



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: Praxis Day Care (Kesh)
Establishment ID No: 11330
Date of Inspection: 12 February 2015
Inspector's Name: Priscilla Clayton
Inspection No: IN020668

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

Name of centre:	Praxis Day Care (Kesh)
Address:	c/o 41 Main Street Kesh BT93 1TF
Telephone number:	028 6863 2674 – 07
E mail address:	Info.keshprojects@praxiscare.org.uk
Registered organisation/ Registered provider:	Praxis Care Group
Registered manager:	Sandra Murray
Person in Charge of the centre at the time of inspection:	AM – Joan McKee (acting team leader) From 2pm – Sandra Murray (registered manager)
Categories of care:	DCS-LD
Number of registered places:	24
Number of service users accommodated on day of inspection:	10
Date and type of previous inspection:	14 May 2013 Primary Announced
Date and time of inspection:	12 February 2015: (10am – 3.30pm)
Name of inspector:	Priscilla Clayton

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	10
Staff	3
Relatives	nil
Visiting Professionals	nil

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	6	3

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user’s situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user’s human rights**

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Praxis operates Kesh Day Care within the Parish Centre complex in the town land of Ardess, between the villages of Kesh and Ederney.

The rented Parish Centre has facilities which include two large halls, a small side room, an office/store, a kitchen and male and female toilets with shower facilities. Outside there is a large car park, but no outdoor space dedicated for the day centre use.

A short distance away, Praxis has a cottage/Bistro at which some service users participate in catering or gardening work. Within the centre service users engage in a wide range of activities including indoor sports and arts and crafts, while regular involvement of small groups in community based activities is also facilitated, using the centre's mini-bus.

Day care is provided from Monday to Friday, from 10am until 3pm for a maximum of 24 people who have a learning disability. The centre closes on public holidays.

Summary of Inspection

The primary unannounced inspection of Praxis Day Care (Kesh) took place on 12 February 2015 between the hours of 9am and 3.30 pm. The registered manager, Sandra Murray was on duty but out of the centre on the morning of inspection. Joan McKee, acting team leader was in charge of the centre. Four support workers were also on duty in the centre. One service user plus support worker had left the home to attend work skills. Support was also provided mid-day to assist with the serving of lunch.

No requirements or recommendations were made at the previous inspection conducted on 14 May 2013.

Following the inspection, the registered manager completed a self -assessment of the standard criteria outlined in the standards to be inspected. The comments provided by the registered manager in the self- assessment were not altered in any way by RQIA.

During the inspection the inspector met with service users and staff, discussed the day to day arrangements in relation to the conduct of the day centre and standard of care provided to service users, observed care practice, examined a selection of records and carried out a general inspection of the day care environment. One staff questionnaire was completed and returned to RQIA within the timescale for report writing.

Staff interactions and responses to service users were observed to be appropriate and were based on an understanding of individual service users conduct, behaviours and means of communication.

Inspection findings

Standard 7 – Individual service user records and reporting arrangements.

Policies and procedures on Confidentiality, Data Protection were in place and available to staff who demonstrated knowledge and understanding of good professional practice in regard to recording and record keeping including assessment, care planning and review.

Care records examined reflected user / representative consultation in regard to assessment, care planning, care reviews and other necessary documents as set within Day Care Settings Minimum Standards (DHSSPS) 2012.

The supporting evidence gathered through the inspection process concluded that Praxis day Care (Kesh) was compliant with Standard 7. This is to be commended.

Theme 1- The use of restrictive practice within the context of protecting service user's human rights.

The inspector reviewed the arrangements in place for responding to service user's behaviour. The centre had policies and procedures in place on the Management of Challenging Behaviour and Restraint which reflected best practice guidance in relation to management of actual and potential aggression, restraint, seclusion and human rights. Through observation, review of documentation and discussion with staff and service users, confirmation was obtained that restraint would only ever be used as a last resort and no form of restrictive practice was in place. One recommendation made related to review / revision of the policy on restraint examined by the inspector as this did not include notification to RQIA should restraint be required

Staff training in challenging behaviour and restraint is provided annually and staff who spoke with the inspector demonstrated knowledge of the policy / procedure to follow should challenging behaviour arise.

