



The Regulation and
Quality Improvement
Authority

Kesh Domiciliary Supported living
Service
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**Announced Care Inspection
of
Kesh Domiciliary Supported Living Service
4 June 2015**

The Regulation and Quality Improvement Authority
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1 Summary of Inspection

An announced care inspection took place on 4 June 2015 from 09:30 to 13:30. Overall on the day of the inspection the agency was found to be delivering compassionate care, however, the areas of safe and effective care require further action. 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

In the course of the inspection, the inspector noted that there was a shortage of permanent staff that had been supplemented by use of staff from another domiciliary care agency. The manager and assistant director acknowledged this and stated that a recruitment process was underway. In view of our serious concerns about the quality and safety of the services provided by the agency, RQIA sought to seek assurance from the registered person about actions that may be necessary.

The registered person was invited to attend a serious concerns meeting at the RQIA office, on the 17 June 2015.

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	0

The details of the QIP within this report were discussed with the registered manager and assistant director 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	Registered Manager: Mr Kieran McGrenaghan
Person in charge of the agency at the time of Inspection: The registered manager	Date Manager Registered: 13/04/15
Number of service users in receipt of a service on the day of Inspection: 6	

3 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4 Methods/Process

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

Prior to inspection the following records were analysed:

- The previous inspection report and QIP
- Incident records
- Records of contact with the agency since the last inspection

During the inspection the inspector met with one service user, three care staff the registered manager and the assistant director.

The following records were examined during the inspection:

- Six care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care
- Monthly monitoring reports for January, February, March and April 2015.
- Staff meeting minutes for February, April and May 2015.
- Staff training records:
 - Vulnerable adults*
 - Human Rights*
 - Challenging behaviour*
 - Staff supervision*
 - Whistleblowing*
- Records relating to staff supervision
- Complaints records
- Recruitment policy, the policy was updated by Praxis Care on the 6 November 2014.
- Records relating to recruitment process
- Induction procedure
- Records of induction for one staff member
- Staff register and associated records
- Staff rota information from the 13 April 2015

Six questionnaires were completed by staff during the inspection and one following the inspection; these indicated that the majority of staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared staff for their role
- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- Staff will be taken seriously if they were to raise a concern

Individual staff comments written by staff:

"I find the standard of care to be high."

"Staff apply not only the minimum standard but give maximum support."

"We provide an excellent service to our clients."

"We are provided with excellent training to help us fulfil our role effectively."

"I feel Kesh supported living has an excellent staff team."

"Our knowledge and skill has a positive influence on service users."

"I feel the agency I work for are very good providers regarding care and provide a good standard of service."

During the inspection one questionnaire was completed by a service user who chatted to the inspector. Four other questionnaires were left for service users to complete and return to the RQIA. These were returned to RQIA on the 8 June 2015.

The questionnaires completed by service users indicated that the service users are very satisfied with the following:

- The support you receive
- Staff respond to your needs
- Staff help you feel safe and secure here

One service user stated:

"My keyworker is good."

"I'm happy; the staff are good and listen to me at all time."

5 The Inspection

The agency is a supported living type domiciliary care agency provided by Praxis domiciliary care in Kesh, Co Fermanagh. The care and support is provided within two sites in the area.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Kesh Domiciliary was an announced care inspection dated 29 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 23 (1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p>RQIA request that the agency forward copies of the monthly quality monitoring record to RQIA until further notice.</p>	Met
	<p>Action taken as confirmed during the inspection: The RQIA have received the required information from the agency. Records in place were satisfactory.</p>	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by staff interviewed and evidenced in the records of one staff member examined by the inspector. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure for verifying the identity of all supply prior to their supply, and the registered manager assured the inspector that no staff are supplied unless this procedure is followed.

The agency has a policy and procedure in place for staff supervision and appraisal which details the frequency of both. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

During the primary inspection of the agency carried out on 4 June 2015, the inspector reviewed records detailing hours worked by domiciliary care agency staff. Within these records, the inspector noted regular instances of an employee supplied from another domiciliary care agency, working shifts in excess of 14 hours on a number of occasions without a break. It was noted by the inspector that on more than one occasion the agency staff member worked on consecutive days i.e. thirteen. It was further noted that the agency staff member was on occasion acting as team leader responsible for the safety and quality of the entire service, as well as covering sleep over duties as part of the consecutive shifts.

The Inspector discussed this with the assistant director and the registered manager of the service who stated that provision for staff to take breaks while on duty was introduced to the service on 4 May 2015.

In the course of the inspection, the inspector noted that there was a shortage of permanent staff that had been supplemented by use of staff from another domiciliary care agency. The manager and assistant director acknowledged this and stated that a recruitment process was underway.

The manager and assistant director also stated that, linked to the complexity of needs of individual service users, the need for staff consistency has been identified.

In view of our serious concerns about the quality and safety of the services provided by the agency, RQIA sought to seek assurance from the registered person about actions that may be necessary.

The registered person was invited to attend a serious concerns meeting at the RQIA office, on the 17 June 2015.

At this meeting, the registered person provided a full account of the actions they will take to ensure the minimum improvements necessary to achieve compliance with the requirement identified. The registered person provided RQIA with assurances that the agency staff will be monitored as to the number of hours they will work.

Is Care Effective?

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. The manager and assistant director also stated that, linked to the complexity of needs of individual service users, the need for consistency had been identified.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction examined supported staff feedback.

The agency's process of evaluating the effectiveness of staff induction was seen within records reviewed by the inspector.

