

# Announced Care Inspection Report 14 March 2019



## Coleraine and Magherafelt Domiciliary Care Services

**Type of Service: Domiciliary Care Agency**

**Address: 14 Sandy Grove, Sandybrea Estate, Magherafelt, BT45 6PU**

**Tel No: 02879634488**

**Inspector: Joanne Faulkner**

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 domiciliary care agency supported living type 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>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual(s):</b> Andrew James Mayhew	<b>Registered Manager:</b> Leanne McIlvenny
<b>Person in charge at the time of inspection:</b> Leanne McIlvenny	<b>Date manager registered:</b> 26/11/2009

### 4.0 Inspection summary

An announced inspection took place on 14 March 2019 from 10.00 to 16.00.

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:

- Engagement with service users and relevant stakeholders;
- Staff induction;
- Staff supervision and appraisal;
- Staff training;
- Quality monitoring systems;
- Provision of care in a person centred manner.

No areas for improvement were identified during the inspection.

The comments of service users have been 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.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

### 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 2 November 2017**

No further actions were required to be taken following the most recent inspection on 2 November 2017.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

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

- Discussion with the manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

During the inspection the inspector met with the manager, two service users and two staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Minutes of staff meetings
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies viewed prior to the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; two questionnaires were returned to RQIA. Responses received indicated that the respondents were satisfied that care provided was safe, effective and compassionate and that the service was well led.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the manager display a 'Have we missed you' card within the premises; no responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

Information provided anonymously to RQIA during the inspection process in relation to staffing arrangements and training was discussed with the manager. The inspector viewed evidence that indicated that staff were trained appropriately to meet the individual assessed needs of the service users and that there were adequate staff to meet the needs of service users.

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 2 November 2017**

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 2 November 2017**

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; it included a review of staffing arrangements within the agency.

The organisation's Human Resources (HR) department co-ordinates the recruitment process which includes input from the manager. It was noted that confirmation is received by the manager confirming that all pre-employment checks have been satisfactorily completed for any new staff. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

The inspector viewed a statement by the Assistant Director of the HR department verifying that staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3.

The agency's induction policy details the induction programme provided; it is in excess of the three day timescale as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction during the first two weeks of employment and in addition to shadow other staff employed by the agency. Staff are required to complete an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers. The expectation is that staff complete the organisation's full induction programme within the initial six months of employment.

Records of staff induction retained by the agency were viewed; they included details of the information provided to staff during their induction period. Staff could describe the details of the induction provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the roles and appropriate induction. It was identified that staff provided at short notice are employed by the organisation.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users.

The agency's staff rota information was presented in an organised format and reflected staffing levels as described by the manager. The inspector discussed with the manager the need to consistently record the full name of any relief staff provided; assurances were provided that this would be actioned immediately. The manager and staff stated that they currently had enough staff to meet the needs of the service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. Staff are provided with a supervision contract; the agency retains a record of staff supervision and appraisal. Records reviewed indicated that staff had received supervision and appraisal in accordance with the agency's policies. It was noted that individual staff training and development plans are completed as part of the agency's annual appraisal process.

The agency has an electronic system for recording training completed by staff; records viewed indicated that training compliance was 95%. The manager could provide clear explanation as to the reasons for outstanding training updates such as staff absence. The manager and staff could describe the process for identifying and ensuring that training updates are completed as required. Staff are required to complete training in a range of mandatory areas and training specific to the individual needs of service users. Staff indicated that their training was good and that it had equipped them with the knowledge and skills for their job roles. It was noted that team leaders are required to complete competency assessments in a range of areas relevant to their job roles and the needs of service users.

The agency has a process for managing staff registration status with NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that they monitor the registration status of staff on a monthly basis and at staff supervision meetings. It was noted that registration details of staff are retained in the training matrix information and in individual staff records. The manager stated that staff would not be supplied for work if they are not appropriately registered. Staff were aware of the importance of ensuring that they remain appropriately registered. Records viewed indicated that staff were registered appropriately.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. 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 outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); the policy outlines their role and key areas of responsibility.

The manager and staff had a good understanding of the process for reporting adult safeguarding concerns. Training records viewed provided evidence that all staff had received safeguarding adults training. It was noted that staff are required to complete classroom based safeguarding training during their induction programme and two yearly updates thereafter.