The supporting evidence gathered through the inspection process concluded that Praxis Day Care was substantially compliant with this theme.

Theme 2 - Management and control of operations.

There was a defined management structure which clearly evidenced lines of accountability within the Statement of Purpose.

The inspector reviewed the arrangements in place in regard to the management and control of operations. The registered manager, Sandra Murray is supported by senior management and at operational level by an acting team leader, a team of support care workers and one clerical staff.

Supporting evidence of the level of compliance with this theme was obtained from associated policies / procedures, examination of a sample records maintained including for example; staff induction records, staff appraisal, supervision, staff meetings, mandatory training, staffing levels / procurement, complaints, and discussion with staff and service users.

Examination of records and discussion with staff and service users evidenced that the centre was compliant with Theme 2. This is to be commended.

Conclusion

Three recommendations were made as a result of this inspection. Details of improvements to be made are contained within the appended Quality Improvement Plan.

The inspector wishes to thank the service users, staff and the registered manager for their warm welcome and co-operation throughout the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No requirements were made as a result of this inspection.		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No recommendations were made as a result of this inspection.		

Standard 7 - Individual service user records and reporting arrangements:

Records are kept on each service user’s situation, actions taken by staff and reports made to others.

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
Provider’s Self-Assessment:	
<p>Praxis Care have a confidentiality policy and procedures in place. The policy can be accessed via the EDMS Which has now also been installed at the day centre from the 12th February currently this was only assessibly from the managers office, hard copies had been held in day care which are no longer required. The current policy is scheduled to be reviewed by Quality and Governance Department 1/03/2018.</p> <p>Confidentiality training forms part of the induction training for all staff and regular refresher training is delivered in scheme.</p> <p>Confidentiality posters are displayed in 3 formats within the scheme and all service users are aware of their rights and the organizations role in maintaining confidentiality.</p> <p>All service users have a unique identifier code which is used when completing Untoward incident/accident reports to maintain confidentiality.</p> <p>Consent to share information forms are yearly reviewed with service users. Service user files are securely locked within a cabinet in a office.</p> <p>All staff are registre NISCC their role/rosponsibilities in relation to Confidentiality as outlined in the code of conduct/practice.</p> <p>Praxis Care respects the rights of clients full confidentiality.</p> <p>All staff have a duty to keep confidential any information they learn about the service users, either directly or indirectly, and not to disclose it without the permission of the service user unless under cirucmstance outlined within the policy for example the PSNI where a serious crime is being suspected.</p>	<p>Compliant</p>
Inspection Findings:	COMPLIANCE LEVEL
<p>Information as illustrated by the registered manager in the self- assessment was verified through cursory view of policy / procedure on Confidentially and Data Protection, discussion with staff and observation of storage. Electronic versions of policies and procedures are now available to staff in the centre.</p>	<p>Compliant</p>

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>All service users and any person acting on their behalf have consent to see all case notes and records. All service users are aware of the procedure to go through to see records and this is recorded on their file. Praxis Care have a policy and procedure in place for access to records. Both 'Records Control Policy' and 'Data Protection Policy' can be accessed on the EDMS and available for inspection. To date no requests to access individual records have been made, however if this occurred all staff are aware that enquiries would be forwarded for the attention of the registered manager. All service users are involved in the personal records through working with keyworkers on their support plans, monthly summaries, consent forms, contracts, yearly reviews etc.</p>	Compliant
Inspection Findings:	
<p>Information as illustrated in the manager's self -assessment was verified through discussion with staff and examination of care records which were signed by service users.</p>	Compliant
Criterion Assessed:	
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; 	COMPLIANCE LEVEL

