

# Unannounced Care Inspection Report 25 April 2019



## 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**

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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 domiciliary care agency supported living type which provides personal care and housing support to 6 service users living at two locations with learning disabilities, mental health and complex needs within the Western Health and Social Care Trust (WHSCT) area. Service users are supported by 18 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual:</b> Andrew James Mayhew	<b>Registered Manager:</b> Mr Steven Beacom (Acting Manager)
<b>Person in charge at the time of inspection:</b> Mr Steven Beacom	<b>Date manager registered:</b> Mr Steven Beacom – application not yet submitted.

### 4.0 Inspection summary

An unannounced inspection took place on 25 April 2019 from 09.30 to 18.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

#### Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- staff training and development
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC) and Nursing Midwifery Council (NMC)

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Manager and the Head of Operations, as part of the inspection process and can be found in the main body of the report.

#### 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
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with five service users, the manager, head of operations and five staff. The inspector made telephone contact with one service users' representative following the inspection.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Eleven responses were received and analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the service users and their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Six were returned. No feedback was received.

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 feedback was received.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 17 May 2018

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

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices.

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; it was evidenced that staff attend the Praxis Care Group (PCG) corporate induction programme. Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector evidenced periods of shadowing for new staff on rotas. 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.

It was positive to note that the induction programme included training on values, rights, choice, privacy, independence, dignity, respect, identity and working in partnership with service users.

Staffing levels were consistently maintained and there were no concerns raised with the inspector by staff, service users or representatives in relation to the service users' needs not being met. The manager and staff advised that the agency uses a small number of relief staff who are currently employed by PCG and a small pool of staff from another 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 evidence, Access NI number, training and evidence of their Northern Ireland Social Care Council (NISCC) registration and the induction programme provided to them by PCG.

The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as Human Rights, Restrictive Practice and General Data

Protection Regulation (GDPR) training. A poster was displayed in the office, in relation to 'Confidentiality & Data Protection.'

**Staff comments:**

- "I feel the training is very good in Praxis."
- "There is a training calendar to put forward suggestions."

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained

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) this was 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 safeguarding training completed by staff were up to date. The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. 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 one safeguarding referrals to the WHSCT since the last inspection on 17 May 2018 and that the referral had been managed appropriately. It was positive to note that the agency had completed a safeguarding position report which was reviewed and found to contain appropriate information.

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.

**Service user comments:**

- "I do get respect."
- "The staff treat me with respect and dignity."

The inspector noted that staff had received training in restrictive practices. On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the HSCT Service users and representatives and were noted to have been reviewed six to nine monthly and evaluated.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with GDPR data protection guidelines. It was noted that General Data Protection Regulations (GDPR) had been discussed during the staff meetings.

Of 11 responses returned by staff, nine indicated that they were 'very satisfied' that care was safe and two indicated that they were 'satisfied' that care was safe.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and inductions, supervision and appraisals, training, adult safeguarding referrals, restrictive practice and risk management.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

The full nature and range of service provision is detailed in the Statement of Purpose (2018) and Service User Guide (2018). However, it was identified that the Statement of Purpose (2018) did not contain the organisational structure and did not include information in relation to making a complaint and the relevant bodies to support service users if the need arose to make a complaint. The manager updated the Statement of Purpose on the day of the inspection and this was reviewed as satisfactory. The inspector noted the Service User Guide (2018) had incorrect details relating to regulatory roles. Following the inspection the agency forwarded the revised Service User Guide which was found to be satisfactory.

The review of four care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and six to nine monthly care reviews with the relevant WHSCT representative, service users and representatives as appropriate.

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

#### Service user comments:

- "I go upstairs for my reviews with XXXX and Trust professional."
- "I get an opportunity to put forward my views."

#### Relative comments:

- "The staff treat me with dignity and respect."
- "The staff look after XXXX human rights."

#### Staff comments:

- "I feel the needs and views of all service users are paramount at all times, working in Partnership with agencies."

