

# Unannounced Care Inspection Report

## 06 October 2016



## Praxis Care Foyle Projects

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Praxis Care Foyle Projects took place on 06 October 2016 from 10.00 to 14.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was good supporting evidence that care provided was safe within the setting. Staffing levels were reported as being satisfactory in meeting the needs of service users, mandatory staff training was provided with records retained, staff induction programmes retained and positive feedback received from service users, relatives and staff during discussions held and from respondents within satisfaction questionnaires.

No requirements or recommendations were made for improvement.

### **Is care effective?**

There was good supporting evidence that effective care was being provided within the setting. Care records examined reflected comprehensive needs assessments, person centred care plans, review, progress notes and evidence of multi-professional collaboration in planned care, Modes of communication included staff and service user meetings, pictorial information displayed and positive feedback from service users, staff and relatives during discussions held and within satisfaction questionnaires returned to RQIA

No requirements or recommendations were made for improvement.

### **Is care compassionate?**

The inspection of records, observations of practice and discussions with staff and service users and one relative confirmed that service users were being treated with compassion, dignity and respect. Staff were observed listening and responding to service users, seeking their views and communicating with them in a supportive caring manner. Core values were reflected within the statement of purpose and service user guide. Staff and service users are to be commended on the development of a service user guide video which will be of value to new service users and to those considering a placement.

No requirements or recommendations were made for improvement.

### **Is the service well led?**

There was good supporting evidence that the service was well led with effective systems and processes in place for the management of the setting. Discussions with staff, service users and one visiting relative regarding management arrangements confirmed that they were kept fully informed. Staff were knowledgeable with regard to their role and responsibilities. Documentation inspected including the annual quality report, provided good information on the arrangements in place to promote minimum standards and quality improvement within the setting.

No requirements or recommendations were made for improvement.

Overall no areas inspected were identified for improvement. A summary on the outcome of the inspection was presented to Clare Shannon, acting manager, and the staff team, as part of the inspection process.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Clare Shannon, temporary manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 03 February 2016.

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation / registered provider:</b> Praxis Care Group/ Andrew James Mayhew	<b>Registered manager:</b> Tracy Marshall Clare Shannon, Acting Manager
<b>Person in charge of the day care setting at the time of inspection:</b> Clare Shannon, acting manager.	<b>Date manager registered:</b> 12 September 2013
<b>Categories of care:</b> DCS-LD	<b>Number of registered places:</b> 35

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Report and QIP from previous care inspection

The inspector met with all service users in small group format, three staff and one relative. No professional staff visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided to the acting manager for distribution; service users (5), relatives (5) and staff (5), for completion and return to RQIA. A total of fourteen completed questionnaires were returned to RQIA within the timescale requested.

An inspection of the internal environment was undertaken.

The following records were examined during the inspection:

- RQIA certificate of registration
- Indemnity insurance
- Staff duty rota
- Staff Induction programme
- Staff supervision and annual appraisal schedules
- Competency and capability assessments
- Staff training records
- Three service user's care files
- Statement of purpose and service users guide
- Minutes of recent staff meetings
- Complaint records
- Audits
- Accident/incident/notifiable events records
- Annual summary evaluation report (2015)
- Minutes of recent service user' monthly meetings
- Monthly monitoring report
- Policies and procedures.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 03 February 2016.

The most recent inspection of the setting was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of requirements and recommendations from the last care inspection dated 03 February 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 26(2)(c) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  New grab rails were observed to be in place.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time	The registered manager should ensure the toilet roll holder is replaced in the identified female toilet.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A replacement toilet roll holder was observed to be in place.	

## 4.3 Is care safe?

Discussion with the acting manager confirmed that staff was recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that all new staff recruitment records were held off site at Praxis headquarters. The acting manager confirmed that all necessary checks were completed prior to any new staff member commencing service.

The acting manager explained that the current staffing levels were satisfactory in meeting the assessed needs of service users, taking into account the size and layout of the premises, fire safety requirements and the statement of purpose for the setting.

The acting manager confirmed no new staff has been appointed since the previous inspection and that all newly appointed staff would undertake a period of induction. Induction programmes contained within staff files showed these were signed off by the staff member and mentor. Staff on duty each day, including the acting manager's time spent in the setting, was reflected within the staff duty roster retained.

