



The Regulation and
Quality Improvement
Authority

Praxis Day Care
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Inspector: Dermott Knox
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**Unannounced Care Inspection
of
Praxis Day Care

28 October 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 28 October 2015 from 11.30 to 17.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. No areas for improvement were identified. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

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

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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Praxis Care Group	Registered Manager: Ms Sandra Murray
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Sandra Murray	Date Manager Registered: 06 September 2011
Number of Service Users Accommodated on Day of Inspection: 10	Number of Registered Places: 24

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 standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Service user guide
- Record of notifications of events
- Quality Improvement Plan from previous inspection on 12 February 2015, including the provider's responses, approved by RQIA on 13 April 2015.

During the inspection the inspector met with:

- Nine service users, three individually and six in their activity groups
- The registered manager,
- The senior day care worker
- Two care staff.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Monthly monitoring reports for four months in 2015
- Record of complaints, containing one entry
- The statement of purpose

- Service user guide
- Minutes of two members' council/service user meetings
- Minutes of three staff meetings
- A sample of staff training records
- A sample of two written policy and procedures documents.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 12 February 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

There were no statutory requirements from previous inspection.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard Theme 1	<u>Policy</u> Recommendation was made to review and revise the policy on Restraint dated 23 April 2013 as no reference was made to the requirement to notify RQIA should restraint be used.	Met
	Action taken as confirmed during the inspection: The revised version of this policy, dated 01 February 2015, was available for inspection and was in compliance with the recommendation.	
Recommendation 2 Ref: Standard 13.4	<u>Whistleblowing</u> The manager was requested to ensure that outcome of the investigation by WHSC Trust into whistle blowing is notified to RQIA.	Partially Met
	Action taken as confirmed during the inspection: The investigation of this matter by the WHSCT has not finished and the recommendation remains in place until the registered person informs RQIA of the outcome. The manager confirmed her awareness of this matter.	

Recommendation 3	<u>Audit</u>	Met
Ref: Standard 17.9	It is recommended that audits of accidents / incidents are recommended to enable the manager to identify trends / patterns.	
	Action taken as confirmed during the inspection: The manager has implemented this system of audits and reported it to be helpful.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Staff members had been provided with training on Continence Promotion in the week preceding this inspection and the two who met individually with the inspector confirmed their confidence in following procedures for personal care provision and in respecting each service user's privacy and dignity. Staff members also confirmed that they were appropriately trained for personal care work and were confident in their roles. The manager stated that disposal arrangements for waste materials were in place and were satisfactory. The Continence Promotion policy and the use of continence supplies and equipment are included in the induction programmes for all new care staff.

Review records for a sample of four service users showed that, where relevant, continence care and continence promotion had been addressed appropriately and to the satisfaction of the service user, a relative or a relevant professional. Service users' file records provided evidence of the objectives related to personal care needs, some of which included continence care needs. Three service users, who spoke individually with the inspector, confirmed that they were very happy with the day care, their relationships with staff members and that they enjoyed coming to the day centre. Skilled and intensive one to one involvement of staff, with each of three service users, was evidently successful in keeping them and others safe in the day centre environment. Staff were deployed in sufficient numbers to ensure that support was available when required.

The evidence available, during this inspection, indicated that safe care was being provided, in respect of this standard.

Is Care Effective? (Quality of Management)

The centre has well detailed continence support policy and personal care guidelines for staff. A number of service users had assessed needs with regard to continence promotion and there was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs. Review records verified that service users' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant and person centred and reflected the good practice that was observed throughout the inspection.

The manager and staff confirmed that adequate supplies of continence care products were available and that good communications with carers ensure that the most suitable products were sourced for each person.

Monthly monitoring visits and reports were being completed regularly, either by a service manager or by a peer manager from another facility. The monitoring officer met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each monitoring visit. In conversation, service users indicated their enjoyment of the various activities in which they participated. The evidence available, during this inspection, confirmed that effective care was being provided in respect of this standard.

