

Unannounced Care Inspection Report 7 August 2018



Praxis Care Foyle Projects

Type of Service: Day Care Service
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Inspector: Dermott Knox

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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 that provides care and daytime activities for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual(s): Mr Andrew James Mayhew	Registered Manager: Ms Tracey Devenney
Person in charge at the time of inspection: Initially, Mrs Louise Lyons, Team leader and from 11:30, Ms Tracey Devenney, Registered Manager	Date manager registered: 12 September 2013
Number of registered places: 35 - DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 7 August 2018 from 10.45 to 17.15. 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 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 planning, organising, leadership, staffing, staff training, activity arrangements for service users, promoting independence, safeguarding vulnerable adults, consultation with and inclusion of service users in decision making, care planning and reviews.

No areas requiring improvement were identified at this inspection. Advice was given regarding the further development of care plans and the content of the Annual Quality Review report.

Service users said:

- “I really like coming here. There are lots of things to do and we go out to places like the library and the Tower Museum.”
- “Everybody here is very nice. I have a lot of friends here. We went shopping at Sainsbury’s yesterday.”
- “I go to college and I do pottery. We all did Fire Safety training here as well. The staff are very good and we talk about the things we want to do.”
- “XX comes in to do ‘Reading Rooms’. He is funny and I like listening to the stories. Then we talk about what was in the story.”

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

4.1 Inspection outcome

	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 Tracey Devenney, 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/enforcement taken following the most recent care inspection dated 30 August 2017

No further actions were required to be taken following the most recent inspection on 30 August 2017.

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 30 August 2017
- The RQIA log of contacts with, or regarding Praxis Foyle Day Centre

During the inspection the inspector met with:

- Twelve service users, in two groups of six
- Three members of care staff in individual discussion
- The registered manager during and at the conclusion of the inspection

Ten questionnaires were left with the manager to be distributed to service users and their relatives. Two completed questionnaires were returned to RQIA in the two weeks following the inspection.

The following records were examined during the inspection:

- File records for four service users, including assessments, care plans and reviews.
- Progress records for four service users.
- Monitoring reports for the months of March, April, May and June 2018.
- Minutes of six staff/team meetings held monthly since February 2018.
- Minutes of two service users' Advocacy and Support Group meetings held bi-monthly.
- Report of an evaluation of the service by service users for the 2017-18 year.
- The Service User Involvement Strategy.
- Praxis Internal Audit report dated 15 May 2018.

- Record of incidents and accidents.
- Record of complaints.
- Staff rotas for the current month.
- Selected training records for staff, including staffs' qualifications.
- Records of formal supervision for two staff.
- The Statement of Purpose.
- The Service User Guide.
- Fire safety records.

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 30 August 2018

The most recent inspection of the day care service was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 August 2017

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

The Praxis Foyle Day Centre premises were well maintained and in good decorative order. The spacious environment was well ventilated and adequately lit. No hazards to service users, to staff or to visitors were identified. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. On the day of the inspection new, enclosed toilet roll holders were being installed to improve hygiene for service users. Records confirmed that training has been provided with respect to Infection Prevention and Control. The daily staffing arrangements and records were available for inspection and were found to be clearly set out and up to date. Staff duties included fire safety checks and hygiene checks in key areas. Staff employment records are held within the Praxis Human Resources department and senior staff confirmed that all appointments made are in keeping with the provider's policy and procedures, legislation and day care standards. Discussions with the manager and staff who were consulted confirmed that the staffing levels were appropriate to meet the assessed needs of the service users.

Records showed that fire drills and evacuation of the premises were carried out as required and one group of service users confirmed that they understood the need for these and that everyone followed the correct procedures. Designated Fire Officers complete weekly fire extinguisher and fire door checks and monthly fire alarm tests, all of which were recorded and up to date. Clear records were available regarding COSHH management. A redesigned ramp at the front door of the premises provided safe access and egress for all service users.

