



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Praxis Care Foyle Projects</b>
<b>Establishment ID No:</b>	<b>11051</b>
<b>Date of Inspection:</b>	<b>2 March 2015</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>20323</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

<b>Name of centre:</b>	Praxis Care Foyle Projects
<b>Address:</b>	Richmond Hall Eden Terrace Derry BT48 0DH
<b>Telephone number:</b>	(028) 7137 3400
<b>E mail address:</b>	info.foylecookiecompany@praxiscare.org.uk
<b>Registered organisation/ Registered provider:</b>	Mr Nevin Ringland and Mrs Irene Ringland nee Sloan Praxis Care Group
<b>Registered manager:</b>	Ms Tracey Marshall
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Tracey Marshall
<b>Categories of care:</b>	DCS-LD
<b>Number of registered places:</b>	35
<b>Number of service users accommodated on day of inspection:</b>	17
<b>Date and type of previous inspection:</b>	24 February 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	2 March 2015 11:00am–5.00pm
<b>Name of inspector:</b>	Dermott Knox

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	8
Staff	3
Relatives	0
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	6	3

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Praxis Care provides a range of services for adults with learning disabilities, including those with complex needs and behaviours which challenge. As well as supported living services providing housing with care and support, there is residential and nursing home provision, day opportunity placements including training and employment opportunities, respite and domiciliary care.

The Foyle projects are day care services, based in the Richmond Hall, Eden Terrace, Derry. The hall is rented from the Foyle Parent's and Friends Association. The centre comprises of a main hall which operates as a day service facility for older adults with a learning disability. The aim of the service is to promote socialisation and provide opportunities for activities during the day.

The Cookie Company Project is located in the catering end of the building, where up to twelve adults with a learning disability participate in a catering work skills project. The aim is for service users to develop knowledge and skills in the work of catering and hospitality. The service users also participate in a range of diversional activities, to meet individual and group needs.

## **Summary of Inspection**

A primary announced inspection was undertaken in Praxis Foyle Day Centre on Monday 2 March 2015 from 11:00am until 5:00pm. In advance of the inspection visit, the service provider had submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. The two requirements and three recommendations from the previous inspection had been addressed satisfactorily by the management and staff of the centre.

The inspector was introduced to many of the service users attending the centre and met for discussions with eight people, either in a group over lunch, or individually in informal settings. Individual discussions were held with the manager, the team leader, who has day to day responsibility for the centre's operations, two staff and an activity leader from a regional college. Discussions focussed mainly on the standards, team working, management support, supervision, training and the overall quality of the service provided.

Discussions with all contributors elicited a very positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to comply with and to exceed, the minimum standards for day care settings. Service users spoke highly of the staff and of the service they provided.

There was evidence from discussions and in written records to indicate a high level of involvement of service users in discussions regarding their care plans and the activities in which they participated. These included a range of work skills, cultural, educational, leisure and entertainment activities.

Overall there was wide-ranging evidence to confirm that the Praxis Foyle Day Centre provides a valuable, high quality service to those who attend. There are no requirements or recommendations arising from this inspection.

Thanks are due to service users who welcomed the inspector to the centre and contributed to the evaluation by sharing their experiences. The inspector also wishes to acknowledge the open and helpful approach of the manager and staff throughout the inspection process.

## **Standard 7 - Individual service user records and reporting arrangements:**

Service users' files were found to be very well organised and to contain all of the information required by this standard. Daily notes of each service user's involvement and progress were kept in good detail and constructive monthly summaries for each service user were also filed. Notifiable events and the reporting of these are included in the programme of training for staff members and the records of events were up to date.

A risk assessment had been completed for each person in addition to the more general assessment of needs, which was combined in the Assessment and Care Plan document. This was well structured and required that needs, actions and outcomes for a wide range of social, emotional, health and functional aspects of living should be addressed.

The Praxis written policies and procedures were available to staff on the computer records system and staff who met with the inspector demonstrated an extensive knowledge of many of the key areas of operations. Staff reported that they had ready access to senior staff when they felt it necessary to seek guidance.

Praxis Foyle Day Centre was judged to be operating in compliance with this standard.

