

**Announced Care Inspection
of
Praxis Care Group**

1 October 2015

1. Summary of Inspection

An announced care inspection took place on 1 October 2015 from 09.00 to 12.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 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. Overall on the day of inspection the staffing arrangements and service user involvement was found to be safe, effective and compassionate. The outcome of this inspection found no areas of concern. A quality improvement plan (QIP) was not included in this 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: Karen Mc Roberts	Date Manager Registered: 16/10/2013
Number of service users in receipt of a service on the day of Inspection: 36	

3. Inspection Focus

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:

- Previous inspection report and quality improvement plan (QIP)
- Incident records
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with a team leader, the registered manager and one support worker. No service users were available as the inspector visits the registered office and service users live in their own homes within the local community.

The following records were examined during the inspection:

- Six 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 April, May, June, July and August 2015
- Staff meeting minutes for April, May, June and July, 2015
- Staff training records:
 - Vulnerable adults*
 - Complaints*
 - Human rights*
 - Person centred planning*
 - Supervision for supervisors*
- 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
- Staff rota information.

During the inspection questionnaires were completed by three staff. At the request of the inspector the manager was asked to distribute seven questionnaires to staff for return to RQIA. Two questionnaires were returned.

These indicated that the 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?

Staffs written comments:

“Service users are actively involved in the planning and implementation of their support”
 “Staff work with service users to encourage participation and ownership”
 “The staff team remain committed to providing a high quality service”
 “Service users are empowered to develop and work towards goals to enhance their lives”
 “Service users are encouraged to increase their level of independence”
 “I feel the service users gain a lot from the service we provide.”

At the request of the inspector the manager was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. Two questionnaires were returned to the RQIA.

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.

Service users’ written comments:

“I love going to praxis it is the highlight of my week.”

The Inspection

Praxis at 18 William Street, Newtownards, is part of the Praxis Care Group, a registered charity, which has been in operation since 1981. The agency provides domiciliary care and support to adults living in their own homes within the local community. The service users are currently receiving psychiatric intervention or supervision with the Trust Community Mental Health Team.

Under the direction of the acting manager, Ms Karen Mc Roberts the staff provide support to 36 service users with day-to-day domestic and personal activities, such as home management and advice on how to remain independent, with the aim of reducing the likelihood of re-admission to hospital.

Agency staff work in partnership with the Southern Eastern Health and Social Care Trust (SEHSCT) who commission the care provided to service users.

The SEHSCT currently commissions 160 hours per week of services, which generally cover the geographical areas of North Down; the Ards Peninsula, Comber, Ballygowan and Holywood.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 16 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 23	<p>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>This requirement refers to the agency's monthly quality monitoring reports which must contain accurate information and details within the action plan of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of services which the agency arranges to be provided.</p>	Met
	<p>Action taken as confirmed during the inspection: Amended Report reflecting accuracy was sent to RQIA and left on file. The incident had been reported on and forwarded to RQIA and all relevant agencies. All policies and procedures were followed; Therefore nothing needed to be added to the monthly monitoring action plan. The records in place were satisfactory.</p>	

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 the staff members interviewed. 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 has a policy and procedure in place outlining 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.

Is Care Effective?

Discussions with the registered manager 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.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

Two staff members who took part in the inspection described the induction as effective in preparing new staff for their role.

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

Discussion with the manager and examination of training records evidenced 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. This was verified by two staff members during discussion with the inspector.

The registered manager described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff members interviewed provided positive feedback about the nature and frequency of supervision and training.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. The registered manager stated that staffing arrangements affecting individual service users is discussed with them one to one as required.

Discussions with the manager indicated that service users are prepared in advance of significant staff changes where possible.

The Manager and Team leader were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

The staff interviewed clearly described having the knowledge and skills to carry out their roles and responsibilities.

The 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.

Staff comments:

"Training is good and flexible."

"Induction prepared me for my role."

"We provide a person centred service."

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 users 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.

Is Care Effective?

Records of reviews evidenced 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. The manager described how care and support plans are written along with the service user and presented evidence of this.

Feedback from monthly monitoring reports presented 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 by the inspector 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*

Is Care Compassionate?

Feedback from staff evidenced that service users receive care in an individualised manner. Care plans and agency records were 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. The manager discussed examples of responding to service users' preferences.

Promotion of values such as dignity, choice and respect were evident through discussion with one staff member and one service user. 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

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues.

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

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, relatives, 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/Compliments

Records of complaints from 1 January 2014-31 March 2015 were examined. There were no complaints within the time period specified.

The inspector noted the positive comments made by service users during the annual review of the quality of service provision, completed by the agency.

Service users identified their satisfaction in relation to:

- *Praxis staff*
- *Changes within the scheme*
- *The local community*
- *Individual support plans*
- *Safety and security*
- *Individual goals*

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	K MCROBERTS	Date Completed	14/10/2015
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	15/10/2015
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	15/10/15

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

Please ensure this document is completed 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 service. 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.