Completed competency and capability assessments were in place for staff in charge of the setting when the acting manager is not present. Assessments viewed reflected duties, role and responsibilities in respect of the day to day management of the setting.

Discussion with staff and a review of records confirmed that mandatory training, supervision (monthly) and annual appraisal was provided. This was also confirmed by staff during discussions and in staff questionnaires returned to RQIA following the inspection. Records of mandatory training retained evidenced that staff training was provided and included a record of staff in attendance. Additional training had also been provided, for example, values and attitudes, equality and diversity.

Discussion with the acting manager and staff alongside examination of records confirmed that no accident/incidents or safeguarding issues or allegations had been reported since the previous inspection.

Discussion with the acting manager and staff confirmed that they were aware of the new DOH regional policy entitled Adult Safeguarding Prevention and Protection in Partnership (2015) and that Praxis had adopted this policy with a safeguarding “champion” identified. Staff who spoke with the inspector demonstrated knowledge and understanding of adult safeguarding principles and aware of their obligations in relation to reporting any concerns about poor practice and whistleblowing. Staff update training in safeguarding of vulnerable adults is scheduled to take place for 29 November 2016.

The acting manager and staff confirmed that restraint was not used in the setting. There was no visible evidence of restraint observed.

A review of the policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). Staff training records showed that training in challenging took place on 15 October 2015.

Review of the infection prevention and control (IPC) policy and procedure confirmed that the policy was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC, which was in line with their roles and responsibilities. Inspection of the centre confirmed adequate supplies of liquid soap; alcohol hand gels; and disposable aprons wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Efforts to promoting good standards of hand hygiene among service users, staff and visitors were evident. Notices displaying the seven steps of good hand hygiene were displayed in both written and pictorial formats.

Inspection of the internal environment was observed to be tidy, organised, fresh smelling appropriately heated/ventilated and suitable for and accessible to service users, staff and visitors.

Fire doors were closed and fire exits free from obstruction. Records of training showed that fire safety was provided on 03 September 2016. The fire risk assessment will be examined by RQIA estates inspector during the planned forthcoming scheduled inspection of the setting.

Service users who met with the inspector stated that the care provided was good. No issues or concerns were raised or indicated.

Comments made included;

- “love coming here”.
- “staff good, they are good fun”.
- “I like watching the video we made”.

- “I like meeting my friends here”.

One relative who met with the inspector commended the staff on their dedication to ensuring service users were well cared for and the wide range of activities provided. No issues or concerns were raised or indicated.

Analysis of responses from service users, staff and relatives recorded within questionnaires returned to RQIA following the inspection confirmed that care provided was safe with responses ranging from “very satisfied to satisfied”. No issues or concerns were recorded.

### **Areas for improvement**

No areas were identified for improvement within the “is care safe” domain.

#### **4.4 Is care effective?**

The setting’s statement of purpose and service user guide was available in the setting. The acting manager confirmed that service users had been issued with the service user guide on commencement at the centre. The service user guide was available in pictorial format and video presentation which was made by the service users and staff. The video was viewed during the inspection. Service users and staff were commended in this innovative development which will be of value to new service users or those considering attending the setting. The setting’s statement of purpose, dated June 2016, had been reviewed and revised to include details of the acting manager.

Each service user/representative had been issued with a service user agreement with signed copies retained in records examined.

A review of three care records confirmed that these were being maintained in line with regulation and standards. Staff confirmed that each service user had an individual care record file containing all the required documents. Care records examined contained an up to date assessment of needs, life history, risk assessments, associated person centred pictorial care plans and daily/regular statements of health and well-being of the service user and review. Care records also reflected the multi-professional input into the service users’ health and social care needs, and were found to be updated regularly to reflect the changing needs of the service user. Records of review reports examined showed that service users/representatives participated in review meetings. Progress care records were in place and recorded every five attendances or more frequently when necessary.

There was recorded evidence recorded within care records that service users and/or their representatives were encouraged and enabled to be involved in the needs assessments, care planning and review process. Discussion with staff confirmed that a person centred approach underpinned practice, for example care records showed that service users were consulted with choice, views and preference reflected within their person centred care plans. Regular notes were recorded within five days of the service user’s attendance or more frequently if required.