### **Theme 1: The use of restrictive practice within the context of protecting service user's human rights**

There was no evidence to indicate the use of restrictive practice in Praxis Foyle Day centre. Staff were knowledgeable of the organisation's policy and procedures regarding such practices and confirmed that there were no service users at the centre who presented behaviours that might require the use of a restrictive practice. When devising or reviewing a service user's individual care plan, the manager and staff discuss proposed action plans with the service user and his or her representative/s to ensure that interventions are necessary and proportionate and do not infringe service the user's human rights. Each service user's file contained written reference to human rights legislation and practice, providing evidence that that such matters had been considered in agreeing the care plan.

Staff discussed the use of restraint or seclusion, including how service users' human rights are protected and they demonstrated an understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. Service users, who spoke to the inspector, expressed complete satisfaction with the care and support they experienced in the Praxis Foyle Day Centre.

Praxis Foyle Day Centre was judged to be operating in compliance with the criteria in this theme.

### **Theme 2 – Management and Control of Operations**

The registered manager has management responsibility for several facilities, leaving much of the day to day leadership in the centre to the Team Leader, who is appropriately qualified and experienced. There was evidence to show that this staff member was a capable leader and competent in her designated role.

There was both written and oral evidence of good formal supervision arrangements and the records of individual sessions were excellent. A culture of self-evaluation and continuous improvement has been engendered within the centre and the beneficial outcomes of this were notable in many aspects of the centre's operations.

Monitoring arrangements were good in terms of their regularity and the numbers of service users and staff members who were asked for their views. Four monitoring reports were examined and all were found to address the matters required by Regulation 28. Each monitoring report concluded with an action plan, with progress on the matters identified being checked at the subsequent monitoring visit. This is good practice.

Praxis Foyle Day Centre was judged to be operating in compliance with the criteria in this theme.



## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.(3)	The registered provider must ensure that staff who act as manager for the service have a working knowledge of The Day Care Settings Regulations (Northern Ireland) 2007 and that the aforementioned regulations are available for all staff in the centre.	The Team Leader, who has day to day management responsibility, in the manager's absence, has gained QCF Level 5 in Leadership and Management and is knowledgeable of the regulations.	Compliant
2	20.(1) (a)	<p>The registered person must ensure that staffing numbers, needs of service users, the physical environment and the statement of purpose are reviewed to ensure at all times there are sufficient staff to meet the needs of service users.</p> <p>The outcome of the review should be reported on the returned quality improvement plan.</p>	There was evidence to confirm that staffing arrangements were satisfactory. The statement of purpose had been reviewed to reflect the current situation.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17.11	<p>The registered person must ensure that the Praxis Care Foyle Project's annual quality review report reflects all of the information specified in Schedule 3 of the day care settings legislation (criterion 17.11 refers).</p> <p>Arrangements to achieve compliance in this regard must be reported on the returned quality improvement plan.</p>	The recent annual quality review, for 2014/15 was produced by the manager and addresses all of the matters required by regulation.	Compliant
2	17.6 (Schedule 1)	<p>The registered manager must ensure the service's statement of purpose is reviewed to include the numbers and sizes of rooms.</p> <p>The updated statement of purpose must be submitted to RQIA with the completed QIP.</p>	The statement of purpose had been reviewed and revised to comply with this recommendation.	Compliant
3	17.10	<p>The registered person should ensure that all monthly monitoring visits include opinions from those who act as representatives of the members of the scheme.</p> <p>Arrangements in place to achieve this should be reported on the returned quality improvement plan.</p>	Monitoring procedures had developed positively, so that all of the requirements of the standards are now being met.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
<b>Provider’s Self-Assessment:</b>	
<p>Praxis Care have a confidentiality policy and procedures in place. The policy can be accessed via the EDMS. The current policy is scheduled to be reviewed by Quality and Governance Department 1/03/2018.</p> <p>Confidentiality training forms part of the induction training for all staff and regular refresher training is delivered in scheme.</p> <p>Confidentiality posters are displayed within the scheme and all service users are aware of their rights and the organizations role in maintaining confidentiality.</p> <p>All service users have a unique identifier code which is used when completing Untoward incident/accident reports to maintain confidentiality.</p> <p>Consent to share information forms are yearly reviewed with service users. Service user files are securely locked within a cabinet in a office which is also locked.</p> <p>All staff NISCC/NMC their role/responsibilities in relation to Confidentiality as outlined in the code of conduct/practice.</p> <p>Praxis Care respects the rights of clients to full confidentiality.</p> <p>All staff has a duty to keep confidential any information they learn about the service users, either directly or indirectly, and not to disclose it without the permission of the service user unless under circumstance outlined within the policy for example the PSNI where a serious crime is being suspected.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The provider’s self-assessment was verified through examination of the relevant written policies and procedures, identified above. Service users records were kept safely, when not in use and the manager and staff demonstrated a high level of awareness of their duty of confidentiality.</p>	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Praxis Care have a policy and procedure in place for access to records. Both 'Records Control Policy' and 'Data Protection Policy' can be accessed on the EDMS and available for inspection. To date no requests to access individual records have been made, however if this occurred all staff are aware that enquiries would be forwarded for the attention of the registered manager. All service users are involved in the personal records through working with keyworkers on their support plans, one page profiles, monthly summaries, consent forms, contracts yearly reviews and one page profiles etc. Participation is integral to every aspect of service provision including record keeping and the content .</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>There was good evidence, both in written records and from discussions with service users, to confirm that their involvement in a shared understanding of the recorded information was at a high level. Service users spoke proudly of specific achievements and of the records relating to these.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b></p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>All service user files are compliant with Praxis policy and procedure to include the above. The registered manager and team leader within the service have been championing with the commitment of praxis key-workers the need for consistant/detailed record keeping by ensuring the files are kept to a high standard as evidence of good practice and testament of the quality service being delievered within Foyle Projects.</p> <p>Separate files are kept on scheme for daily notes, safeguarding, service user meeting files. These files are routinely audited and quality assured by the Team Leader on Scheme and Manager. These files are available for inspection during Monthly Regulation Visits completed by the Assistant Director and or Peer Manager. It is evident from the the regulation visits that files/records are audited.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Files for four service users were examined and all were found to contain the required documents and information. Excellent practice was evident in self-evaluation, auditing and the general commitment to continuous improvement in the service and this was well reflected in the records available.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
An entry is recorded in the daily notes for each day the service user attends Foyle Projects, and an attendance sheet completed.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
There was written evidence to confirm that staff members maintained a high standard of record keeping with regard to each service user, including daily notes and monthly summaries and this is commendable.	Compliant