The agency maintains daily contact records for each service user. On examination of records the inspector noted a small number of corrections not in keeping with the agency's policy and procedures in relation to record keeping. The manager has given the inspector assurance that record keeping will be discussed at the next team meeting and kept under review going forward.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users, their next of kin and other key stakeholders.

Review of team meeting records indicated that meetings took place on a monthly basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. Staff indicated that the staff team are supportive to each other and that communication is good.

The inspector reviewed tenant meeting records which indicated that they took place on a monthly basis and that tenants views were being heard and addressed. This was confirmed by service users who spoke to the inspector.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, next of kin, staff and HSC Trust representatives.

Of 11 responses returned by staff, 10 indicated that they were 'very satisfied care was effective and one indicated that they were 'satisfied' care was effective.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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
<b>Total number of areas for improvement</b>	0	0

### 6.5 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on human rights, attitudes and values.



Discussions with the service users, manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in arranging holidays in the coming months.

It was evident that the agency staff and WHSCT 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.

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.

#### **Service user comments:**

- "I am going to Kerry with my family for a holiday."
- "I want to stay here for the rest of my life."

#### **Relative comments:**

- "The staff are very nice and pleasant."

#### **Staff comments:**

- "We have a lot of contact with service users' representatives. They are all lovely."

The inspector noted the following compliment from a service user on a thank you card to staff:

'Thank you for looking after and being able to help me when needed and sound advice on XXXX.'

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Of 11 responses returned by staff, all 11 indicated that they were 'very satisfied care was compassionate.

#### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users. The agency is managed on a day to day basis by the manager with the support of team leaders and a team of support assistants. It was identified that the agency has effective systems of management and governance in place. Since the previous inspection RQIA has been informed of a temporary change of management from 5 August 2018. A new manager is due to commence in the service in July 2019, and an application for registered manager will be submitted to RQIA at this time.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC) and the Nursing Midwifery Council (NMC). The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NMC and NISCC records confirmed that all staff were currently registered. The person in charge described the system in place for monitoring renewal of NMC and NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NMC and NISCC registration has lapsed.

There had been one complaint received from the date of the last inspection. This complaint was deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. The inspector noted the complainant was fully satisfied with the outcome of their complaint. All those consulted with were confident that management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

### Service user comments:

- "We have to live independently and we do."

### Staff comments:

- "The management treat me with dignity and respect."
- "I meet the management regularly and put forward my views."
- "I feel the organisation is both very supportive of their staff and service users."

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- accidents and incidents
- complaints
- NISCC registrations
- restrictive practices
- training and supervision

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user survey 2018 and stakeholders survey 2018. The inspector reviewed both survey's result and found them to be positive. The manager informed the inspector that the annual report was not finalised on the day of the inspection. Following the inspection the agency forwarded information that provided the necessary assurances that the annual report was completed and is planned to be shared with all stakeholders. The inspector reviewed the information and found the annual report to be satisfactory.

The inspector reviewed the agency's Complaints and Whistleblowing policies and procedures and found that they needed to be updated. Following the inspection the agency forwarded the amended policies. The inspector reviewed the policies and found them to be satisfactory. Policies were held in hard copy and were accessible to staff.

Records of service user meetings and reports of quality monitoring visits indicated the agency's commitment to regularly engaging with service users and where appropriate relevant stakeholders.

There was evidence of effective collaborative working relationships with key stakeholders, including the WHSC Trust, service users, next of kin and staff. The agency had received positive feedback through the quality monitoring report from WHSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The inspector noted the following comment on a quality monitoring report from a WHSCT keyworker:

'No concerns in relation to the care and support that is provided on an ongoing basis. Feels the service is well run and good support provided.'

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Of 11 responses by staff, nine indicated that they were 'very satisfied' that the service was well led and two indicated that they were 'satisfied' that the service was well led.

### **Areas of good practice**

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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