

# Unannounced Care Inspection Report 30 December 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: Aveen Donnelly**

[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 domiciliary care agency supported living type located across Coleraine and 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.

The service users care and support is commissioned by the Northern Health and Social Care Trust (NHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group	<b>Registered Manager:</b> Mrs Leanne Mclvenny
<b>Responsible Individual:</b> Mr Andrew James Mayhew	
<b>Person in charge at the time of inspection:</b> Mrs Leanne Mclvenny	<b>Date manager registered:</b> 26 November 2009

### 4.0 Inspection summary

An unannounced inspection took place on 30 December 2019 from 09.30 to 15.15 hours.

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.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There was a culture within the service which focused on maintaining good working relationships.

An area for improvement was made in relation to the annual quality report.

Those consulted with said they were very happy with the care and support provided by the agency.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Leanne McIvenny, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 14 March 2019

No further actions were required to be taken following the most recent inspection on 14 March 2019.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. One staff member responded. The analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the service users and their representatives; three were returned and analysis of these is included within the report.

During the inspection, the inspector spoke with two staff members and one service user. Following the inspection, the inspector spoke to one relative, by telephone on 31 December 2019. Comments received are reflected within the body of the report.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 14 March 2019

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

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's staff recruitment processes were noted to be managed by the organisation's human resources department (HR). The manager advised that they receive confirmation from HR indicating that the required pre-employment checks have been satisfactorily completed and verified before staff commence employment. However, the review of two personnel records identified that the declaration of physical and mental health fitness was not consistently in place. Following the inspection, the record pertaining to one identified staff member was submitted to RQIA by email on 07 January 2020. The inspector was satisfied that this was in place and assured by this response that this would continue in line with regulations.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. Staff inductions were noted to be reviewed as part of the quality monitoring visits. The review of training records confirmed that induction had been provided in keeping with the agency's policy and procedure on staff induction. However, the completed induction records were not available for review. This was discussed with the manager, who advised that a system will be put in place to ensure the timely return of completed workbooks. This will be followed up at future inspection.

There was a rolling programme of supervision, appraisals and training and these areas were routinely monitored as part of the monthly quality monitoring processes.

It was good to note that additional training had been provided to staff in areas such as Knowledge and Understanding Framework (KUF), positive behaviour support, restrictive practices, human rights, confidentiality and data protection. Bespoke training had also been provided in relation to specific service user need. In addition the staff had the opportunity to attend a KUF café, which provided refresher training in an informal setting. Staff spoken with spoke highly of the quality of the training provided.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised by the manager that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

It was good to note that a safeguarding flow chart was displayed for staff to refer to. The review of records confirmed that any potential safeguarding incidents had been referred appropriately. Staff spoken with were knowledgeable in relation to their responsibilities to report any concerns they may have. Any safeguarding issues were reviewed as part of the monthly quality monitoring processes, to ensure any follow up action was taken. The annual position report had been completed. Advice was given in relation to the report needing to be service-specific. This will be reviewed at the next inspection.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. A Crime Prevention Officer had recently met with the service users, to advise them on how to stay safe. Information on being aware of scams was also discussed at staff meetings and service users' meetings. Fire evacuation procedures had also been discussed with the service users during a recent meeting.

The manager advised the inspector that there were no restrictive practices in place. The external use of closed circuit television was discussed with the manager, who agreed to amend the statement of purpose to include its use. Following the inspection, the updated statement of purpose was submitted to RQIA by email on 06 January 2020 and confirmed as satisfactory.

The manager advised that staff had completed level two training in respect of the Deprivation of Liberty Safeguards (DOLs). Discussion with one staff member confirmed that they were knowledgeable in this regard. The manager advised the inspector that they had applied the 'acid test' criteria in determining that none of the service users were being deprived of their liberty. It was good to note that the person undertaking the monitoring visits, questioned the staffs knowledge of safeguarding and DOLs, by giving them a scenario to consider. This provides assurance that the learning from the training has been embedded into practice. This is good practice and is commended.

Advice was given to the manager in relation to the Deprivation of Liberty Safeguards Code of Practice which focuses on how the provisions relating to money and valuables and research work.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff development, adult safeguarding and risk management.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The care records evidenced referral information and risk assessments and were noted to be comprehensive. The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service users' rights to privacy, dignity, expressing views, consent and autonomy.

The review of the service user agreement identified that the service users' rights to information, confidentiality and the right to fair treatment and to be safeguarded from abuse were included. Consent had been obtained from service users in relation to sharing information which pertained to them. Consent had also been obtained for staff to hold the keys of the service users' homes.

The review of the daily notes identified that staff were recording appropriately. Service users were encouraged to record their own social activities, as appropriate. It was good to note that awareness therapy had been provided to an identified service user. This was aimed at increasing self-confidence and reducing anxiety levels.

The agency undertook service users' care reviews on an annual basis. Records were retained of the dates reviews took place. The care plans were reviewed with each service user on a monthly basis; however, the service users had the option of having the reviews less frequently, if they so wished. Service users' signatures were present in the records reviewed to confirm this.