Service users who spoke to the inspector could describe how to raise concerns in relation to their safety or the care and support they received. The manager stated that service users had been provided with information in relation to adult protection.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the manager and records viewed evidenced that the agency has an effective process for recording details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that the



agency had acted in accordance with their policy and procedures in relation to adult safeguarding matters identified since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in a monthly review of their care and support and in annual reviews involving their HSCT keyworker. The inspector viewed a range of comprehensive risk assessments in place relating to individual service users.

It was identified in discussions with the manager that care plans are not routinely provided in the service user's home; the manager stated that staff have knowledge of the care and support to be provided and that all information relating to the service user is retained in the agency office, which staff can access whilst on duty. A record of the care and support provided to individual service users is retained in the agency office. The manager stated that a number of service users do not wish to have copies of their care plans in their homes. The inspector discussed with the manager the need to ensure that a record is maintained identifying clearly those service users who have refused to have copies of their care plans in their homes and to assure themselves that staff have all necessary information available to them whilst providing care and support to service users. Following the inspection the manager provided evidence that records that service users had been given the opportunity to receive a copy of their care and support plan.

The organisation requires that a restrictive practice register and risk assessments are in place for practices deemed to be restrictive; the manager stated that there are currently no practices deemed to be restrictive in place.

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

## **Comments received during inspection.**

### **Service users' comments**

- 'I am very happy; staff help with housework.'
- 'Staff are good.'
- 'I have a keyworker; they are good.'
- 'I live in a flat and I like my independence, but staff are always here for me.'
- 'Staff are helpful; they support me to sort things out.'
- 'I meet my keyworker three monthly; that's my choice.'
- 'Out of hours I just ring the numbers for staff.'

### **Staff comments**

- 'I enjoy it here.'
- 'I love my job; every day is different.'
- 'Training is good.'
- 'We help service users stay safe.'



## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, appraisal, training and adult protection processes.

## 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 inspector reviewed the agency's arrangements for responding to, assessing and appropriately meeting the 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 Guide.

The agency's Information Governance, Records Management and Retention and Disposal policies outline the procedures for the creation, storage, retention and disposal of records. It was noted that the organisation's policies had been updated to include information in accordance with General Data Protection Regulation (GDPR) legislation. Agency staff had received training relating to record keeping and confidentiality during their induction programme and had recently completed GDPR training online.

Records viewed during the inspection were noted to be retained securely and in an organised manner in accordance with legislation, standards and the organisational policy.

Service users stated that staff supported them to contribute to their individual risk assessment and care planning processes. Staff record daily the care and support provided; care and support provided is reviewed on a monthly or quarterly basis in conjunction with service users.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users. It includes monthly monitoring visits by the Head of Service to review the quality of the service a report is developed.

Quality monitoring reports viewed indicated that the process is effective in identifying areas for improvement and an action plan is developed. Reports were noted to include comments from service users, staff, HSCT representatives and where appropriate service user representatives. The reports provide details of the review of the previous action plan, review of complaints, accidents, and incidents; including those reportable to RQIA. In addition safeguarding matters; staffing arrangements, training, care records, medication and financial management arrangements are monitored as part of the process. It was

positive to note that the organisation's research department reviews the information to identify trends.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively and respectfully with service users.

The agency's Service User Handbook includes details of service users' right to fair treatment and information relating to equality, human rights and advocacy services that service users can access if required.

The manager could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates regular staff meetings; service user meetings are facilitated monthly. From records of minutes viewed it was identified that a range of standard items are discussed at the meetings such as personal safety, complaints, record keeping, staffing arrangements, environmental issues incidents/accidents, GDPR legislation; NISCC registration and key policies and procedures. Records of service user meetings were noted to include details of decisions/choices made by service users.

### **Comments received during inspection.**

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

- 'I go out most days to Mindwise, I enjoy it; it is good to get out.'
- 'I speak to the staff if I am worried.'
- 'I can call to the office when I want.'

#### **Staff comments**

- 'We make some meals here with service users during the week; service users enjoy coming in to meet together.'

