbook. Staff had a clear understanding of their job roles and responsibilities; they are provided with a job description at the commencement of their employment. Staff demonstrated that they had a good understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

Staff are required to be registered with the NISCC or other relevant regulatory body; copies of individual staff member's registration certificates are retained by the agency and in addition a record is maintained by the agency's HR department. Discussions with HR personnel and the registered manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Questionnaires returned to RQIA by service users indicated that they were satisfied that the service is well led.

Comments received during inspection.

Staff comments

- 'I enjoy working here.'
- 'I can raise issues at the team meeting; it may not always change things.'
- 'I feel listened to.'
- 'I have worked here 17 years; it is much improved.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and monitoring of registration with regulatory bodies.

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

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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