

# Unannounced Care Inspection Report 2 November 2017



## Coleraine and Magherafelt Domiciliary Care Services

Domiciliary Care Agency  
14 Sandy Grove, Sandybrea Estate, Magherafelt  
Tel no: 028 7963 4488  
Inspector: Joanne Faulkner

[www.rqia.org.uk](http://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 Magherafelt. The agency's aim is to provide care and support to meet the individual assessed needs of service users. Under the direction of the registered 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

<b>Registered organisation/registered person:</b> Praxis Care Group Andrew Mayhew	<b>Registered manager:</b> Leanne Mc Ilvenny
<b>Person in charge of the agency at the time of inspection:</b> Assistant Manager	<b>Date manager registered:</b> 26/11/2009

### 4.0 Inspection summary

An unannounced inspection took place on 2 November 2017 from 10.00 to 14.30.

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 staff recruitment, 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, 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 16 October 2016

No further actions were required to be taken following the most recent inspection on 16 October 2016.

## 5.0 How we inspect

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

- Discussion with the assistant 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 assistant manager, a team leader, two service users and two staff members.

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 person in charge 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; no responses were received.

During the inspection the inspector provided questionnaires for completion by users; four service user questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 6 October 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 6 October 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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency.

It was identified that 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 individual staff personnel records; records viewed included details of the recruitment processes and evidence of pre-employment checks completed. Documentation viewed and discussions with HR personnel during the visit

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 was noted to outline 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 following the inspection.

Staff records held at the agency's office were noted to be well organised and containing a range of relevant information.

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; staff are required to complete corporate induction and an induction workbook during their initial induction period.

The agency maintains a record of the induction programme provided to staff; 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.

It was identified from discussions with the person in charge that relief staff are accessed from within the organisation's relief staff team; they described the process for ensuring that any staff provided at short notice have the skills to fulfil the requirements of the job role.

Discussions with the person in charge 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 inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge; however the inspector discussed with the person in charge the need to include details of the location of deputy manager on the rota. Staff and service users who spoke to the inspector felt that there is enough staff to meet the assessed needs of individuals.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. It was noted that the agency provides staff with a supervision contract and maintains a record of staff supervision and appraisal; records viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. Staff stated that supervision is beneficial to their job roles.

The agency maintains a record of staff training electronically; the person in charge could describe the process for identifying training needs and ensuring that required training updates are completed. It was identified that staff are required to complete required mandatory training and in addition a comprehensive range of training specific to the needs of individual service users. Staff stated that they are responsible for ensuring that required training updates are completed and that training needs are discussed at supervision. The agency records compliance levels in relation to training completed; this information is reviewed 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 person in charge 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.

Discussions with the manager and staff demonstrated that they had a good understanding of adult safeguarding matters and the procedure for reporting concerns. The inspector noted that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition a two yearly classroom update. Service users who spoke to the inspector could describe the process for reporting concerns.

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 person in charge indicated that the agency has made no referrals in relation to adult protection since the previous inspection.

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

It was identified that the agency has risk assessments in place relating to agreed restrictive practices in place; the person in charge could describe the process for ensuring that any practices deemed to be restrictive are reviewed and updated regularly.

From care records it was noted that the agency receives a range of information and assessments relating to service users prior to them receiving care and support. Service users could describe how staff support them to be involved in the development of their individualised care and support plans. It was identified that care and support plans are reviewed three monthly or as required; and that service users have an annual review involving their HSCT keyworker. Staff record daily the care and support provided to service users and develop a monthly review report.

The agency's registered premises are located adjacent to a number of the service users' homes and accessed from a separate entrance; the office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

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

### **Comments received during inspection:**

#### **Service users' comments**

- 'I feel safe; always someone there if I need them.'
- 'Staff are good.'
- 'This place was a lifesaver for me.'
- 'I love living here.'
- 'Praxis staff and me get on great.'

**Staff comments**

- ‘Service users are safe.’
- ‘At supervision I can raise issues and they are followed through.’
- ‘This is a sound place; there is a good atmosphere.’

**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, and adult safeguarding.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency’s information data protection policy outlines the procedures for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff personnel records viewed at the organisation’s head office prior to the inspection were retained in an organised manner; records held in the agency’s office were noted to be organised and retained securely. Staff indicated that they had received information relating to record keeping during their induction.

Staff and service users could describe the processes used for developing care and support plans; it was noted that service users are provided with a copy of their care and support plans. 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 for completing monthly quality monitoring visits; it was noted that the process seeks to obtain feedback from service users and relevant stakeholders in relation to the quality of care provided.