There was evidence in written policy documents to confirm that the registered provider has reviewed and updated the safeguarding policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding: Prevention to Protection in Partnership' (July 2015) and the Operational Procedures. There is a clear pathway for staff to follow to refer any safeguarding concerns to the appropriate professionals. Staff spoke confidently about their responsibilities to be proactive in safeguarding those who attend the day centre, and about their obligation to report concerns. Safeguarding procedures were understood by staff members who were interviewed, who confirmed that they would report poor practice, should they identify it. All expressed the view that staffs' practice throughout the centre was safe and that they have confidence in the practice of other members of the staff team in their work with service users.

The records of incidents and accidents were examined. Two notifications were made to RQIA since the previous inspection and records showed that these incidents had been managed appropriately. Staff and service users confirmed that they felt care was safe in The Praxis Foyle Day Centre. Staff spoke of the need to observe service users throughout each day and to record and report any significant change in health indicators. Records and discussions with staff and service users confirmed that objectives set following relevant professional assessments, e.g. Speech and Language Therapists, were implemented as part of each individual's care plan.

Staff demonstrated awareness of the need to continually assess risks to ensure service users are safe when on outings or while engaging in activities within the setting. They commented on the good working relationships with the community support services and how they can access support for a service user.

Areas of good practice

Examples of good practice found throughout the inspection included, knowledge and understanding of the relevant regulations and minimum standards, adult safeguarding, staff training, staff supervision and appraisal, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Four service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms and schedule of the individual's participation. Care plans set out the essential information in a clear format and the registered manager and the team leader discussed approaches to increasing the use of SMART goals in all of the care plans. Each file included a review report and staff members confirmed that review discussions were informed by progress notes and including the service user's views. Records of annual review meetings for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. This included evidence that service users, their representatives and a range of community based health and social care workers were satisfied with the outcomes of the day care service in terms of benefits for service users.

Care plans clearly reflected the support and assistance required by the individual to achieve his or her goals or objectives. The content of each person-centred plan related appropriately to the referral and assessment information, which was available on file and to day to day records. A daily timetable for each person identified the programme related activity for that day. There was evidence from service users and staff to confirm that activities are carried out at the pace that is best suited to the service users' abilities and motivation. One staff member described how the team looks for opportunities for mental and physical stimulation for service users through the activities programme and two service users spoke enthusiastically about their good relationships with staff in the library service. There was a strong focus on inclusion and consent of the service user in planning and reviewing his or her activities and care plan.

Each of the files examined contained risk assessments appropriate to the individual service user and to his or her activity schedule, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Information was provided verbally during the inspection by ten service users who each gave positive reports of their involvement with Praxis Foyle Day Centre. Progress records and observations of events throughout the day of the inspection noted a good emphasis on both purposeful and fun activities and confirmed staffs' abilities to engage people in a constructive, creative and respectful manner. The enjoyment and value of the day care service was confirmed by all of the service users and staff members who met with the inspector.

Praxis Foyle Day Centre has quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. There was evidence from discussions with staff to confirm that team members were supportive of one another and motivated to provide effective care. Staff confirmed that they have good working relationships with community based professionals who also provide services to those who attend the centre. Evidence from discussions, observations and in written records indicated that staff regularly seek the views of service users and/or their relatives regarding their care preferences and the activity programmes in which they participate.

Staff were deployed in a manner that made good use of their skills and experience. Individually, two staff members spoke of positive working relationships within the team. The evidence indicates that Praxis Foyle Day Care Centre is providing effective care that the registered manager and the staff team work continually to improve.

Areas of good practice

Examples of good practice found throughout the inspection included: activities, assessments, care plans, reviews, progress notes, communication between staff and service users and other key stakeholders, promoting fulfilment for service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Staff interactions with service users were observed to be compassionate, caring and timely. A daily planner for activities is in place although there was evidence of flexibility in its operation, allowing scope for change when appropriate. Staff were observed responding sensitively to both verbal and non-verbal cues of service users and encouraging people who were less confident in expressing their views and wishes. Service users were observed being afforded choice in a respectful manner. Discussions with twelve service users, in two groups, provided positive feedback on the encouragement and support they received to promote their independence. Service users who could not verbalise their feelings regarding the service were observed being assisted and supported by some of their fellow service users, when staff members were engaged in other duties.

