

Inspection Report

26 October 2021



Praxis Care Foyle Projects

Type of service: Day Care Setting
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Ms Tracey Devenney
Responsible Individual: Mr Greer Wilson	Date registered: 12 September 2013
Person in charge at the time of inspection: Ms Tracey Devenney	
Brief description of the accommodation/how the service operates: Praxis Care Foyle Projects is a Day Care Setting with 35 places that provides care and daytime activities for adults who have a learning disability in the Western Heath and Social Care Trust (WHSCT) area. The service users are supported by up to four staff.	

2.0 Inspection summary

An announced inspection was undertaken on 26 October 2021 between 10.00 a.m. and 1.10 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA

4.0 What people told us about the service

We spoke with 10 service users, three staff members and two WHSCT representatives.

In addition we received questionnaires from service users/relatives and electronic survey feedback from staff and Trust representatives which indicated that they were generally happy with the service provided by the agency.

Comments received during inspection process-

Service users' comments:

- "I am doing well with social distancing."
- "The staff are really good."
- "I like coming here."
- "Covid has been annoying."
- "I have my own seat with my name on it."
- "If I wasn't happy I would tell the staff."
- "I am happy here."
- "I play football at the arena."
- "I like a day off from attending here."

Relative comments:

- “My XXXX attends Praxis Connects every day and loves every aspect of it.”
- “They listen to my XXXX when she talks to them and they provide comfort and support at difficult times.”

Staff comments:

- “I love working here.”
- “Any concerns you can go to the senior team.”
- “We are aware of the Mental Capacity Act.”
- “The team are supportive.”
- “There is an open door policy with the manager.”
- “I would promote staff to work here.”
- “Management would listen to any concerns.”
- “During our induction adult safeguarding was highlighted.”
- “Service users at Foyle Connects service are very happy and have good involvement within the local community.”

H SCT representatives’ comments:

- “I have never had any worries or concerns about the service.”
- “The paperwork completion is A1.”
- “All my service users say they love coming here.”
- “Any issues are addressed and ironed out.”
- “Open to improving any areas that are suggested.”

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Praxis Care Foyle Projects was undertaken on 2 March 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings**5.2.1 Are there systems in place for identifying and addressing risks?**

The day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the day care setting had been formulated and was reviewed.

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 adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two updates thereafter. Day care setting support staff have completed adult safeguarding training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the WHSCT in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the day care setting's policy and procedures.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject. No current arrangements are required relating to DoLS, this was clarified by the manager.

The manager told us that the day care setting did not manager service users' monies.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The person in charge confirmed that the day care setting had not received any specific recommendations from SALT in relation to service users' Dysphagia needs.

5.2.3 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day care setting since the last inspection. There was a process in place to ensure that new staff are recruited in accordance with the regulations and minimum standards.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The Manager told us that the day care setting does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and SEHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted the following comment on the day care settings quality monitoring report from a service user's relative:

'they found the service and staff excellent and have never had any issues with the service provided.'

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints were received since the last inspection.

It was established during discussions with the Manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alert's (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Tracey Devenney, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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