Is Care Compassionate?

Staff members presented as being knowledgeable and caring about each service user's individual needs and preferences and compassionate care practice was observed throughout the inspection period. Service users spoke fondly of the staff and positive relationships were confirmed and praised by a relative who regularly visits the centre. There was wide-ranging evidence of compassionate care in the progress records in each service user's file.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Written records provided evidence of a high level of consultation with members and their representatives regarding care plans and the programmes in which they participate. There was evidence of regular contacts between carers and staff members, who felt that this contributed positively to the understanding of service users' needs and wishes. A number of service users live locally in residential care homes and the day care staff maintain good communications with relevant staff there.

There was written evidence to show that staff members in the centre were appropriately qualified and experienced in their designated roles and that Praxis provides good staff development through training, supervision and appraisal. The manager and the team leader have significant experience in social care roles and demonstrated excellent commitment to continuous improvement across the range of knowledge and skills required. Each of the staff, who met with the inspector, or were observed during the inspection, presented as being calm, well informed and confident in their practice. There were good systems and practices in place to ensure that risks to service users were assessed continually and managed appropriately.

Several service users talked happily about their activities and enjoyment at the centre. The available evidence indicated that safe care was being provided by the centre's staff.

Is Care Effective? (Quality of Management)

The Day Centre and Praxis Care have robust quality assurance systems in place, through which policies and procedures are reviewed and updated, the centre's operations are monitored and staff's practice and performance is evaluated. Annual reviews evaluate the suitability of each service user's placement, involving the service user and his or her representative/s where possible and appropriate. Monthly reviews of progress and suitability of programmes are carried out by keyworkers. Staff presented as being knowledgeable about the needs of each person who attends the centre and this was consistent with the written assessments of need, which were examined. The manager and the team leader were well informed on all aspects of the work in progress and with the training and development needs of each staff member.

Evidence from discussions and from written records confirmed that service users enjoyed rewarding activities, both within the centre and on social outings. Within the centre there was well organised and supported involvement in activities, including cooking and baking, painting, gardening, walking and various crafts. Overall, there was evidence to indicate that the care provided is highly effective in terms of promoting each service user's involvement and wellbeing and in encouraging the development of life skills. The centre uses a system, which they term, "Soft Outcome" objectives that helps staff and service users to focus on the small day to day tasks and skills that may be learned and practised through the careful dissection of each task into manageable steps. Such important developments for people are then reinforced by recognition and praise. Examples of these successes included, making soup, baking bread, pouring milk into cups and, with one person, progressing toward putting his socks on. The detailed work to help service users master such skills is commendable.

Is Care Compassionate?

There were numerous examples of compassionate care practice, observed throughout this inspection. While one to one care was necessary for three service users, it was evident that all other service users received good levels of attention and encouragement. Good quality records were kept of each service user's involvement and records were regularly audited by the manager and sampled by the monitoring officer during monthly visits. The content of progress notes for service users provided good evidence of compassionate care and compassionate thinking on the part of staff members.

Three monitoring reports were examined and were found to address the required range of issues in good detail. The manager confirmed that training on current and relevant aspects of care work was provided, in addition to the mandatory training for each year.

Staff are commended for maintaining good quality records for the service users who attend the centre. Good quality, effective care was evident throughout all aspects of this inspection.

Service users and staff welcomed the inspector to the centre and thanks are due to everyone for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a high quality service to those who attend. The management and staff are commended for their commitment to these positive outcomes.

5.5 Additional Areas Examined

Comments on all findings of this inspection are included in the sections above. There are no requirements or recommendations arising from the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	S Murray	Date Completed	23.11.15
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	23.11.15
RQIA Inspector Assessing Response	Dermott Knox	Date Approved	05/01/16

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

Please complete this document in full and return to day.care@rqia.org.uk from the authorised email address