



The Regulation and
Quality Improvement
Authority

PCG Castlehill House
RQIA ID: 11041
Church Lane
Lisnaskea
BT92 0GJ

Inspector: Jim McBride
Inspection ID: IN22740

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**Announced Care Inspection
of
PCG Castlehill House**

9 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 9 July 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. There was no Quality Improvement Plan (QIP) as a result of the inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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.

2. Service Details

Registered Organisation/Registered Person: Irene Sloan	Registered Manager: Siobhan Wilson
Person in charge of the agency at the time of Inspection: Team Leader	Date Manager Registered: 27 October 2009
Number of service users in receipt of a service on the day of Inspection: 9	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

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

During the inspection the inspector met with one service user and two care staff. Following the inspection the inspector spoke with one relative and their comments have been added to this report.

The following records were examined during the inspection:

- Four care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for January, February, March, April and May 2015.
- Staff meeting minutes for January, February, April and May 2015.
- Tenant's Meetings for November 2014. January, March and May 2015
- Staff training records:
 - Vulnerable adults*
 - Human Rights*
 - 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
- Staff register and associated records
- Staff rota information

Three questionnaires were completed by staff during the inspection. These indicated that the majority of staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner
- Service users receive care and support from staff that are familiar with their needs
- Staff will be taken seriously if you were to raise a concern?

Individual staff comments written by staff:

"The care and support provided within the service is of an exceptionally high standard."

"The manager runs the scheme in a professional manner."

"All staff work well to provide the care and support required."

"All staff work in a team."

"We advocate for service users when required."

"Service users fell at ease."

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

These indicated that service users were either satisfied or very satisfied with the following.

- The support they receive
- Staff responds to their needs
- Staff help me feel safe and secure here

Individual written comments from service users:

“I’m secure and happy.”

“I’m very satisfied.”

“This is a good place.”

5. The Inspection

Castlehill House is a domiciliary care type agency (supported living) based in Lisnaskea. Under the direction of the Manager, Siobhan Wilson, six staff provide support to nine service users. Service users are encouraged to achieve their optimum level of independence through receiving practical help and support in dealing with everyday situations.

The Western Health and Social Care Trust commission these services

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the PCG Castlehill House was an announced care inspection dated 13 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care inspection

No requirements or recommendations resulted from the last inspection of 13 November 2014

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by staff interviewed and evidenced in the records of four staff examined by the inspector. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure for verifying the identity of all supply prior to their supply, and the Team leader assured the inspector that no staff are supplied unless this procedure is followed.

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

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

Is Care Effective?

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

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

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

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

It was noted that the induction process includes information on the following and includes;

- *Induction pack.*
- *Your role.*
- *Learning objectives.*
- *Job description.*
- *Policies and procedures.*
- *Role of supervision.*
- *Role of staff meetings*
- *Handover guidelines.*
- *Duties.*
- *List of contact details.*

Discussion with staff and the examination of training records provided evidence that the agency has a process in place to identify and respond to training needs. The agency provides a range of training outside of mandatory training. The Team Leader and staff described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff provided positive feedback about the nature and frequency of supervision and appraisal.

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

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. These comments and the agency's response to them could be seen in daily recording, minutes of meetings with service users and staff meetings.

Discussions with staff and the Team Leader indicated that service users are prepared in advance of significant staff changes where possible. The staff were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff. It was noted by the inspector that prior to the last preparation for staff interviews service users were asked the following questions to assess what was important to them about the staff employed:

- What questions or comments would you like for us to consider at staff interview?
- Are there any skills/qualities you would like the staff members to have?

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

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

Agency staff described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

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

Service users' comments:

"The staff are excellent."

"I feel safe and secure here."

Staff Comments:

"Staff induction is good and we support new staff."

"Training is good and Praxis is flexible with training."

"Supervision is comprehensive."

"Good training keeps you up to date."

Relatives Comments:

"***** has settled well into supported living."

"He's very happy so we are happy."

"The staff are very supportive and caring."

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector saw records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service user and their views. This process results in individualised care and support plans seen by the inspector.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments, care plans, and records of incident referrals. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice. Staff could provide examples of positive risk taking in practice.

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

Is Care Effective?

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

Feedback from relatives, monthly monitoring reports, minutes of service users' meetings provided examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

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

It was noted that individual care and support plans place importance on the human rights of individuals. It was also noted that staff discussed human rights with service users during their tenants meeting in the 16 May 2015.

Care and support plans are written and reviewed under the following subdivisions:

- *Improved Health*
- *Improved quality of life*
- *Making a positive contribution*
- *Choice and control*
- *Freedom from discrimination and harassment*
- *Emotional wellbeing*
- *Personal dignity*

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

Is Care Compassionate?

Feedback from staff, service users and relatives would suggest that service users receive care in an individualised manner. Care plans and agency records are written in a person centred manner.

Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery. Staff discussed examples of responding to service users' preferences, promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were seen in activity programmes, care and support plans and through discussion with service users.

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

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

Service users' comments:

"I do the activities I choose."

"I'm fairly independent so go out a lot with encouragement."

"Staff support me in all my decisions."

Staff Comments:

"We meet with tenant's regularly to seek their views."

"We promote choice and self-determination."

"We promote activities within the community."

"All tenants have settled well into supported living."

Relatives Comments:

"***** is well supported by staff."

"The activities they have to choose from are good."

"The staff provide good support."

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

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

Records of complaints from 1 January 2014-31 March 2015 were examined. There were two complaints within the time period specified. All complaints were resolved satisfactorily.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Siobhan Wilson	Date Completed	20/07/2015
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	21/07/2015
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	1/08/15

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

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address

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