Review of service user care records evidenced that collaborative working arrangements were in place with service users and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had monthly quality monitoring systems in place which included consultation with a range of service users, staff and where appropriate HSC Trust representatives.

#### Areas of good practice

The care records were well maintained and there was evidence that the agency engaged well with the service users.

#### 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 compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The organisational values were displayed in the agency's office. These focused on the importance of promoting independence and promising integrity in the way they supported the service users. These values are underpinned by a respect for the service users' human rights, ensuring that privacy and dignity are upheld and that confidentiality is respected. It was also good to note that the staff acknowledged their role in protecting service users, by ensuring that risk is managed, whilst also encouraging positive risk taking. Staff spoken with gave the inspector examples of how they upheld these values. The review of the staff meeting minutes identified that plans were in place to discuss GDPR with the service users.

Information leaflets on human rights and Citizens Advice were displayed in the communal area for service users to access.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. No complaints had been received in relation to inequality issues. Training was planned for staff in relation to equality and diversity.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- equity of care and support
- individualised person-centred care.

A number of documents were also available in easy read format. This included information on how to make a complaint.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders. It was good to note that the annual service user satisfaction survey, specifically asked service users if they felt that:

- the staff had been caring and helpful,
- they had been involved in the development of their care and support plan
- they were able to maintain contact with their family and friends
- risks pertaining to themselves were managed appropriately
- they knew how to make a complaint
- their lives had improved as a result of the care and support provided.



Service users had been encouraged to become involved in a research project relating to the impact of physical activity on mental wellbeing.

Participation in activities in the local and wider community were encouraged, with appropriate staff support; it was good to note that the service users were involved in planning the activities they wished to partake in. Recent activities the service users enjoyed included mindfulness activities, creative writing and a number of Christmas festivities. Service users were also encouraged to become involved in planning how they were going to develop an allotment.

All those consulted with spoke positively in relation to the care and support provided. Comments are detailed below:

### **Staff**

- “I have no concerns.”
- “The training provided is one of the best, very thorough.”

Staff spoken with gave the inspector examples of how building confidence skills led to positive outcomes for service users. This is good practice and is commended.

### **Service user**

- “They are very good to me, absolutely great.”

### **Service users’ representative**

- “I am happy enough, if (service user’s name) is happy, then I am happy.”

One staff member responded to the electronic survey, indicating that they felt ‘satisfied’ that the care provided was safe, effective and compassionate; and that the service was well-led. Written comment was received in relation to a particular challenge this staff member felt was affecting the staffs’ morale. Given that there was no evidence of impact on the service users’ needs not being met, this matter was relayed to the manager, for review and action, as appropriate.

The returned questionnaires indicated that that felt either ‘satisfied’ or ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. Written comments are detailed below:

- “I do not feel that I am consulted in anything to do with my care. I am not told about my care plans, the staff do not keep me informed about my care and my views are not sought about my care.”

This response was contrary to the inspection findings, as detailed in section 6.4. Another service user also relayed a specific concern to the inspector. Both matters were relayed to the manager for review and action, as appropriate.

## Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided.

## 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 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.**

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of an assistant manager, four team leaders and a team of support workers. The agency's staffing arrangements were discussed and the manager advised that there had been no complaints received regarding staffing shortages. No concerns were raised with the inspector in relation to service users' needs were not being met.

There was a procedure in place for managing complaints, to ensure that they would be managed appropriately and in accordance with legislation, standards and the agency's own policies. The review of the complaints records confirmed that any complaints received had been managed appropriately. Those consulted with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC) or with the Nursing and Midwifery Council (NMC). There was a system in place to monitor registration and renewal dates; the inspector noted that oversight of this was included in the monthly quality monitoring template. This provided assurance that this would be monitored on an ongoing basis.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and an action plan was generated to address any identified areas for improvement. Advice was given in relation to the need for the quality monitoring visits to have more input from stakeholders; this related specifically to the input from service users' representatives and healthcare professionals. The manager agreed to address this.

Auditing processes were discussed with the manager who advised the inspector that formal auditing tools were in the process of being developed. These will enhance the manager's oversight of the care records and staff files.

The review of the records of notifiable events reported to RQIA since the last care inspection identified that they had been reported appropriately.

Although there was a process in place for engaging with and responding to the comments of service users, the inspector was advised that the staff and trust representatives had not been included in the annual quality review process. An area for improvement has been made in this regard.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

### Areas of good practice

There was a culture within the service which focused on maintaining good working relationships.

### Areas for improvement

An area for improvement was made in relation to the monthly quality monitoring processes and the annual quality report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leanne McIvenny, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2020</p>	<p>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.</p> <p><b>The annual quality report should be submitted to RQIA, when complete</b></p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The annual evaluation has been re-drafted for period 2018-2019, to include input from key stakeholders. Moving forward the service will ensure that key stakeholders are involved within the process, through a variety of mediums. The organisation are in the process of drafting a template to ensure all necessary elements are covered, this will be in place from March 2020.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)