Discussion with staff and the examination of training records provided evidence that the agency has a process in place to identify and respond to training needs. The agency provides a range of training in addition to mandatory training. The registered manager and staff described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff provided positive feedback about the nature and frequency of supervision and appraisal.

Overall on the day of the inspection the inspector found care to be less than effective. This refers to the excessive supply of staff from another domiciliary care agency and the number of hours being worked as noted on staff rotas examined during the inspection.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. These comments and the agency's response to them could be seen in daily recording, minutes of individual meetings with service users and staff meetings.

Discussions with staff and the manager indicated that due to the complexities of need experienced by two service users they are prepared in advance of any staff changes. The staff interviewed by the inspector were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

The registered manager described a process of recruitment undertaken by the agency in order to improve the continuity of staff to service users and minimise the disruption to service users. Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users, this was supported by staff comments.

Agency staff who took part in the inspection clearly described having the knowledge and skills to carry out their roles and responsibilities. Service users and relatives confirmed that staff have appropriate knowledge and skills.

Agency staff described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Overall on the day of the inspection the inspector found care to be compassionate.

Service users' comments:

"I have all my own staff and we get on well."

"Some staff are easy to get on with some others take longer"

"Staff support me well."

Staff comments:

“Induction and training is good.”

“Staff support each person individually each day one to one.”

“Consistency is important when support individuals.”

“Staff communicate well with each other and discuss the service users regularly.”

Relatives Comments:

“The staff care for ***** well.”

“The staff are friendly and helpful.”

“The staff are excellent.”

HSC Trust comments:

“Staff are very supportive.”

“Staff adhere to all behavioural plans.”

Areas for Improvement**Regulation 13**

13. The registered manager shall ensure that no domiciliary care worker is supplied by the agency unless -

(c) he is physically and mentally fit for the purposes of the work which he is to perform.

Number of Requirements:	1	Number of Recommendations:	
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**Is Care Safe?**

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector saw records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service user and their views. This process results in individualised care and support plans seen by the inspector.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments, care plans, and records of adult safeguarding referrals. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice. Staff could provide examples of positive risk taking in practice.

Overall on the day of the inspection the inspector found care to be safe in relation to this theme.

Is Care Effective?

Records of reviews provided evidence that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required. Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. Staff described how care and support plans are written along with the service user and showed evidence of this.

Feedback from relatives, monthly monitoring reports, minutes of service users' individual meetings provided examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

Service users have been provided with information relating to human rights in a suitable format.

It was noted that individual care and support plans place importance on the human rights of individuals. Care and support plans are written and reviewed under the following subdivisions:

- *Improved Health*
- *Improved quality of life*
- *Making a positive contribution*
- *Choice and control*
- *Freedom from discrimination and harassment*
- *Emotional wellbeing*
- *Personal dignity*
-

Overall on the day of the inspection the inspector found care to be effective in relation to this theme.

Is Care Compassionate?

Feedback from staff, service users, relatives and an HSC Trust staff member would suggest that service users receive care in an individualised manner. Comprehensive care plans and agency records are written in a person centred manner.

Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery. One service user interviewed stated: *"I always tell them what I think and feel." "***** is a good listener and has time for me."*

Staff discussed examples of responding to service users' preferences. Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were seen in activity programmes, care and support plans and through discussion with one service user.

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues. This collaboration was verified by relatives and the HSC Trust staff spoken to by the inspector. The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

Overall on the day of the inspection the inspector found care to be compassionate in relation to this theme.

Service users' comments:

"This is my home I do what I have to each day."

"The staff are all good and help me with everything I need or want to do."

"I have no problem getting staff to do stuff for me."

Staff comments:

"I feel proud to be part of a passionately caring and person centred service."

"We promote the person centred way and encourage empowerment and autonomy."

"We are always looking for ways to improve the service to service users."

Relatives Comments:

"My *** is very happy there and is well supported by staff."

"We are very satisfied with the service."

"The staff are well equipped for the service they provide."

HSC Trust comments:

"A good well supported service."

"***** has improved so much since moving to the service."

"I attend all reviews and discuss with staff the plans in place."

"The service is good for *****."

Areas for Improvement

N/A

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

Reports of Monthly Quality Monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. It was noted that staff levels were not being monitored during these monitoring visits, however the registered person has given an assurance to RQIA that staffing arrangements will be monitored more closely and noted in relevant reports.

Complaints

Records of complaints from 1 January 2014-31 March 2015 were examined. There was one complaint within the time period specified. The complaint was satisfactorily addressed by the agency.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr K McGrenaghan the registered manager and Mr C Coyle the assistant director 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 Supportedliving.services@rqia.org.uk 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 agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (c)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection.</p>	<p>The registered manager shall ensure that no domiciliary care worker is supplied by the agency unless -</p> <p>(c) he is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>This requirement refers to the excessive supply of staff from another domiciliary care agency and the number of hours being worked as noted on staff rotas examined during the inspection.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Staff rotas were reviewed effective from 5th June 2015 with a cap placed on the number of hours worked by either agency staff or indeed Praxis Care staff.</p> <p>System in place to ensure weekly review of rotas by the registered manager and monthly review by the assistant director and recorded on the Monthly Regulation proforma.</p> <p>All permanent Praxis Care staff have signed the European Working Time Directive.</p>

Requirements

Registered Manager Completing QIP	Kieran McGrenaghan	Date Completed	19/08/15
Registered Person Approving QIP	Willie McAllister on behalf of Irene Sloan	Date Approved	20/08/15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	20/8/15

Please ensure the QIP is completed in full and returned to Supportedliving.services@rqia.org.uk from the authorised email address

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

Please complete in full and returned to Supportedliving.services@rqia.org.uk from the authorised email address

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