

# Unannounced Care Inspection Report 30 August 2017



## Praxis Care Foyle Projects

**Type of Service: Day Care Setting**  
**Address: Richmond Hall, Eden Terrace, Derry, BT48 0DH**  
**Tel No: 02871373400**  
**Inspector: Dermott Knox**

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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 Day Care Setting with 35 places for adults who a learning disability. Some service users also have a physical disability.

**3.0 Service details**

<p><b>Organisation/Registered Provider:</b> Praxis Care Group</p>	<p><b>Registered Manager:</b> Ms Tracey Marshall</p>
<p><b>Responsible Individual(s):</b> Mr Andrew James Mayhew</p>	

<b>Person in charge at the time of inspection:</b> Ms Tracey Marshall	<b>Date manager registered:</b> 12 September 2013
<b>Number of registered places:</b> 35 - DCS-LD	

#### 4.0 Inspection summary

An unannounced inspection took place on 30 August 2017 from 10.30 to 16.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, assessment and care planning, involvement of service users in decision making, staff development and supervision, quality assurance methods and practice and overall management of the service.

No areas were identified that required improvement to comply with regulations or to meet minimum standards. The findings of this report will provide the day centre with the necessary information to assist them to enhance practice and service users' experience.

#### 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 Tracey Marshall, Registered Manager and Louise Lyons, Team Leader, 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 taken following the most recent care inspection dated 06 October 2016.

No further actions were required to be taken following the most recent inspection on 06 October 2016.

## 5.0 How we inspect

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

- Record of notifications of significant events
- Record of complaints
- Report of the previous inspection on 06 October 2016
- The RQIA duty log of contacts with or regarding Praxis Foyle Day Care Service.

During the inspection the inspector met with:

- Nine service users
- Three staff in individual discussions
- The manager, at the beginning and at the conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Ten completed questionnaires were returned to the inspector by 12 September 2017, five from service users, three from staff members and two from relatives of service users.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports
- Progress records for three service users
- Monitoring reports for the months of April, May, June and July 2017
- Records of staff meetings held in June, July and August 2017
- Records of monthly staff supervision sessions for two staff members
- Minutes of service users' meetings for May, June and July 2017
- Selected training records for staff
- The Statement of Purpose.

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 23 November 2016

The most recent inspection of the day centre was an announced premises inspection.

## 6.2 Review of areas for improvement from the last premises inspection dated 23 November 2016

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

## 6.3 Inspection findings

### 6.4 Is care safe?

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

Praxis Foyle Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. Services are provided in the centre in one large group room/hall and in other adjoining parts of the premises for cookery, crafts etc. and for individual work with service users, when necessary. The centre does not have outdoor space for service users' activities, though much use is made of other venues for interests such as swimming at leisure centres and drama workshops run by other organisations. The Team Leader described the intensive staffing arrangements for swimming groups, which were carefully planned to ensure safety for each service user who participated. A staffing review, completed earlier in 2017, defined the minimum safe staffing level in the premises based service as, one staff member, (excluding the manager) to eleven service users.

The manager and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All staff members expressed strong commitment to their work with service users and confirmed that the work is enjoyable and rewarding. One new clerical staff member confirmed that she had undertaken an induction programme, in keeping with the provider's procedures and that she had been well supported throughout her first months in the job.

Safeguarding procedures were understood by staff members who were interviewed, who confirmed that practice throughout the centre was of a high quality and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff and was recorded in the Training and Development Plan for 2017-18. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, including Praxis staff who use the office facilities attached to the centre. Since the previous care inspection five Notifications of incidents or accidents had been received by RQIA from Praxis Foyle Centre. Records of the reported events showed these to have been managed appropriately. Incidents were well recorded and there was evidence to show that staff reflected on the triggers for and the management of such incidents, in an effort to continually develop their understanding of presenting behaviours.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire safety training for all staff was recorded in the training plan. Fire exits were seen to be unobstructed. Risk assessments with regard to transport, mobility and moving and handling, or other areas specific to the individual, were present where relevant and each one had been signed as

agreed, either by the service user or a representative. The monitoring officer carries out regular audits of a range of the centre’s operations and data is presented monthly in monitoring reports.

During the inspection visit, four service users spoke positively of the enjoyable activities at the centre and confirmed that they felt safe and well cared for. Aspects of the service that were discussed included, travel to and from the centre, relationships with staff and with other service users, activities within and away from the centre, choice and safety. Service users’ rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. Two complaints were recorded within the period since the previous care inspection, one in an anonymous letter and the other, an allegation of poor practice made by a student on placement. In each case, the matter had been investigated in accordance with Praxis procedures and in neither case was any further evidence found to support the allegation.

Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. Staff members were observed interacting with service users in a warm, relaxed and respectful manner. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users’ needs were being met safely by the staff on duty.

The evidence presented supports the conclusion that the manager and staff strive to ensure that safe care is provided consistently in Praxis Foyle Day Centre.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision, adult safeguarding, risk management, fire safety and care of the physical environment.

**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 centre’s Statement of Purpose and the Service User’s Guide provide the information required by regulations and minimum standards. Four service users in a discussion group provided information on the operation of the centre and their feelings about attending. The feedback was entirely positive in all respects, including the effectiveness of the care provided. All of the service users indicated that the day care service had helped them and that they were learning lots of new skills through the activities.

Three service users’ files were examined during this inspection and each was found to contain a written agreement on the terms of the individual’s attendance, consents regarding photos and access to records, detailed referral and assessment information on the service user including a

range of risk assessments. It was good to note that assessments included the strengths and abilities of the person, in addition to his or her needs for support. The detailed records of assessed risk and vulnerability provide clear guidance for staff involved in the work with that person.