Two relatives returned completed questionnaires to RQIA following the inspection, indicating that they were either satisfied or very satisfied with all aspects of the service. Through the support of the staff, service users were enabled to engage and participate in meaningful activities, relating either to existing hobbies and interests, or to the development of new areas of activity, knowledge and skill. The manager said that Mondays and Fridays are now mainly devoted to the promotion of service users’ involvement in activities in the wider community, rather than in the centre. Several service users referred to the resulting increase in confidence and the positive impact on their general wellbeing. A number of people spoke of their involvement in courses in the local further education college, while others said they enjoyed work placements. One group of young adults had recently won a regional pool tournament and were delighted with this achievement.

The centre has a range of formal and informal systems to ensure that service users’ views and opinions are taken into account in all matters affecting them. Service users’ inputs and involvement are evidenced in the progress notes and in the formal review process. Two of the files examined at this inspection contained some progress notes that had been written by the

service users. Records of service users' meetings provided evidence of a wide ranging agenda to which all those who attend are invited to contribute. Minutes were typed and were available for inspection. The Praxis Internal Audit report for the service stated that all service users had been consulted as part of the audit process, in addition to two statutory key workers, who between them, represented many of the service users. One comment quoted regarding their views on how the service might develop was, "more of the same".

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, taking account of their views and promoting their confidence and self-esteem.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The Statement of Purpose for the day care service was reviewed and updated by the provider on 19 February 2018. The document describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. This information is contained in two documents, one of which is service specific. The manager was advised to build in greater clarity by presenting in one document, all relevant service specific information, as required by Schedule 1 of the above regulations.

At the beginning of the inspection the team leader provided information on the current operation of the centre and introduced service users and staff members to the inspector. A wide range of documentary evidence was provided to inform the inspection's findings. These included minutes of staff meetings and service user committee meetings, monitoring reports, service users' files, staffing information and written policies and procedures. Praxis Foyle Day Centre has systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. The quality of staff members' performance is monitored on a day to day basis and in formal supervision. All current staff members hold a relevant qualification for their posts (NVQ 3) and the manager has been encouraging staff to take appropriate opportunities to further their training and qualifications. The Team Leader has completed QCF Level 5, Leadership and Management.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all four of the monitoring reports examined, which were for March, April, May and June 2018. Monitoring visits regularly took place unannounced and reports were clear and comprehensive, showing that all of the required

aspects of the centre's operations were checked, with action plans completed to ensure that identified improvements would be addressed within a specified timescale. Good evidence of improvements from month to month was provided. The Internal Audit Report, previously discussed, included comments on the quality of training records, supervision arrangements, minutes of staff meetings and daily handover notes. Evidence presented at this inspection supports the positive findings of the audit.

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to connect the course content of the training with their day to day practice. One staff member spoke enthusiastically of working with people who regularly presented behaviours that challenged staff to find creative responses and management techniques. The manager and staff had identified training topics in addition to the mandatory training, in order to ensure that the needs of service users are being met by staff who are appropriately skilled and knowledgeable.

There was evidence from discussions with individual staff members to confirm that working relationships within the staff team were constructive and supportive. Formal team meetings have been held on a monthly basis and the records showed that this frequency facilitated full discussion of a range of key practice issues, such as working to develop SMART goals for each service user's care plan. Two of the three staff commented that the manager's leadership style was constructive and supportive and that team members were encouraged to accept responsibility for their work and to work toward improving the overall effectiveness of the centre.

The evidence available at this inspection confirmed that Praxis Foyle Centre has effective leadership, supporting staff and promoting a culture of continuous improvement within the service. The service is well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management expectations, staff training, staff supervision, management of complaints and incidents, quality control and improvement, maintaining working relationships and governance arrangements.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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