<ul style="list-style-type: none"> • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
<p>Provider’s Self-Assessment:</p>	
<p>Praxis Care have a detailed Assessment and Planning for service users format in place which is updated on a daily basis by all day care staff.</p> <p>All service user files are compliant with Praxis policy and procedure to include the above. The registered manager and team leader within the service have been championing with the commitment of praxis key-workers the need for consistant/detailed record keeping by ensuring the files are kept to a high standard as evidence of good practice and testament of the qualilty service being delievered within Kesh Day Care.</p> <p>Separate files are kept on scheme for daily notes, safegaurding, service user meeting files. These files are routinely audited and quality assured by the Team Leader on Scheme and Manager. These files are available for inspection during Monthly Regulation Visits completed by the Assistant Director and or Peer Manager. It is evident from the the regulation visits that files/records are audited.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Examination of 4 service user’s care records evidenced that these contained information as reflected within this criterion. There was good evidence of multi-professional collaboration in planned care. Daily progress records were being recorded in keeping with good professional practice.</p> <p>Staff training in recording skills was provided on 4 February 2015.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>An entry is recorded in the daily notes for each day the service user attends the day centre.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Four care records examined evidenced that daily progress records were being recorded by staff.</p>	<p>Compliant</p>
<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>There is a clear organizational structure set out in the Statement of Purpose. All staff are aware of lines of accountability within the service/organization. Reporting of complaints, untowards, safeguarding etc have clear procedures and guidance on reporting. The Team Leader and Registered Manager are available should guidance be required from support staff. Our untoward forms outline the relevant people that need to be informed. Safe guarding policy and procedures highlight the reporting procedure. Notification of Designator officers and Investigating officers are displayed for staff information. Manager Quality assures all adult safe guarding referrals .</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The centre’s policies and procedures make reference to the reporting process. For example, Safeguarding, Challenging Behaviour / Restraint, complaints and accident / incidents. Staff who spoke with the inspector demonstrated awareness of reporting issues with the registered manager, resident representative and commissioning trust.</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: The Team Leader ensures that daily notes and monthly reports are kept up to date by allocated support workers (praxis key-workers). The manager routinely audits files. All records including support plans, risk assessments are accurate and kept up to date and under review to reflect changes. Monthly summaries are also completed and signed off by Key worker Team leader/manage and service user . The manager has introduced a file audit tool to promote best practice. Support workers in preparation for supervision are also involved in auditing their key-working files. This in turn gives support staff a sense of ownership, input, recognition and accountability in the recording management process..</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Information as illustrated in the self- assessment by the registered manager was verified through examination of four care records which were considered to be current, dated and signed by staff and the registered manager. Audit of care records are undertaken with records of same retained and reviewed / monitored by the registered manager.</p>	Compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>All staff are trained in calming and diffusing, personal safety and Management and violence of aggression. This training requires an annual two day refresher. Praxis Care have a policy on 'Management of behaviours which challenge' which all staff are aware of. Restraint would only be used as a last resort any untoward incidents requiring the use of restraint would be recorded on an ' Untoward incident form ' and forwarded to the relevant professionals. There have been no incidents requiring the use of restraint.</p>	Compliant
Inspection Findings:	
<p>Discussion with the acting team leader and staff evidenced that restraint of a service user would only ever be used in exceptional circumstances when, for example there was high risk to a service user other persons.</p> <p>Staff demonstrated awareness of the practical means of less restrictive practices and importance of multi-professional collaboration and behavioural management should this be required. Staff training records evidenced that training in restrictive practice was provided on 19 September 2014. Training in the Management of Challenging Behaviour was provided on 2 June 2014.</p> <p>Policies / procedure on Management of Behaviours which Challenge, dated 23 April 2013 was in place and available to staff. A policy / procedure on Restraint dated 23 April 2014 was also in place and available to staff.</p>	Compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>While the necessary systems are in place to record all practice matters, there is no physical restraint or restraint currently employed in the scheme. Any incident which would require a physical intervention will be recorded on our untowards form and forwarded to RQIA and all relevant parties this would be completed by the Manager or Team leader. The form would highlight the details of the incident and the nature of the restraint, a high physical intervention form is also completed which includes a body chart. A copy is held on file. These are quality assured by the Assistant Director during the monthly reg visits. Praxis also have guidance on ' Protection against infringement of liberty procedure'. Consideration is given to Human Rights articles when completing support plans.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Information illustrated by the registered manager in the self-assessment was verified through discussion with staff and examination of accident / incident records.</p> <p>The registered manager and staff confirmed that no restrictive practice is employed within the centre. The acting team leaders demonstrated knowledge of the procedure to follow should an incident ever arise and the necessity to record and inform the commissioning Trust, RQIA and resident / representative.</p> <p>Resource information on Deprivation of Liberty (DOLS) and Human Rights Act (1998) were available in the centre. Staff training in recording skills was provided on 4 February 2015.</p> <p>One recommendation made related to review and revision of the policy on Restraint examined by the inspector as no reference was made to the requirement to notify RQIA should restraint be used.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially Compliant