Care records were stored safely and securely in line with data protection.

Care records contained signed consent of permission in regard to photography, video and information sharing of care records.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. These included for example, monthly service user and staff meetings, care reviews, user friendly information displayed including “how to complain”, video presentation of service user guide and daily planned activities.

The acting manager explained that monthly monitoring visits made on behalf of the registered provider were undertaken and recorded. Monitoring reports held electronically, were noted to be in compliance with Regulation 28 of the Day Care Setting Regulations (2007). Hard copies of reports are readily available, if requested to the manager, RQIA, service users or representatives and WHSCT personnel.

The inspector met with service users in small group format. Service users confirmed they were very happy coming to the setting, liked the activities and outings provided and commended the staff in this regard. Service users were also aware of who to contact if they had any concerns. No issues or concerns were raised or indicated.

One relative who spoke with the inspector commended the staff and confirmed that the care was very good and that they knew who to contact if advice was required or they had any concerns.

Analysis of responses from service users, staff and relatives in the 14 questionnaires returned to RQIA following the inspection confirmed the care was effective with responses ranging “very satisfied or satisfied”. No issues or concerns were recorded.

### **Areas for improvement**

No areas were identified for improvement in the “is care effective” domain.

#### **4.5 Is care compassionate?**

The acting manager and staff confirmed that there was a culture/ethos within the setting that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings.

There were a range of policies and procedures in place which supported the delivery of compassionate care.

Discussions with service users, who were able to respond, confirmed that consent was sought in relation to their care and treatment. Observation of staff practice and interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity. Staff were able to demonstrate how service users’ confidentiality was protected. For example, any discussions held with service users regarding personal matters would be undertaken in private; care records are confidential and only shared with consent and to those who need to know.

Staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, one representative and observation of practice confirmed that service users’ needs were recognised and requests responded to in a prompt and courteous manner by staff.



Fourteen satisfaction questionnaires were completed and returned to RQIA following the inspection. Analysis of responses ranged from satisfied to very satisfied within the “is care compassionate domain. No issues or concerns were recorded.

### Areas for improvement

No areas for improvement were identified in “is care compassionate” domain.

#### 4.6 Is the service well led?

Tracy Marshall, the registered manager of this setting was off duty on long term leave. Clare Shannon who has been acting manager since May 2016 was in charge. The acting manager is also team leader for two other community facilities. Examination of the staff duty roster evidenced staffing and the acting manager’s time spent in the centre. The acting manager is supported in her role by one full time team leader and three part-time support workers. There are 23 regular attendees and a total of 35 service users on the register.

Discussion with the acting manager identified that she had a very good understanding of her role and responsibilities under the Day Care Setting Regulations (Northern Ireland) 2007.

The centre’s certificate of registration with RQIA was displayed in a prominent position.

There was a clear organisational structure within the centre and staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre’s statement of purpose and service user guide.

The acting manager and staff confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the settings statement of purpose.

Staff meetings were being held each month with minutes recorded. Monthly staff meetings examined showed staff in attendance and range of topics discussed.

Individual staff supervision and annual appraisal were provided with notes recorded.

A wide range of policies and procedures were available to staff. These were being held electronically and staff confirmed they had direct access and demonstrated how to obtain these.

Examination of complaints records showed that no complaints had been received since the previous inspection. Information on “how to complain” was reflected within the statement of purpose and service user guide and video format.

The acting manager and staff confirmed no accidents or incidents had occurred since the previous inspection.

The acting manager explained that internal audit is undertaken to provide a systematic and documented process to determine the quality of the service provided was in accordance with the statement of purpose, legislation and associated day care standards. Audits and actions taken to address improvements were reflected within the annual quality report viewed. There was evidence of effective, efficient and quality care with a commitment of continual quality improvement.

Audits undertaken included; monthly monitoring reports to ensure these were being fully completed in accordance with legislation; service user/stakeholder satisfaction surveys; care records/recording; activity planning/provided; fire safety; finance arrangements; NISCC registrations and general environment audit. A summary of findings was reflected with actions for improvement recorded address.

### **Areas for improvement**

No areas were identified for improvement within “is the service well led” domain.

### **5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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