



The **Regulation** and
Quality Improvement
Authority

Praxis Care Group
RQIA ID: 11050
14 Sandy Grove
Sandybrea Estate
Magherafelt

Inspector: Jim McBride
Inspection ID: IN023564

Tel: 028 7963 4488
Email: leannemcilvenny@praxiscare.org.uk

**Announced Care Inspection
of
Praxis Care Group

9 October 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 9 October 2015 from 09.30 to 12.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report. Overall on the day of inspection the staffing arrangements and service user involvement was found to be safe, effective and compassionate. The outcome of this inspection found no areas of concern. A quality improvement plan (QIP) was not included in this report.

2. Service Details

Registered Organisation/Registered Person: Irene Sloan	Registered Manager: Leanne Mc Ivenny
Person in charge of the agency at the time of Inspection: Leanne Mc Ivenny	Date Manager Registered: 26/11/2009
Number of service users in receipt of a service on the day of Inspection: 16	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan (QIP)
- Incident records
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with the registered manager and one staff member. One service user visited the inspector at the registered office. Other service users were in their own homes within the local community.

The following records were examined during the inspection:

- Six care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for April, May, June, July, August and September 2015
- Staff meeting minutes for April, May, June, July, August and September 2015
- Service users meetings for May, June, July, August and September 2015
- Staff training records:
 - Vulnerable adults*
 - Complaints*
 - Human rights*
 - Supervision for supervisors*
- Records relating to staff supervision
- Complaints records
- Recruitment policy. The policy was updated by Praxis Care on the 6 November 2014
- Records relating to recruitment process
- Induction procedure
- Records of induction
- Staff rota information.

During the inspection questionnaires were completed by three staff. At the request of the inspector the manager was asked to distribute seven questionnaires to staff for return to RQIA. Five questionnaires were returned.

These indicated that the staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner
- Service users receive care and support from staff that are familiar with their needs
- You will be taken seriously if you were to raise a concern?

Staffs written comments:

- “All service users are involved in their care.”
 “I believe that the current induction prepares staff for their role.”
 “My views will always be listened to.”
 “Praxis care is very accommodating to service users.”
 “We as a team pride ourselves in our care and support.”
 “Dignity and respect are at the forefront of our care and support.”
 “We focus on developing service users’ personal strengths.”

At the request of the inspector the manager was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. Seven questionnaires were returned to the RQIA.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here.

5. The Inspection

Praxis Care Group Magherafelt is a domiciliary care agency and part of the Praxis Care Group. It is situated in the Sandy Brea Estate, Magherafelt where the agency provides service to adults with enduring mental health problems within their own homes in the community.

The agency works in conjunction with NIHE’s Supported Living Programme and the Northern HSC Trust. Referrals to this service are made through the Community Mental Health Team. The staff provide practical, social and emotional support to service users, while promoting greater independence and self-reliance. Service users are encouraged to achieve their optimum level of independence through receiving practical help and support in dealing with everyday situations.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 30 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2) (C)	It is required that each tenant should have in place an agreement in an accessible format, specifying the number of support hours available to them individually.	Met
	Action taken as confirmed during the inspection: The documentation in place was satisfactory. Each service user's agreement state the number of hours available to them.	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by the staff member interviewed and in staff questionnaires. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure for verifying the identity of all staff prior to their supply, and the registered manager assured the inspector that no staff are supplied unless this procedure is followed. The agency do not use any outside agency staff, however a procedure is in place for emergency induction arrangements if required.

The agency has a policy and procedure in place outlining staff supervision and appraisal which details the frequency of both. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

Is Care Effective?

Discussions with the registered manager indicated that an appropriate number of skilled and experienced persons are available at all times.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

One staff member who took part in the inspection described the induction as effective in preparing new staff for their role. One other staff member commented on the current induction in their questionnaire.

The agency's process of evaluating the effectiveness of staff induction was seen within records reviewed by the inspector.

Discussion with the manager and examination of training records evidenced that the agency has a process in place to identify and respond to training needs. The agency provides a range of training outside of mandatory training. Training this year included:

- *The recovery model*
- *Addiction issues*
- *Personality disorder*

The registered manager described a process of re-evaluating and improving training to suit the needs of staff and service users.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. The manager described how the agency discusses staffing arrangements with service users. The registered manager stated that staffing arrangements affecting individual service users is discussed with them one to one as required.

Discussions with the manager indicated that service users are prepared in advance of significant staff changes where possible. The Manager was aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

One staff member described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Staff comments:

"The induction is excellent."

"Training and supervision does help in your role."

"The manager has an open door policy."

Service users' comments:

"The continuity of staff is excellent."

"Staff are great."

"I have no concerns or complaints."

"Staff treat me well and support all my needs."

"Staff respect me, my opinion and views."

"This is a brilliant service."

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector saw records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service users and their views. This process results in individualised care and support plans seen by the inspector.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments, care plans.

Is Care Effective?

Records of reviews evidenced that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required.

Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. The manager described how care and support plans are written along with the service user and presented evidence of this.

Feedback from monthly monitoring reports presented examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

Service users have been provided with information relating to human rights in a suitable format.

It was noted by the inspector that individual care and support plans place importance on the human rights of individuals. Care and support plans are written and reviewed under the following subdivisions:

- *Improved Health*
- *Improved quality of life*
- *Making a positive contribution*
- *Choice and control*
- *Freedom from discrimination and harassment*
- *Emotional wellbeing*
- *Personal dignity*

Is Care Compassionate?

Feedback from one staff member and the registered manager evidenced that service users receive care in an individualised manner. Care plans and agency records were written in a

person centred manner. This was verified by a service user who stated: " *My care plan is for me to help and support my goals.*"

Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery. The manager discussed examples of responding to service users' preferences.

Promotion of values such as dignity, choice and respect were evident through discussion with one staff member and one service user. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues.

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

5.5 Additional Areas Examined

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

Complaints/Compliments

Records of complaints from 1 January 2014-31 March 2015 were examined. There were three complaints within the time period specified and all were resolved satisfactorily.

The inspector noted the positive comments made by service users during the annual review of the quality of service provision, completed by the agency.

Service users identified their satisfaction in relation to:

- *Praxis staff*
- *Changes within the scheme*
- *The local community*
- *Individual support plans*
- *Safety and security*
- *Individual goals*

The inspector noted the work completed in the garden area of the service, in which the NIHE, Praxis and the service users have created a fine space for relaxing and growing vegetables and flowers. The manager stated that the vegetables were being used by the service users in group meals when required. The inspector noted a number of comprehensive activities that service users are involved in e.g.:

- *Gardening*
- *Walking*
- *Bowling*
- *Movie nights*
- *Meals out*
- *Football*

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	L McIlvenny	Date Completed	21.10.15
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	30.10.15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	2/11/15
Please provide any additional comments or observations you may wish to make below:			

*Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address**