

# Unannounced Care Inspection Report 22 November 2017



## Praxis Day Care

**Type of Service: Day Care Setting**  
**Address: Ardess Hall, Mantlin Road, Kesh, BT93 1GL**  
**Tel No: 07501491724**  
**Inspector: Angela Graham**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a day care setting that provides care and day time activities for up to twenty four service users with a learning disability. The day care setting is open Monday to Friday.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Praxis Care Group<br>Andrew James Mayhew  | <b>Registered Manager:</b><br>Sandra Murray          |
| <b>Person in charge at the time of inspection:</b><br>Relief Team Leader, Kelly McCabe<br>Registered Manager, Sandra Murray | <b>Date manager registered:</b><br>06 September 2011 |
| <b>Number of registered places:</b><br>24 DCS-LD  |  |

### 4.0 Inspection summary

An unannounced inspection took place on 22 November 2017 from 09.25 to 16.50 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care records, audits and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the environment and the recording of the staff duty roster.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I come here every day, I like coming", "The girls help me and are good" and "I am singing at our Christmas Concert".

The findings of this report will provide the establishment 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           | 2         |

Details of the Quality Improvement Plan (QIP) were discussed with Kelly McCabe, Relief Team Leader and Sheena Lecky, Support Worker 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 21 March 2017

## 5.0 How we inspect

Prior to inspection the following records were analysed:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection, the inspector met with the head of operations, registered manager, the relief team leader, three care staff, one relative and ten service users. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. One relative's questionnaire was returned to RQIA. The content of the questionnaire is discussed in the main body of the report.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information

- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 March 2017

The most recent inspection of the establishment was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 21 March 2017

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

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The relief team leader confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 23 October 2017 until 22 November 2017 evidenced that the planned staffing levels were adhered to. Review of the staff duty roster confirmed the registered manager's hours of work, 08.30 to 16.30 hours, Monday to Friday. Discussion with the registered manager confirmed that she was not always working in the day centre during these periods of time. The registered manager's office is located in a separate building, approximately two miles from the day centre. Discussion with the relief team leader confirmed an administrative staff member had a dual role within the day centre. The administrative staff member also undertook caring duties. The staff duty roster did not clearly record the hours the registered manager was working in the day centre or the hours that the administrative staff member undertook caring duties. This was identified as an area for improvement.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the registered manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. The assessment demonstrated that the relief team leader was competent; willing to undertake management tasks and had the knowledge to fulfil their role and responsibility in the absence of the registered manager. Discussions with the relief team leader confirmed that they were aware of the day care setting regulations and standards which they had used to guide practice.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, positive behaviour, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The inspector examined a sample of the settings incidents, accidents and notifications forwarded to RQIA. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

One to one staffing was in place for two service users with a learning disability and the relief team leader confirmed this was agreed with the trust's behavioural support team. The service user's assessments and care plans confirmed staff had assessed any of the restrictions in place were the least restrictive measure to meet identified service user's needs. Furthermore they had involved other professionals to confirm that the restrictions were necessary.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.



The relief team leader and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. The review identified a small number of environmental issues: the identified toilet floor covering presented with evidence of wear and was stained and the paintwork was chipped and marked. This was identified as an area for improvement.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 16 November 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

One relative returned a questionnaire to RQIA post-inspection. The relative identified that they were satisfied with the safe care in Praxis Day Centre. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and that they would report concerns to the manager.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management.

### Areas for improvement

Two areas for improvement were identified in relation to the environment and the staff duty roster.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 2         |

### 6.5 Is care effective?

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

Discussion with the relief team leader established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection.

Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Praxis Day Care.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

The relief team leader confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training, finances, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussion with the relief team leader and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the relief team leader and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 08 November 2017 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Discussion with staff confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the registered manager or team leader.

Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the



needs. Staff identified they were conscious of giving service users safe choices and encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the registered manager.

One relative returned a questionnaire to RQIA post-inspection. The relative confirmed that they were satisfied with the effective care. They stated that their relative receives the right care, at the right time, in the right place.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and communication between service users, 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         |

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The relief team leader confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as cookery sessions and drama sessions. Observations of service users taking part in activities showed participation was good. Discussion with the registered manager confirmed a wide range of activities were provided to the service users such as wood work sessions, drama sessions, sportability, cookery sessions, Be Safe, Stay Safe programme, trips and outings.

When staff discussed restrictions that service users might experience they described how important using the least restrictive measure was for each individual and ensuring responses to behaviour were focussed on de-escalation of behaviour or risk and protecting service users' personal safety.

Staff also described they are working to develop positive behaviours and opportunities for service users as they get to know them to help service users develop their independence and positive experiences in day care.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "We go out shopping."
- "I like cooking."
- "The food is nice."
- "The staff help me cut things out. I am making a Christmas list."
- "I am doing two songs on stage for the Christmas show."

During the inspection the inspector met with four care staff. Some comments received are listed below:

- "The care in the centre is very good. We continual review the service users' level of support and at all times promote choice and independence."
- "The service users are provided with structured activities based on their assessments and needs."
- "I have attended all the mandatory training and we recently had specific training to assist in meeting a service user's needs."
- "There is a good staff team here and the manager is always available."

The inspector met with a relative. The relative spoke positively of the service, care delivered and the staff team. Examples of some of the comments made by the relative are listed below:

- “My son comes to the day centre and enjoys coming here.”
- “My son is safe here and well cared for.”
- “The staff are excellent and are very kind to him. There is very good communication between the staff and I.”

Consultations with service users regarding compassionate care confirmed they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected, they have choices and are involved in decisions.

One relative returned a questionnaire to RQIA post-inspection. The relative confirmed that they were satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The relief team leader confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre’s policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices.

They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the relief team leader and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the relief team leader confirmed that staff meetings were held generally monthly, and records verified this. The last meeting was held on 17 October 2017 and minutes were available. Previous staff meetings had been undertaken on 21 September 2017 and 16 August 2017. The content recorded detailed discussions of staff being informed regarding changes to service users' needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded evidenced staff discussions were focussed on service users' needs and improvement. The relief team leader confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 21 March 2017. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. A monitoring visit had been undertaken on 24 October 2017. Three monitoring reports were reviewed from August to October 2017. The monitoring officer reported on the conduct of the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The returned relative questionnaire confirmed that they were satisfied that the service was managed well and the staff and the manager are approachable, professional and caring.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

### **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                |

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kelly McCabe, Relief Team Leader and Sheena Lecky, Support Worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>  |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>06 December 2017</p> | <p>The registered person shall ensure that a record is kept of staff working each day and the capacity in which they worked.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Manager now records in a diary on a daily basis when she is in the day care facility in person. 23.11.2017.</p> <p>Dual role of Admin and care role is recorded in the staff rota on a daily basic as her role on the day. 23.11.2017</p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>28 February 2018</p> | <p>The registered person shall ensure that the building is kept clean and hygienic at all times, and decorated to a standard acceptable for the service users.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Toilet area has now had the flooring replaced and the walls painted completed on the 22.01.2018.</p> <p>Manager has also installed sanitizers within the facility.</p>                                  |

***\*Please ensure this document is completed in full and returned via Web Portal\****



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