

Inspection Report

27 July 2021



Coleraine and Magherafelt Domiciliary Care Services

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Mrs Leanne McIvenny
Responsible Individual: Mr Greer Wilson, registration pending	Date registered: 26 November 2009
Person in charge at the time of inspection: Mrs Leanne McIvenny	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency supported living type located across Coleraine and Magherafelt areas. 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. The service users care and support is commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

A remote inspection took place on 27 July 2021 between 10:00 am and 13:00 pm.

The last care inspection of the agency was undertaken on 30 December 2019. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with four staff during the inspection; comments received are detailed below. Following the inspection we spoke with two service users. In addition, we spoke with the relative of one service user; they stated that they were very happy with the care and support provided to their son. The said that staff supported their son well.

Staff comments:

- "I can raise issues."
- "Training is good."
- "Covid has been difficult for us as a team; we are adapting to meet the needs of the service users."
- "I love my job; I think we do a good job."
- "Managers are approachable and will address issues raised."
- "Risk assessments are completed to ensure service users safety."
- "New ways of working during Covid. We have used new ways to enhance communication with service users to prevent isolation."

Service users' comments:

- "I am happy enough. The staff support me twice a week and we are going for a walk today."
- "If I am worried or not happy I ring the office or I speak to my mum."
- "All okay; the staff are very good."
- "I recently got the internet and the staff helped me with getting it and setting it up."
- "There is nothing that I am not happy with at the minute; I ring the office if I need anything."
- "They give me a lot of support."

There were 10 responses to the electronic survey; the respondents indicated that they were generally satisfied with the care and support provided. Comments included:

- “I feel service users may benefit from an increase in face to face support, taking account and being mindful of Covid19 and any anxieties staff and service users may have.”
- “I have been a resident for some years and am really happy with my flat, family and friends.”
- “I feel that service users and staff are very well protected and listened to.”

A small number of comments received with regards to the staff working arrangements during the pandemic and the process of raising issues within the agency were discussed with the deputy manager for follow up with the staff team. A response will be provided to RQIA.

No questionnaires were returned.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 December 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 Stated: First time To be completed by: 31 March 2020	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.	Met
	The annual quality report should be submitted to RQIA, when complete Ref: 6.6	
	Action taken as confirmed during the inspection: The annual quality report was submitted to RQAI and reviewed.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of

Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals made to HSC Trust adult safeguarding teams since the last inspection had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns. Staff described how they have support service users with regard to restrictions imposed due to Covid-19.

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.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. It was identified that staff will complete an annual update of the training. Staff spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. The manager and staff described that challenges presented by Covid-19 restriction and the impact that this had on the service users.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family and friends.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives as appropriate.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, NISCC registration and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that there is an investigation currently ongoing with regards to a Serious Adverse Incident (SAI).

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and

social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There is currently one service user who has been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made; however staff are not required to support them with nutritional needs.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.



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