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's monitoring arrangements and engagement with service users and other relevant stakeholders.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff receive information relating to confidentiality and equality during their initial induction. Discussions with service users and staff, documentation viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed by the inspector were noted to be comprehensive and contained information in relation to their individual needs, choices and preferences.

Discussions with the manager, staff and service users and observations made during the inspection indicated that care and support is provided in an individualised manner. Staff discussed a range of methods used for effectively supporting service users in making informed choices. Service users could describe how staff involve them in discussions relating to their care, support and daily routines. One service user could describe the value of one to one meetings with their keyworker; they stated that they can make choices regarding all aspects of their care and support.

The inspector discussed with the manager arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst recognising and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. A staff member described how their training has equipped them with knowledge and skills to engage with a diverse range of service users.

The agency has an equality policy; the Statement of Purpose and Service User Handbook contains information relating to equality legislation. Discussions with the manager and a service user highlighted evidence that supports equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user engagement in decisions relating to their care
- Service user choice
- Individualised risk assessment processes
- Equity of provision of care and support
- Provision of care in an individualised manner.

Discussions with the manager and staff, and documentation viewed during the inspection evidenced that the agency has processes for recording comments made by service users and where appropriate their representatives. Records of service user meetings, care

review meetings, keyworker meetings and reports of quality monitoring visits included evidence of engagement with service users and where appropriate relevant stakeholders.

During the inspection it was noted that service users call into the office to speak with staff or to attend group activities. One service users could describe the benefits of attending the group activities organised each week and valued the opportunity to meet with other service users.

Engagement with service users and their representatives are also maintained through the agency's complaints process, review meetings and keyworker meetings. The agency's monthly quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Discussions with staff and service users indicated that service users are encouraged to make choices regarding their daily routines and activities.

### **Comments received during inspection.**

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

- 'I can ask staff if I am worried about anything.'
- 'Get on well with everyone; like coming here to the activities and for a chat.'
- 'Anything I need I just knock the door.'
- 'Sometimes when staff come to help me tidy my flat I chose just to go out for coffee.'

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and the effective engagement with service users and where appropriate other relevant stakeholders.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 inspector reviewed management and governance systems in place within the agency to meet the individual assessed needs of service users.

The agency is managed on a day to day basis by the assistant manager, and a number of team leaders under the direction of the manager. Staff stated that the managers are approachable and could describe the process for obtaining support including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained electronically. Staff can access the policies in the office.

The agency's complaints and compliments policy outlines the processes for managing complaints received. The manager stated that staff receive complaints awareness training during their induction programme; staff who spoke to the inspector had a clear understanding of the actions to be taken in the event of a complaint being received. Service users could describe the process for raising concerns or making a complaint.

It was noted that a record of complaints received is retained and that the outcomes are clearly recorded. It was identified from records viewed that a complaint received since the previous inspection had been managed in accordance with the agency's policy. It was identified that complaints are audited as part of the agency's quality monitoring process. It was positive to note that the agency had received a number of compliments in relation to the care and support provided.

## **Compliments received by the agency**

### **Service User comments**

- 'Thanks to staff support in reference to my driving theory.'
- 'Staff \*\*\*\*\*, nice personality.'
- 'Overwhelmed with the support since moving to Praxis accommodation.'
- 'Staff looked after me well, helping to feed cats and doing washing.'

The agency has in place management and governance systems to monitor and improve the quality of the service; this includes the monthly quality monitoring process. There are systems in place for auditing and reviewing information with the aim of improving safety and improving the quality of care provided. Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk.

The systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, safeguarding referrals and incidents including those notifiable to RQIA.

There was evidence of ongoing collaborative working with relevant stakeholders, including HSCCT representatives. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal.

The agency maintains an electronic record of accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. It was positive to note that the organisation's Head of Operations reviews all incidents monthly and in addition they are reviewed as part of the agency's monthly quality monitoring process.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Staff had an understanding of the responsibilities of their job roles.

On the date of inspection the RQIA certificate was noted to be displayed appropriately.

Since the previous inspection the registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

### **Comments received during inspection.**

#### **Service user comments**

- ‘I can speak to any staff or [the assistant manager] if I have any concerns to report.’

#### **Staff comments**

- ‘I feel supported.’

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process, the provision of policies and procedures and the management of complaints and incidents.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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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