Care plans set out the service user's needs in good detail, along with objectives for each person's care and the actions required to meet those objectives. Care plans were person centred and accurately reflected the needs identified through assessments. Progress notes for each service user were written daily and summarised quarterly, providing a clear and comprehensive record of the person's development in day care.

Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Each review report reflected the views of the service user and were informed by the written progress records. Dates and signatures were present in all of the care records examined.

Good use is made of the available space for the day care service. There is a spacious hall available for group activities and this has been divided using furniture to designate several separate areas:

- Soft seating around a low table and facing a wall-mounted television
- Dining/activity tables and upright chairs, and an open space with a side work surface that can be adapted to various uses.
- Between the hall and the large kitchen there is an adjoining room containing a snooker table, which has a removable wooden top, to facilitate its other use, for craft activities.
- Off one side of the hall is 'hot-desk' room, used by Praxis employees, many of whom are engaged in community projects and require office facilities on a frequent but irregular basis.

Nine service users presented as being comfortable and relaxed in the centre and there was written evidence of their involvement in activities such as cooking, drama, beauty therapy, numeracy and literacy, crafts and board games, and various community-based activities including swimming, walking groups, pottery, expressional dance and drama workshops. Two people spoke of the value they gained from friendships with other service users and the company, which came about through participation in the day centre's programmes.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable and valuable place in which to spend their time. The manager and staff worked purposefully to involve service users in a variety of experiences, making good use of the available facilities. Three staff members returned completed questionnaires to RQIA, following the inspection visit, all indicating that they were 'very satisfied' with the quality of the service, its safety, effectiveness, compassion and the leadership of the team.

The evidence indicates that the care provided is effective in actively pursuing the objectives of each service user's care plan and in promoting service users' wellbeing, enjoyment and fulfilment.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessments, care plans, reviews, communication between service users, staff and other key stakeholders, the organisation and operation of care/activity programmes, involvement and motivation of service users to do well and to feel well.

## 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 care compassionate?

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

On the day of this inspection, the atmosphere in Praxis Foyle Day Centre was quiet, friendly and welcoming. A group of twelve service users was away all day participating in a drama course, while the remaining nine had decided that they would have a 'lazy day', watching TV movies etc. or playing games in the centre. Staff were on hand to provide any necessary support, but respected the service users wishes for the day and did not introduce new activities. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement.

There are both centre-based activities, such as cooking, drama, beauty therapy, numeracy and literacy, crafts and board games, and various community-based activities including going swimming, walking groups, pottery, expressional dance and drama workshops.

Several service users agreed to join the inspector for a discussion and confirmed that staff listen to them and encourage them to take a full part in developing their activity plans for day care. Activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff demonstrated an understanding of each service user's needs as identified within the individual's referral records, assessments and his or her care plan.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities. Four service users and two relatives, who returned completed questionnaires to RQIA, during or after the inspection, indicated that they were 'Very Satisfied' that the service is safe, effective, compassionate and well-led. One service user stated 'Very Satisfied' in three of these areas and 'Satisfied' that care is safe. Comments made in questionnaires returned by service users included:



- “I don’t like the hard chairs in the kitchen”
- “I am aware that other service users may need assistance from staff at the same day”.

**In discussions, service users comments included:**

- “I don’t have a favourite activity, I enjoy everything”
- “I really like the drama and swimming”.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all four of the monthly monitoring reports that were reviewed. The minutes of two of the monthly staff meetings, held in July and August 2017, provided evidence of a strong focus on ensuring compassionate care was provided consistently. Each person’s file contained progress notes relating to that person’s involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members’ comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided consistently in Praxis Foyle Day Centre.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users, facilitating service users’ involvement in community based learning and leisure interests and maintaining records of meetings and activities.

**Areas for improvement**

No areas for improvement regarding the provision of compassionate care in the service were identified during the inspection.

	Regulations	Standards
<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.**

Discussions with the manager, team leader and two other staff members, and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in Praxis Foyle Day Centre. There was evidence in the centre’s recent quality survey report to show that service users viewed the service as very satisfactory.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. The annual training plan included a matrix showing all staff and their course completion dates, in addition to an individual record for each person. All staff members were well qualified for their roles and responsibilities, with care staff

all having gained NVQ Level 3 Awards. The team leader had also gained QCF Level 5 in Leadership and Management and had achieved the necessary competence level for assessing NVQ's in care. Discussions with staff and examination of records confirmed that staff meetings were held monthly and that the small staff team had ready access to the manager for day to day communication. Staff reported that the manager provided information updates regularly to staff and that they were consulted on a range of decision making aspects of the service. There was evidence from the minutes, from discussions with staff and from the analysis of staff questionnaires to confirm that working relationships within the staff team were supportive.

Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development. Staff reported that they meet for individual supervision every month. There was evidence from discussions with staff to confirm that the ethos of the team is positive and mutually supportive and that ideas for improvement are encouraged. Staff felt they were well supported in any aspects of their work that they found particularly challenging.

Four monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with service users and with one or two staff members. A sample of service user records was checked during each visit and an audit completed of an aspect of the centre's compliance with a selected area of performance. Any resulting necessary improvements were clearly set out in an improvement plan. This structured and detailed approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service.

Overall, the evidence available at this inspection confirmed that Praxis Foyle Day Care Service is well led.

### Areas of good practice

Examples of good practice found throughout the inspection included, staff training, supervision, appropriate delegation, building good working relationships with the local community, keeping staff and service users well informed, governance arrangements, management of complaints, promoting fulfilment for 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

## 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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