



## Announced Care Inspection Report 2 March 2021



### PCG Castlehill House

**Type of Service: Domiciliary Care Agency**  
**Address: 18 Church Lane, Castle Balfour Demesne, Lisnaskea,  
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**Tel No: 028 6772 2778**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://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

PCG Castlehill House is a domiciliary care agency supported living type, which provides care and support to service users who have enduring mental health needs. The agency is operated by Praxis Care in partnership with Supporting People, the Western Health and Social Care Trust (WHSCT) and Choice Housing Association.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group	<b>Registered Manager:</b> Mrs Siobhan Wilson
<b>Responsible Individual:</b> Mr Greer Wilson- registration pending	
<b>Person in charge at the time of inspection:</b> Mrs Siobhan Wilson	<b>Date manager registered:</b> 8 October 2009

### 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 11 February 2019. An inspection was not undertaken in the 2019-2020 inspection year, due to the impact of the first surge of Covid-19.

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 2 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 service quality.

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

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

No areas requiring improvement were identified during the inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC and the NMC. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that all 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. Comments made by one service user were discussed with the manager and HSCT keyworker for further follow up.

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
<b>Total number of areas for improvement</b>	0	0

No areas for improvement were identified at this inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 11 February 2019.

No further actions were required to be taken following the most recent inspection on 11 February 2019.

#### 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, notifiable events, and any written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

During our inspection we focused on contacting the service users, their relatives, staff and 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 and NMC registrations.

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 any complaints and incidents that had been received by the agency with the manager and 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 satisfied with the current care and support. During the inspection we spoke with the manager and a number of care workers with the use of video technology. Staff spoken with confirmed that they wore PPE as necessary.

We also spoke with a number of service users and service users' representatives, who indicated that they were satisfied with the care and support provided by the agency. Feedback was also received from HSCT representatives. Comments are detailed below:

### Staff

- "Everything is good."
- "Things have been difficult with Covid, but we got information and PPE."
- "The service users are well looked after and appear happy."
- "Some service users find Covid restrictions hard, can be challenging for them. Staff reassure the service users."
- "I am happy with everything. We have a good working team, we all work well together."
- "Manager is definitely very approachable. We can report issues to the team leader."
- "We get supervision on a monthly basis and have staff meetings."
- "We have enough staff, we are never short. We have relief staff if needed."
- "I have no concerns at the moment; everything is grand and working well."
- "We got Covid-19 e-learning training and there is a policy."

Staff spoken with praised the manager and the team leaders for their approachability and responsiveness.

### Service users

- "I like living here; I get on well with the staff."
- "Any problems I speak to the manager."
- "The staff are fair; I get on with them ever the best."

- “I am fed up with Covid.”
- “The best, the staff are good to me.”
- “I couldn’t find any fault with them (staff).”
- “Staff help me. It is like living in a five star hotel.”
- “I keep my place well, the staff are a good help.”
- “I have no problem with the staff.”
- “I am very independent by nature; staff are better with dependant people.”

Comments made by one service user with regards to the support they receive were discussed with the manager and their HSCT keyworker, and further follow up will take place.

### **Service users’ representatives**

- “Excellent, very very good.”
- “Staff are very supportive and caring.”
- “\*\*\*\*\* (staff member) is super.”
- “\*\*\*\*\* (service user) is very settled, staff look after them well.”
- “Staff keep me informed, I visit every third week.”
- “Absolutely I am very pleased with the service. I have no hesitation in ringing.”
- “We are very happy.”
- “Staff are very respectful of my brother; I have zero complaints.”
- “My brother is settled enormously; the staff support him tremendously.”
- “He knows he has a home now; he previously had trouble settling.”

### **HSCT’ representatives**

- “Excellent manager and team; they are very reliable and communicate well with me.”
- “Staff provide good care, very good. I am completely happy.”
- “Staff manage the service users very well.”
- “I have no concerns or complaints.”
- “I am a CPN (Community Psychiatric Nurse) working in the Community Mental Health Team. In my opinion, Praxis does an excellent job of supporting their clients. Staff have built strong therapeutic relationships with their clients, and try to promote independence.”
- “The service user, whom I see, has commented on a number of occasions that he feels staff are approachable and would have no reservations about speaking to them when he needs help.”
- “In my experience in dealing with Praxis, they have always been very professional and can communicate important information effectively and work well as part of an MDT (multi-disciplinary team).”

No electronic feedback was received.

We would like to thank the registered manager, staff, service users, service user’s relatives and HSCT staff for their support and co-operation throughout the inspection process.

## **7.0 The inspection**

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

## 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 currently registered with NISCC or NMC as appropriate. Information regarding registration details and renewal dates are monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. We noted that there was a system in place for monitoring staff registrations on a monthly basis.

### 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 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 and Covid -19 awareness training. 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, handwashing audits. The service user and relatives 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 were displayed as visual aids to encourage good handwashing techniques.

There were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained.

There was also a system in place to ensure that staff and service users had twice daily temperature checks completed. 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. Enhanced cleaning schedules were in place to minimise the risk of cross contamination. This included the frequently touched points throughout the agency.

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, in line with guidance

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A folder containing Covid-19 information was available for staff and includes 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.

Specific risk assessments had been completed for service users and staff in respect of social engagement in designated areas.

## **Governance and Management Arrangements**

We noted 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 policy and procedures.

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 November and December 2020 and January 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 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 person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. Discussions with a number of service users and their relatives evidenced that staff were effective in their communication with the service users. The majority of service users 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/NMC as appropriate. 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
<b>Total number of areas for improvement</b>	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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