<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>All day care staff are fully training as per RQIA stipulations for training. They are all registered with the NISCC and go through Access N.I checks before they are offered employment within Paxis Care.</p> <p>All staff employed within the scheme are suitably competent and qualified. The registered manager is a qualified Social Worker and has 8 yrs post qualifying experience within Health & Social Care. The team leader is qualified to QCF Level 5 in Leadership for Health and Social Care. All staff are regsitered with NISCC and qualifications and experience of all staff are listed in the Statement of Puporse. Any qualified Team Leader, managing in the absence of the registered manager has underwent a competency assessment. All staff within the day centre have completed a job competency form. All staff are aware of their identified roles and responsibilities and lines of accounatability. In addition staff have been given designated areas of responsibility within the scheme for example Health & Safety/Fire safety for which they are responsible/accountable for. The Team Leader has supervisory management for support staff including appraisals. All staffs mandatory training is up to date. Staff also receive training that will be of benefit to the scheme which is kept under review.</p>	<p align="center">Compliant</p>

<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Information as illustrated in the self- assessment was verified through discussion with the registered manager, acting team leader, staff, examination of the Statement of Purpose and staff training records</p> <p>The centre's Statement of Purpose, dated 6 August 2014, reflected the management structure/ lines of accountability and staffing requirements to meet the number and dependency levels of service users in attendance. A mixed skill team of staff employed included team leader, support workers and relief staff. All staff employed hold NVQ or QCF qualification.</p> <p>Staff training records examined evidenced that mandatory training and other professional development training was ongoing. This was confirmed by the staff who spoke with the inspector.</p> <p>Examination of a random sample of staff supervision, appraisal, training and staff meetings evidenced compliance in keeping with this criterion, corporate governance arrangements, regulations and good professional practice.</p>	<p>Compliant</p>
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All day care staff are supervised on a monthly basis by the Team Leader or Manager. Staff will receive no less than 10 supervision session out of a possible 12 in any one year. Praxis Care have a supervision and appraisal policy which all staff are aware of and can access via the EDMS. Supervisions are scheduled in advance and take place in line with Praxis Policy. Team Leaders supervise support workers and the registered manager supervises the Team Leader. Manager will also provide supervision at least once in the year to all support workers The Assistant Director supervises the manager. Written records are maintained and stored securely ensuring confidentiality. Quality improvement is continually promoted and evident within the supervision meetings and staff meetings. Agenda items include staff/service user achievements, training, communication, regulation visits , evidenced based practice. Appraisals are completed annually and a further meeting is held during September /October to discuss personal development and career planning with staff as per policy.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Information as illustrated by the manager in the self- assessment was verified through discussion with staff and examination of supervision records.</p>	<p>Compliant</p>

