



The Regulation and
Quality Improvement
Authority

Praxis Care Foyle Projects
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**Unannounced Care Inspection
of
Praxis Care Foyle Projects**

03 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 03 February 2016 from 10.30 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

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	1	1

The details of the QIP within this report were discussed with Ms Tracey Marshall, Registered Manager on 04 February 2016 by telephone call as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Praxis Care Group/Mrs Irene Elizabeth Sloan	Registered Manager: Ms Tracey Marshall
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Louise Lyons, Team Leader	Date Manager Registered 12 September 2013
Number of Service Users Accommodated on Day of Inspection: 20	Number of Registered Places: 30

3. Inspection Focus

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.

4. Methods/Process

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

Prior to the inspection, the following records were examined:

- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The report from the care inspection undertaken in the previous inspection year.

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

The following records were examined during the inspection:

- The complaints record (no complaints were recorded since the previous care inspection)
- Five compliments
- One accident/untoward incident
- Statement of Purpose
- Service user's guide
- Minutes of three service users' meetings
- Four service users care files
- Service users annual quality assurance report
- Three monthly monitoring reports.

Following the inspection five staff questionnaires and five service user questionnaires were received and analysed by us.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced care inspection dated 2 March 2015. There were no requirements or recommendations made as a result of this inspection.

5.2 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Is Care Safe?

The day service has corporate Praxis Care policies and procedures pertaining to assessment, care planning and review. Discussions with three care staff concluded they are aware of how to access policies and procedures. There are also associated guidance and information available for staff.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and

assistance with their personal care. Discussions with service users able to converse concluded staff were sensitive and respectful of their needs.

Discussions with care staff confirmed they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs.

Observation and service users' feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of those individuals who attend. There are also sufficient numbers of toilets and bathrooms. Staff said they received training and information in continence promotion in January 2016 and this was beneficial to them. Staff also said they have a working knowledge of Praxis Care's infection control policy.

On the day of this inspection staff were observed to be confident in carrying out their duties. These duties were carried out in an organised unhurried manner. Discussions with staff concluded they had an understanding of individual's assessed needs.

Service users reported they felt safe in the day centre. Staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

On the day of this inspection, it can be concluded care was safe in Praxis Care Foyle Project.

Is Care Effective?

Praxis Care Foyle Project's statement of purpose was reviewed during this inspection. Section 2.8 contained qualitative information about the process of completing a service user's plan of care.

Continence protection is stored in a cupboard in the disabled bathroom for use when needed. Personal protective equipment (PPE) is supplied and made available for staff in Praxis Care Foyle Project.

The inspector sought verbal permission from service users to inspect their care records during this inspection. The care records confirmed that continence care needs are discussed as part of the core assessment completed on admission. Should a service user's continence needs change, their respective assessment and care plan is updated. Where there is an assessed need for continence care, the support and assistance needed from staff was recorded in the service user's respective care plan. Risks were highlighted and the management of these risks recorded.

There were sufficient toilets and bathrooms available in the centre to meet the assessed needs of the service users. Hand washing dispensers and dryers were also available throughout the centre. Discussion with care staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Discussions with care staff also concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected. Staff explained some service users need only

minimal staff support with their personal care. Several service users have a preference regarding the bathroom they use.

Four service user's assessments and care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. The assessments and care plans met standards 4 and 5, were dated and signed by all relevant parties.

Care plans were reviewed by staff with service users on a monthly basis or when changes occurred. Care plans were person centred, comprehensive and reflective of the individual's needs. The care plans reflected where appropriate:

- How the service user is approached
- If a preferred bathroom is used
- The type of continence product used and where this is stored
- The type of equipment used
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

On this occasion there was evidence to confirm that continence care and promotion provided in Praxis Care Foyle Project was effective.

Is Care Compassionate?

Staff interaction with service users was observed throughout the inspection as polite, friendly, warm and supportive. Staff discussed with the inspector the importance of meeting service users' assessed needs in a respectful, sensitive and dignified manner. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of 11 service users, mostly in small groups around tables in the main hall. Service users said staff were kind, patient, sensitive and respectful. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was compassionate.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	5	5
Service Users	5	5

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their

needs and that they feel safe and secure in the centre. The following qualitative comments were recorded:

- “I am very happy with the help I get.”
- “I am happy.”
- “I am happy to be here and I have made good friends.”
- “I like ‘name of staff member’, who does a good service.”
- “I am happy with the service.”

Completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

- the training received by the Trust in core values;
- communication methods;
- mental health including dementia (one staff stated he/she had not received training in this area);
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

One staff member stated he/she was unsatisfied in their responses to the following questions:

- Are you satisfied service users receive timely support from the multi-disciplinary team e.g. behaviour team; continence advisor; occupational therapist; speech and language therapist; community nurse; doctor, dietician etc?
- Are you satisfied equipment is obtained in a timely manner to meet assessed need?

The staff member stated: “Not all service users have a statutory keyworker so it can be difficult to access services for the individual.” RQIA emailed the registered manager on 23 February 2016 to request she respond to the above matters.

Another staff member had written: “I am very satisfied with all the training as I have gained knowledge, skills and experience which I demonstrate to service users in supporting service users on a daily basis.”

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

Areas for Improvement

There were no identified areas for improvement needed regarding RQIA’s review of standard 5. This is commendable.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

A range of policies were available to promote service users involvement in the day centre and each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

Review of the complaints records found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

Service users confirmed that they felt comfortable to raise any issues of concern with the registered manager or staff. They also confirmed these would be appropriately dealt with.

Four care plans inspected provided evidence that service users were encouraged to be involved in the planning of their care and, where possible actively participate in their annual care reviews.

Discussions with 11 service users, three care staff and one relative reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. Review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Praxis Care Foyle Project during the inspection.