<p><b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>There is a clear organizational structure set out in the Statement of Purpose. All staff are aware of lines of accountability within the service/organization. Reporting of complaints, untowards, safeguarding etc have clear procedures and guidance on reporting. The Team Leader and Registered Manager are available should guidance be required from support staff.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Staff members confirmed that they had access to good guidance, both written and oral, regarding matters that should be reported and referred to others.</p>	Compliant
<b>Criterion Assessed:</b>	
<p>7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<b>Provider’s Self-Assessment:</b>	
<p>The Team Leader ensures that daily notes and monthly reports are kept up to date by allocated support workers (praxis key-workers). The manager routinely audits these files. All updated records including support plans, risk assessments once completed by Team Leader are reviewed by the registered manager. Monthly summaries are also when requested/required reviewed and when necessary recommendations made . The manager has introduced a file audit tool to promote best practice. Support workers in preparation for supervision are also involved in auditing their key-working files. This is turns gives support staff a sense of ownership, input, recognition and accountability in the record management process.</p>	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>A wide range of records was examined in the course of this inspection and there was clear evidence of a high standard being expected and maintained. All of the relevant records examined had been signed and dated appropriately.</p> <p>One agenda item in a recent staff meeting related to the “Importance of the use of language in daily notes”.</p> <p>The practice of writing monthly summaries was also seen to be an important discipline for staff members to succinctly reflect the salient issues regarding each service user’s involvement and progress within the planned programmes of the centre. The manager and staff are commended for their commitment to maintaining high standards in this aspect of the work.</p>	<p>Compliant</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>