Records of monthly quality monitoring visits were viewed and were noted to include a comprehensive action plan; they indicated that the process is effective in identifying areas for improvement. The records included details of the review of accidents, incidents or safeguarding referrals, restrictive practices, 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.

**Comment made by a HSCT representative**

- 'There is good communication between the Community Mental Health Team (CMHT) and Praxis.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the person in charge, staff and service users, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately and respectfully with service users.

Staff who spoke to the inspector were knowledgeable about the individual needs and preferences of service users they indicated that they were continually seeking to support service users to participate in community activities and to support them in developing new skills and interests. One staff member discussed how they had supported service users to form a walking group and described the various opportunities this had provided for service users to develop new skills; they could describe the positive benefits this had for the general health and wellbeing of a number of service users.

The agency facilitates monthly service user and staff meetings. It was identified that a range of standard items are discussed at each meeting, they include recruitment, service user issues, policies and procedures and adult protection; it was noted that minutes are recorded. The inspector noted that the comments made by service users had been recorded in the minutes of the service user meetings. The inspector viewed the agency's documentation relating to compliments received and noted a number of positive comments had been received.

**Compliments received from relatives:**

- 'I am overwhelmed with the support \*\*\*\*\* has received since she arrived.'
- 'Staff look after \*\*\*\*\* well, helping to feed her cats and doing washing.'
- 'I am thankful for the help.'

Staff could describe the systems in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders. The inspector viewed evidence of ongoing engagement between the agency's staff and HSCT representatives.

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

**Comments received during inspection:****Service users' comments**

- 'I am really settled; it was difficult for me at the start to settle.'
- 'Staff listen to me.'
- 'My mother is pleased with me here.'

**Staff comments**

- 'Service users are supported with anything they need help with.'

- ‘This is a small scheme; the service users know each other.’
- ‘I love working here.’

**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 service users, relatives and other relevant stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspector 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 service users, and observations of staff and service user interactions made during the inspection indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation.

Staff could describe the process for effectively supporting service users to make informed choices; service users stated that staff engage them in decisions about the care and support they receive and respect the choices they make. During the inspection the inspector viewed a range of information provided in an alternative format to support service users to be effectively engaged in decisions about their care.

The agency has systems in place to record comments made by service users and were appropriate their representatives. Records of service user care review meetings and reports of quality monitoring visits viewed by the inspector indicated that the agency engages with service users and where appropriate their representatives in relation to the quality of the service provided.

The agency has a range of systems in place to promote effective engagement with service users; they include the agency’s quality monitoring process; annual stakeholder survey; 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.

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

## Comments received during the inspection process.

### Service users' comments

- 'Before I came here I felt no one cared but staff are really good.'
- 'I talk to staff if I am worried.'
- 'I can do anything I want.'

### Staff comments

- 'Service users are encouraged to come to the common area each week.'
- 'We support service users to go out and with shopping, budgeting and cooking.'

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 by a registered manager and assistant manager and a number of team leaders. Staff could describe the process for obtaining support from senior management if required.

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 that those viewed had been reviewed and updated in accordance with timescales for review as outlined within the minimum standards.

The inspector reviewed the agency's procedures in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users; this included the review of risk assessments and care plans for individual service users. Documentation viewed and discussions with 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 and procedure outlines the process for managing complaints; discussions with staff indicated that they had an understanding of the actions required in the event of a complaint being received. It was noted that staff receive training in relation to managing complaints during their induction programme. Service users who spoke to the inspector indicated that they are encouraged to speak to staff in relation to concerns they have and knew who to speak to if they had a complaint.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that complaints received by the agency since the previous inspection had been managed in accordance with the organisational policy and procedures. The inspector identified from records viewed that the agency retains a record of the outcome of the investigation of individual complaints.

It was identified from records viewed and discussions with the person in charge during the inspection that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the continual monitoring of staffing arrangements, 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 Statement of Purpose and service user handbook. Staff had a clear understanding of their job roles and are provided with a job description at the commencement of their employment for the organisation. Staff demonstrated that they had an understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

Staff who met with the inspector stated that the manager and team leaders are supportive and approachable and could describe the process for obtaining additional support if required. Service users were aware of staff roles and knew how to access help and support from staff.

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 appropriate regulatory body; copies of the individual staff member's registration certificates are retained by the agency and in addition a record is maintained by the agency's HR department and which records registration details and expiry dates. The person in charge stated that registration status is discussed with staff at supervision and that staff are alerted when they are due to renew their registration. Discussions with HR personnel and the person in charge 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.

Since the previous care inspection 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.

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

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

**Comments received during inspection.****Staff comments**

- 'This is a good team; communication is good.'
- 'I feel supported in my job; the management are approachable.'

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