Is Care Effective?

Discussions with the team leader, 11 service users, three care staff, one carer and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: informal discussions with staff, service user meetings; quality assurance surveys and the annual review of their day care placement.

Discussions with three staff concluded service users' meetings are held on a monthly basis. The minutes of three service users meetings which had taken place in September and October 2015 and January 2016 were examined. These were qualitative, informative and reflected who attended, an agenda, a summary of discussions and the action needed.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of four service user's annual review reports took place during this inspection. All four review reports contained either the service user's or their representative's views and opinions of the day service. These were all very positive and complimentary about the quality of the day service. Minimum standard 15.5 was discussed with the registered manager; she was asked to ensure that service user's annual review reports contained all of the relevant information specified. The registered manager explained a new recording template for service user's annual reviews is due to be issued by Praxis Care in the near future which will incorporate headings regarding minimum standard 15.5. The registered manager said she would meet with care staff to discuss standard 15.5 and gave

assurances all future service user's annual review reports would contain all of the relevant matters specified in standard 15.5.

The culture in the centre supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Service users who took part in group discussions confirmed that they were involved in discussions about what took place in the centre. All comments received from service users were very positive.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users and their representatives in 2014. The evaluation report was qualitative and informative. The team leader informed RQIA the day service is in the process of issuing a quality assurance survey to service users and their representatives.

A stakeholder survey had been distributed to 20 individuals in 2015 and 12 had been returned. The survey focused on questions about the stakeholder's relationship with Praxis Care, the helpfulness and willingness so staff to listen; if Praxis has made an impact on the quality of the service user's life; if the day service has met their identified needs and goals.

Positive comments were shared with the team leader regarding a letter from Praxis Care to service users and their carers/representatives to inform them that the DHSSPS in conjunction with the Western Health and Social Care (HSC) Trust would like to invite them to attend one of two workshops seeking to obtain their views and opinions about the quality of services in Northern Ireland. The outcome of the workshops will provide information which will be used in the evaluation of the Bamford Action Plan 2012-2015.

Complaints

There were no complaints recorded since the previous care inspection.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

Five compliments were randomly reviewed during this inspection. These were in the form of thank you cards from students on placement in the day service.

Monthly Monitoring Reports

Three monthly monitoring reports were reviewed during this inspection. The monthly monitoring reports of November and December 2015 and January 2016 reflected a summary of the views and opinions of several service users on each visit and one carer during the December visit. The reports were qualitative and informative and meet regulation 29 and minimum standard 17.10.

On this occasion it can be concluded the quality of care provision in Praxis Care Foyle Project was effective.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

Discussions with a total of 11 service users, individually or in groups of four or five around tables in the hall or on the sofa. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users included:

- "I love coming here. The staff are absolutely brilliant and they are all very kind to us".
- "It's great here, I love it and like all that we do".
- "I love everything about coming here".
- "It brightens up my day, everyone is so good to us here. I love the teachers coming in for the classes".
- "I'm very happy coming here".

On this occasion it can be concluded the quality of care provision in Praxis Care Foyle Project was safe, effective and compassionate.

Areas for Improvement

There were no areas identified for improvement as a result of examination of this standard.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1. Accidents and Untoward Incidents

One accident and untoward incident had been recorded since Praxis Care Foyle Project's previous care inspection. The record was being maintained in accordance with regulation 29.

5.4.2. Statement of Purpose and Service Users Guide

The day service's statement of purpose and service users guide were examined during this inspection. With regards to a service user's initial review of their day care placement, Praxis Care Foyle Project's statement of purpose stated this occurs after six months and is annually thereafter. Minimum standard 15.3 states the service user's initial review should take place within four weeks of the commencement of the placement (based on an individual attending five days per week). This was discussed with the registered manager by telephone on 4 February 2016. The registered manager said the six months statement recorded in the statement of purpose is inaccurate and explained if a service user is attending five days per week; their initial review is held four weeks from when they started attending Praxis Care

Foyle Project. The registered manager subsequently amended the day service's statement of purpose and service users guide to reflect this and forwarded both documents by email to RQIA on 04 February 2016.

5.4.3. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the main hall. The centre was observed to be clean, tidy and generally well maintained.

Rusted grab rails were observed in 3 toilets in the female, male and disabled toilets. In the interests of infection, prevention and control; these need to be replaced as they cannot be effectively cleaned in their current state. A toilet roll holder was noted to be missing in an identified female toilet during this inspection and needs to be replaced. These matters were discussed with the team leader and are identified areas for improvement.

5.4.4. Areas for Improvement

Two areas for improvement were identified as a result of the examination of additional areas. These matters concerned:

1. Infection, prevention and control – replacement of three rusted grab rails.
2. The provision of a toilet roll holder in an identified toilet.

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Tracey Marshall, Registered Manager on 04 February 2016 by telephone as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk (paperlite) and assessed by the inspector.

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 26(2)(c) Stated: First time To be Completed by: 04 April 2016	With regards to infection, prevention and control, the registered persons must ensure the rusted grab rails are replaced in the 3 identified toilets in Praxis Care Foyle Project, Richmond Hall.
	Response by Registered Person(s) Detailing the Actions Taken: To be completed within the time frame.

Recommendations

Recommendation 1 Ref: Standard 25.3 Stated: First time To be Completed by: 10 February 2016	The registered manager should ensure the toilet roll holder is replaced in the identified female toilet.
	Response by Registered Person(s) Detailing the Actions Taken: Replaced within 24hrs of the inspection

Registered Manager Completing QIP	TA Marshall	Date Completed	10/03/2016
Registered Person Approving QIP	Andy Mayhew on behalf of Irene Sloan	Date Approved	21/03/2016
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	22/03/16

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