

# Inspection Report

**Name of Service:** Coleraine and Magherafelt Supported Living Services

**Provider:** Praxis Care

**Date of Inspection:** 09 December 2024

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Praxis Care
<b>Responsible Individual/Responsible Person</b>	Mr Greer Wilson
<b>Registered Manager:</b>	Mrs Leanne McIlvenny
<b>Service Profile:</b> 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). At the time of the inspection there were 13 individuals in receipt of a service.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 09 December 2024 between 10.35 a.m. and 4.10p.m. by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also examined.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

One area for improvement was identified in relation to staff training.

## 3.0 The inspection

### 3.1 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 against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this service. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

### 3.2 What people told us about the service and their quality of life

Throughout the inspection process inspectors will seek the views of those living, working and visiting the service, and examine a sample of records to evidence how it is performing in relation to the regulations and standards.

We spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working within Coleraine and Magherafelt Supported Living Service. The information provided indicated that there were no concerns in relation to the service.

#### Service users' comments:

- "I get good support. I can ask them for anything and they will help if they can. I sometimes go to the meetings as well and might go to the next one. I have no complaints at all."
- "I am happy enough. I get support twice a week - they help with house work, groceries and going out for walks – I am happy and have been with them 13 years. There's nothing they could do better."

#### Relatives' comments:

- "My relative is very content, staff are lovely, they are there at the end of the phone – they have support when needed so all is very good and he is very happy – and I am very happy."
- "I have no complaints at all – my relative has all her care needs covered. She loves talking and the visits really are important – it helps take the pressure. Praxi were very good and very helpful and anything they could do they were lovely. I can phone to ask staff to check in and that really helps me."

#### Staff comments:

- "It's really, really good. I enjoy the work I do, I get really good support, managers listened to me when I experienced an incident and they were very helpful after. The training is

good and interesting. I feel very comfortable and could go to them no problem with any concerns.”

### **HSC Staff comments:**

- “I have always found the communication between our services to be excellent. The staff at Praxis are very good at ensuring that all information is communicated in a timely fashion and raising concerns such as Adult Safeguarding concerns. They follow the correct processes to ensure that Service Users are safe and protected.”

There were no responses to the electronic survey.

Two service users completed the service user questionnaire. Both respondents indicated that they were ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led.

### **3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 3 May 2023 by a care inspector. No areas for improvement were identified.

### **3.4 Inspection findings**

#### **3.4.1 Adult Safeguarding**

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency

had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

### **3.4.2 Mental Capacity and Restrictive Practice**

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles, however, several staff required refresher training (see section 3.4.4 below). The manager reported that none of the service users were subject to DoLS.

### **3.4.3 Staff Recruitment and Induction**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The service had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that there are a number of volunteers working within the service, however they did not undertake any personal care duties and AccessNI checks had been completed.

### **3.4.4 Staff Training**

Staff were provided with training appropriate to the requirements of their role, however a review of training records identified that training had lapsed for staff in respect of DoLS, dysphagia and manual handling training. The registered manager has since confirmed that all staff currently working within the service have updated their DoLS and manual handling training and that

arrangements have been made to update all Dyphagia/swallowing awareness training. The need to monitor the training records regularly to ensure that all staff with outstanding training needs were identified in a timely manner and suitable training provided has been identified as an area for improvement.

The registered manager advised that no service users required their oral medicine to be administered with a syringe. They were aware that should this be required, a competency assessment would be completed before staff undertook this task.

### **3.4.5 Care Records and Service User Input**

From reviewing service users' care records it was good to note that service users had an input into devising their own plan of care which contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included how to avoid being scammed, celebrating successes and achievements and planning for activities such as music events and going for tea/coffee.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Care records identified that moving and handling risk assessments and care plans were up to date and there were no service users that required the use of specialised equipment to assist them with moving.

There were no service users who required their food and fluids to be of a specific consistency.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

### **3.4.6 Governance and Managerial Oversight**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately. Current certificates of public and employers' liability insurance were also satisfactory.

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

In the event that staff are unable to gain access to a service users home, there is a procedure that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

#### 4.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with the Regulations.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

An area for improvement and details of the Quality Improvement Plan were discussed with Ms Leanne McIlvenny, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agency Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This relates to the need to ensure staff training is kept up to date and under regular review.</p> <p>Ref: 3.4.3</p> <p><b>Response by registered person detailing the actions taken:</b> All core staff have completed the relevant training for their role, with the exception of two relief staff members these will be completed by 10/03/25 . Communication has been shared with all staff stressing the importance of maintaining training up to date at all times, in line with individual responsibility, this will be a standing item in supervision and team meetings to ensure compliance is maintained. Manager to undertake a weekly check of training grid and take necessary action to address non compliance.</p>
--	--

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





The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews