

# Unannounced Care Inspection Report 7 November 2019



## Praxis Day Care (Kesh)

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

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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 day care setting that provides care and day time activities for up to 24 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Praxis Care Group.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual:</b> Andrew Mayhew	<b>Registered Manager:</b> Raymond Virtue (Acting)
<b>Person in charge at the time of inspection:</b> Raymond Virtue	<b>Date manager registered:</b> 16 August 2018
<b>Number of registered places:</b> 24	

### 4.0 Inspection summary

An unannounced inspection took place on 7 November 2019 from 09.25 to 15.45.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

As a public-sector body, RQIA have 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 day care settings, 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 day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, regular evaluation of care records and the focus on service user outcomes within care reviews. Further areas of good practice were also noted in regard to communication between service users and day centre staff and other key stakeholders; the provision of compassionate care; staff training; and quality assurance.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

No areas for improvement were identified during this inspection.

Service users' comments are included throughout the report.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Raymond Virtue, 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that no incidents had been reported to RQIA since the last care inspection on 7 December 2018
- Unannounced care inspection report from 7 December 2018.

During the inspection, the inspector met with the manager, team leader and three support workers. Introductions were made to service users during the course of a walk around the setting; with individual interaction with ten service users.

Ten service user and/or relatives' questionnaires were provided for distribution; eight service users' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

Eight respondents indicated that they were very satisfied or satisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; six responses were received. Four staff indicated that they were very satisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led. Two staff indicated that they were dissatisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led, no additional comments were provided. All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the

quality of service provision; one response was received. The respondent indicated that they were very satisfied that the care provided in the day centre was safe, effective, compassionate and well led.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff 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.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting. 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.

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

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 December 2018

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 Inspection findings

### 6.3 Is care safe?

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

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of the staffing roster for weeks commencing 14 October 2019 until 7 November 2019 evidenced that the planned staffing levels were adhered to.

Discussions with the manager, staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach.

The manager confirmed that an induction programme was available for newly appointed members of staff. A review of the induction programmes noted it included areas such as adult safeguarding, confidentiality, health and safety, fire safety and infection prevention and control. A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. Discussion with the staff member confirmed that they were willing to undertake this role.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. 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 fire safety, first aid, food hygiene, data protection and confidentiality, autism and sensory impairment. It was positive to note that the day care setting provided training in regard to positive behavioural support and deprivation of liberty.

Review of the accident/incident records confirmed that one incident had occurred since the previous care inspection. This incident was not required to be reported to RQIA. Discussion with the manager evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussions with the manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The manager confirmed that the organisation's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding

training. Discussion with the manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and no mal odour was noted. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 16 July 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 21 November 2018 and no significant findings were recorded. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Discussion with service users and staff evidenced that they felt the care was safe. The following is a sample of comments made:

#### **Service users' comments:**

- "It is safe here; everyone is good to me."
- "I come here lots and I like everything about it."

#### **Staff comments:**

- "The care is very good in the centre. We review our staffing levels to ensure they meet the service users' needs and if need be increase them."
- "I am aware of the whistleblowing policy and the adult safeguarding arrangements."

#### **Areas of good practice**

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

#### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

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. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

There was evidence in care records reviewed that service users rights were recognised; for example, the inspector noted a number of consent forms signed by service users with regard to staff taking photographs and video material, access to care records and consultation/involvement in care planning and risk assessments.

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. It was positive to note that service users' previous objectives were reviewed and new objective's set and agreed at the care reviews. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Discussions with the manager and staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

Discussion with the staff and service users assured the staff in this setting had responded to service users' wishes, feelings, opinion and concerns with the aim of ensuring service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported.



Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

Discussion with service users and staff evidenced that they felt the care was effective. The following is a sample of comments made:

**Service users’ comments:**

- “I liked doing the garden project and I like going out shopping.”
- “Staff talk to me about things here; what we can do.”

**Staff comments:**

- “We support all our service users to be involved in the running of the day centre; we have regular meetings where we encourage service users to give their views regarding things they would like to do when here.”
- “Care is very effective in the centre. Service users are encouraged and supported to be involved in their care.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the regular evaluation of care records, the focus within care reviews of outcomes for service users and communication between service users and day care staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

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

**6.5 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 inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

A review of activity timetables, photographs and craft work on display in the centre evidenced that service users are enabled and supported to engage and participate in a wide range of meaningful activities, social events and educational opportunities, hobbies and interests. On the day of inspection service users had a visit from a tutor from the local college to assist with a music activity and preparation for the service users Christmas concert. Service users who were spoken with confirmed they enjoyed this activity and were looking forward to their Christmas concert.

The inspector noted that a timetable was in place for the completion of a number of duties around the day centre by service users. The team leader advised that this supported service users with having a sense of ownership in relation to the running of the day centre and also promoted and developed their independence and life skills. Discussion with a number of service users regarding this confirmed that they enjoyed having the responsibility of a duty to complete and they took pride in achieving this.

Discussions with staff established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event.

The inspector observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences. Staff supported the inspector with interpreting some communication by service users; the inspector was able to clarify that the information provided was accurate by the service users' positive gestures and non-verbal cues.

There was evidence of systems in place to seek service users' feedback regarding activities within the day centre. The team leader confirmed that service user meetings are held monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in August, September and October 2019 evidenced service user feedback being sought in regards to meals, activities and outings. The minutes also reflected information provided to service users with regard to human rights and deprivation of liberty.

Staff described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

**Service users' comments:**

- “I can tell everyone here (staff) where I want to go and what I like doing. I like the ball games.”
- “Staff are good to me. I can choose what I want to do here.”

**Staff comments:**

- “Human rights are promoted in the centre. We have easy read human rights information available and we have discussed human rights at service users meetings.”
- “Respect, independence and choice are applied to all the service users in attendance.”

**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, promotion of human rights, listening to and valuing service users and taking account of the views of service users.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<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 sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the senior day care worker confirmed that they had a good understanding of their role and responsibilities under the legislation.

The inspector reviewed management and governance systems in place within the day centre to meet the assessed needs of service users. The day centre is currently managed on a day to day basis by the acting manager. The acting manager arrangements have been in place within the day centre since August 2018.

The registration certificate was up to date and displayed appropriately.

The team leader and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. In addition, service users had access to a easy read leaflet displayed on the notice board in the day centre with regard to how to make a complaint and the role and contact details of the Patient and Client Council was also displayed.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with the manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions or more often and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The records viewed showed that visits were undertaken monthly by a senior manager from the organisation. A sample of reports evidenced consultation with service users and their representatives including a detailed review of the conduct of the day centre.

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 confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

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

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

**Service users' comments:**

- "I am happy here; don't need to change anything."
- "I know all the staff and I can talk to them if I'm not happy."

**Staff comments:**

- "I think the centre is well run, there is open communication and we are supported by the manager."
- "We have monthly staff meetings; I feel comfortable raising issues and I feel listened to."

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified in this domain 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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