<p>The centre has a policy on supervision and appraisal. Training on supervision for supervisors was provided on 10 September 2014.</p> <p>Staff who spoke with the inspector verified that supervision was provided monthly and appraisal annually.</p>	
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Praxis Care staff all receive a corporate induction in addition to in scheme. The probationary period-process ensures that only those competent progress. All staff have the required mandatory training and identify additional training as required to help them fulfil their job role within supervision and team meetings. One Support worker at present is in the process of completing her QCF 3 .</p>	Compliant
<p>Inspection Findings:</p>	
<p>Information as illustrated by the manager was verified through examination of induction records, staff training records which evidenced ongoing mandatory and professional development training. Regular supervision and annual appraisal is provided with records retained. Additionally reflective practice takes place with team discussions on the provision of care.</p> <p>Staff employed hold qualification in either NVQ or QCF.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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Additional Areas Examined

Management arrangements

Sandra Murray is the registered manager for Praxis Day Care, Kesh and has been in post since 2011. The registered manager is supported at senior management level by Mr John McEleney, assistant director, who reports to the director, William McAllister. Irene Sloan is the chief executive and registered provider.

At operational level support is provided by an “acting” team leader and team of care support workers. A kitchen assistant is employed four days each week to provide assistance with preparation of mid- day meals / lunches. Additionally, administration support is provided on a part time basis each day.

Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

The registered manager confirmed that a letter had been received recently from a whistle blower who had raised concerns about care within Praxis Day Care which was referred to the Western Health and Social Care Trust (WHSCCT). The manager confirmed that the commissioning trust has been notified and are to commence investigation week commencing 16 February 2015. The manager was requested to ensure that outcome of this investigation is forwarded to RQIA.

The registered manager confirmed that no other complaints / whistleblowing had been received.

Inspection documentation

Following the inspection the registered manager submitted to RQIA, as requested, a number of documents which were reviewed by the inspector.

Staff questioners / discussion

Three of the six staff questioners distributed on the day of inspection was completed and returned to RQIA following the inspection. Review evidenced positive responses. Comment included “very good centre, staff work well as a team.”

The inspector spoke with staff on duty on the day of inspection. Positive comments were made in regard to the provision of care including restraint / challenging behaviour, activities, food, management support, training and good team working.

No issues or concerns were raised or indicated.

Statement of Purpose / Service User Guide

The centre’s Statement of Purpose, dated 6 August 2014, and was displayed alongside the Service User Guide, dated 4 August 2014, in the main activity room of the centre. Both

documents were considered to be in accordance with The Day Care Setting Regulations (Northern Ireland) 2007.

Monthly Monitoring Reports

Monthly monitoring visits were being undertaken and recorded as required by legislation. Those examined by the inspector included October 2014, November 2014 and December 2014.

Accident / incident records

Accident / incident records were being maintained within the centre. The last audit of accidents was dated April 2014. It is recommended that audits are recommenced to enable the manager to identify trends / patterns.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Sandra Murray, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Praxis Day Care (Kesh)

12 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Sandra Murray on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard Theme 1	<p><u>Policy</u></p> <p>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.</p>	One	Management of Behaviours which Challenge Version 2 Review date 01/02/2016 was provided to inspector on day of inspection. Page 6 of document highlights that RQIA are to be informed of any incident/restraint Staff have now the electronic system in place from the 12/02/15 which will enable all staff to have the most recent up to date policies and procedures on scheme. All staff have received training on how to access.	1 May 2015
2	Standard 13.4	<p><u>Whistleblowing</u></p> <p>The manager was requested to ensure that outcome of the investigation by WHSC Trust into whistle blowing is notified to RQIA.</p>	One	Investigation is still ongoing, outcome when received will be forwarded to RQIA.	When investigation completed
3	Standard 17.9	<p><u>Audit</u></p> <p>It is recommended that audits of accidents / incidents are recommenced to enable the manager to identify trends / patterns.</p>	One	Audits continue to be audited when these occur by manager .	1 May 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Sandra Murray 02/04/15
Name of Responsible Person / Identified Responsible Person Approving Qip	Willie McAllister on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	13 April 2015
Further information requested from provider			