

Unannounced Care Inspection Report 17 May 2018



Kesh Domiciliary/Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 26 Pettigo Road, Letterkeen, Kesh, BT93 1QX
Tel No: 02868633107
Inspector: Kieran Murray

www.rqia.org.uk

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 domiciliary care agency supported living type which provides services to six service users living at two locations and who require care and support with learning disabilities, autism and mental health disabilities. The service users are supported by 18 staff.

3.0 Service details

<p>Organisation/Registered Provider: Praxis Care Group</p> <p>Responsible Individual: Mr Andrew James Mayhew</p>	<p>Registered Manager: Mr Kieran McGrenaghan (Acting Manager)</p>
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Person in charge at the time of inspection:
Mr Kieran McGrenaghan (Acting Manager)

Date manager registered:
26 March 2018

4.0 Inspection summary

An unannounced inspection took place on 17 May 2018 from 10.00 to 17.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- care reviews
- training
- incident management
- collaborative working
- professional body regulations

No areas of improvement were identified during this inspection.

The findings of this report will provide the agency 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 Mr Kieran McGrenaghan, Acting Manager, 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 05 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 September 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:

- previous inspection report and quality improvement plan (QIP)
- record of notifiable incidents
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with five service users and three staff. The inspector made telephone contact with one service users' representative following the inspection but was unable to make contact with Trust professionals.

The following records were examined during the inspection:

- six service users' care and support plans
- care review records
- HSC Trust assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- records relating to appraisal
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding adults in need of protection policy, 2016
- whistleblowing policy
- data protection policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report. The manager was also asked to distribute 10 questionnaires to service users/family members. No responses were received prior to the issue of the report.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 September 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 05 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulation (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16(5)(a)(b) Stated: First time	Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that— (a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and (b) during that induction training— (i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person; (ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker; (iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty;	Met

	<p>and (iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p>	
	<p>Action taken as confirmed during the inspection: The inspector examined induction records and confirmed that all new staff had a satisfactory induction programme provided to them.</p>	
<p>Area for improvement 2 Ref: Regulation 22(8) Stated: First time</p>	<p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector examined the records relating to complaints and found them to be satisfactory.</p>	
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 8.12 Stated: First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed the annual plan for the agency and found it be satisfactory. The annual plan involved relevant stakeholders.</p>	
<p>Area for improvement 2 Ref: Standard 15.7 Stated: First time</p>	<p>Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed the new complaints and comments leaflet which included independent advocacy services. The inspector found the leaflet was satisfactory.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction and probationary period. The inspector spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

The manager informed the inspector that two staff within the agency had been promoted to team leaders and would be taking up their new posts the week following the inspection. The manager forwarded to the inspector the planned induction programme for these staff on commencement of their new roles. The inspector reviewed the information and found it to be satisfactory.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The manager and staff advised the inspector that the agency uses a small number of relief staff who are currently employed by Praxis Care Group. The relief staff who spoke to the inspector outlined an induction programme provided to them by the agency. The manager advised the inspector that the agency also uses a small pool of staff from an employment agency which is also a registered domiciliary care agency to meet the needs of service users.

The manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic identification and evidence of their NISCC registration and the induction programme provided to them.

Service user comments:

- "I am happy here."

Staff comments:

- "We are happy enough with the rota."
- "I would go to my supervisor or team leader if I had any concerns."

Relative comments:

- "The staff are doing a good job."

The inspector evidenced a planner in the agency for completed and planned supervisions, but on examination of records the inspector found them to be inconsistent. The manager agreed to forward an assurance to RQIA that all staff has had supervision and appraisals completed as per policy and procedure. Following the inspection and within an agreed timescale, the manager forwarded information to RQIA that provided the necessary assurances that all staff had supervision and appraisal completed in accordance with policy and procedure. The inspector reviewed the information and found it to be satisfactory.

Staff who spoke to the inspector on the day of the inspection provided feedback that they had received supervision and appraisal in accordance with policy and procedure.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the agency's mandatory training. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Restrictive Practice, Sensory Impairment and Personality Disorder Training.

The manager informed the inspector that a training programme is published each month by Praxis Care Group and was available on the agency wall for staff to book on to relevant training to meet the needs of service users.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to staffs' safeguarding training were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion and were able to name the person.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made no safeguarding referrals to the Trust since the last inspection 05 September 2017.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection it was noted that there were a number of restrictive practices in place and that any restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were reviewed six monthly and evaluated.

The inspector noted that evidence of review of service users' needs took place annually or as required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection 05 September 2017. The inspector evidenced that completed incident records were completed appropriately by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received no complaints since the last inspection 05 September 2017. The inspector reviewed the complaints folder and found it be satisfactory. After a discussion with the manager in relation to a complaints log/register the manager agreed to devise same. Following the inspection the manager forwarded a devised complaints log/register which was reviewed by the inspector and found to be satisfactory.

Areas of good practice

There were examples of good practice found throughout the inspection in relation adult safeguarding referrals and risk management.

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.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2017) and Service User Guide (2015).

The inspector reviewed six service users' care and support plans. The inspector was informed that care and support plans are reviewed on a monthly basis or sooner if required with the key worker. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined six monthly and annual reviews and the records were satisfactory. The agency maintains daily contact records for each service user.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users' indicated that service users: have a genuine influence on the content of their care plans.

Relative's comments:

- "My husband attends the reviews."
- "I get a copy of the notes posted to me."

Staff comments:

- “Team work well together.”

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users’, staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Monthly monitoring reports have been provided to RQIA since the last inspection. Monthly monitoring reports were found to be improving over the previous months. However, the inspector has requested continued submission of the monthly monitoring reports to RQIA and this practice will be reviewed in the coming months.

The inspector noted the following comments made by relatives during quality monitoring visits:

Relatives comment:

- “I am very happy with how my daughter is treated.”

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users’. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal and written handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

The inspector evidenced quarterly update newsletters from the senior leadership team and monthly newsletters for staff in the agency.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. The inspector noted that service users were updated on maintenance, health and safety issues and social events.

The inspector noted and examined the following surveys carried out by Kesh Domiciliary/Supported Living Service, Operational Plan 2017/2018, Service User Survey 2017 and Stakeholder Survey 2017 with positive results.

The inspector examined an updated service user questionnaire to be sent to service users for feedback for year 2018/2019.

The name and contact details of advocacy services were available in the Statement of Purpose and Service User Guide as well as on the Complaints and Comments leaflet. Service users informed the inspector that they had attended functions run by the local Mencap organisation.

The staff interviewed informed the inspector that desktop computers are available in the agency office for staff to use to access policies and request on-line and face to face training.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

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?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using appropriate language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings. A service user invited the inspector to view their bedroom and the service user informed the inspector that they had chosen the colour scheme themselves.

The inspector was informed by a service user how they had enjoyed a holiday to the local seaside resort supported by agency staff.

The inspector observed photographs of service users enjoying social events inside and outside of the agency supported by staff.

On the day of the inspection the inspector observed staff taking service users out to the local area to promote social inclusion.

Relative comments:

- “Staff are very happy to see you.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection 05 September 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system available for staff to request training to meet the needs of service users.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained on an electronic system for staff to access.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the Trust referral information.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that no complaints had been received since the last inspection 05 September 2017.

Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person and manager has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users’ comments:

- “I am very fond of the manager.”

Relative comments:

- “I know the manager.”

Staff comments:

- “The manager gives a helping hand if necessary.”
- “The manager is very hands on.”

Areas of good practice

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

Areas for improvement

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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