<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>No restraint used within the scheme. Although no restrictive practices employed staff have been kept up to date on literature, policy, procedures, training around the subject of Dperivation of Liberty, Safeguarding, and Restrictive Practices. In house training provided by Team Leader on the 18<sup>th</sup> September 2014. Literature Review circulated for staff to read on - The Justification and Use of Restrictive Practices 5<sup>th</sup> June 2014. All staff are also aware of the 'Management of behaviours that challenge policy'</p> <p>Staff are currently trained in Personal Safety &amp; Calmng and diffusing. No MVA is employed within the scheme. Praxis have guidance on 'Protection against infringement of liberty procedure' . The scheme can demonstrate through its documents, policies and other written quidances and training that staff have a good knowledge base in this area.</p>	Compliant
<b>Inspection Findings:</b>	
<p>There was no evidence to indicate that any restrictive practices were used in the centre. It was apparent from observations throughout the inspection that service users and staff enjoyed good working relationships. Several service users emphasised the value to them of their involvement in the centre’s activities and confirmed that they were always treated with respect.</p>	Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>While the necessary systems are in place to record all practice matters, there is no physical restraint or restraint currently employed in the scheme.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Evidence from written records and from discussions with staff and service users confirmed that no methods of restraint or seclusion were used in the Foyle Projects.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>All staff employed within the scheme are suitably competent and qualified. The registered manager is a qualified Learning Disability Nurse (Registered NMC) with almost 15yrs post qualifying experience within Health &amp; Social Care. The team leader is qualified to QCF Level 5 in Leadership for Health and Social Care. All staff are registered with NISCC and qualifications and experience of all staff are listed in the Statement of Purpose. Any qualified Team Leader, managing in the absence of the registered manager has underwent a competency assessment. All levels of staff have completed a job task analysis completed. In addition, individual job descriptions clearly identify roles and responsibilities and lines of accountability. In addition staff have been given designated areas of responsibility within the scheme for example Health &amp; Safety for which they are responsible/accountable for. The Team Leader has supervisory management for support staff including appraisals. All staff mandatory training is up to date. The scheme has a scheme training development plan which includes scheme &amp; individual training needs.</p> <p>A staffing review was completed in advance of the inspection.</p>	<p align="center">Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Staffing records provided evidence of a well-qualified staff team, whose members had worked together for a number of years. The staffing and management structures were set out in the statement of purpose and staff demonstrated that they were clear about their roles and responsibilities. The provider’s self-assessment was verified through discussions with the manager and staff members and from examination of a sample of staff records, including team meetings minutes and records of supervision sessions.</p>	Compliant
<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Praxis Care have a supervision and appraisal policy which all staff are aware of and can access via the EDMS. Supervisions are scheduled in advance and take place in line with Praxis Policy. Team Leaders supervise support workers and the registered manager supervises the Team Leader. In turn the Assistant Director supervises the manager. Written records are maintained and stored securely ensuring confidentiality. Quality improvement is continually promoted and evident within the supervision meetings and staff meetings. Agenda items include staff/service user achievements, training, communication, regulation visits , evidenced based practice.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Records of training, supervision, appraisal and staffing arrangements were examined and provided verification of the provider’s self-assessment, above. Discussion with team leader, the staff member who is regularly left in charge of the day care setting in the registered manager’s absence, confirmed her understanding of the operations of the centre and her key linking pin position between the registered manager and the staff team members.</p> <p>Policies and procedures on the management and control of operations, staff supervision and appraisal and the absence of the manager were available to staff on the Praxis computer records system. Staff confirmed that they were well supported and encouraged by senior staff and that formal supervision was regular and structured. A sample of the supervision records was found to be detailed and well written.</p>	Compliant

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Praxis Care have robust recruitment and selection procedures in place. All staff receive a corporate induction in addition to in scheme. The probationary period-process ensure that only those competent progress. All staff have the required mandatory training and identify additional training as required to help them fulfil their job role. All support workers apart from one have NVQ III.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>There as evidence of robust staff selection procedures in place and the staffing records verified that all members of the staff team were qualified to, at least, the basic required level for their posts.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## **Quality Improvement Plan**

The details of the findings of this inspection were discussed with Ms Tracey Marshall, as part of the inspection process.

There were no requirements or recommendations arising from the inspection.

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

Enquiries relating to this report should be addressed to:

**Dermott Knox**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the primary announced care inspection of Praxis Care Foyle Projects which was undertaken on 2 March 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

**SIGNED:** Andy Mayhew on behalf of Irene Sloan  
Marshal

**SIGNED:** Tracey

**NAME:** Irene Sloan  
**Registered Provider**

**NAME:** Tracey Marshall  
**Registered Manager**

**DATE** 08.04.15

**DATE** 12.03.15

Approved by:	Date
Dermott Knox	16/04/15