

Announced Care Inspection Report 19 September 2017



Domiciliary Care Mental Health Accommodation, incorporating Foyle D.I.S.H.

Type of Service: Domiciliary Care Agency
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Inspector: Amanda Jackson

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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

Praxis Care Mental Health Accommodation incorporating Foyle Dish is a domiciliary care agency that provides a range of services to adults living in their own homes and supported housing schemes.

Services are provided to 12 service users and supported by a staff team of six.

Support is provided in planning and management of daily living skills and social routines to enable service users to live to their optimum level in the community.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Ms Tracey Marshall
Person in charge at the time of inspection: Ms Tracey Marshall	Date manager registered: 14 June 2013

4.0 Inspection summary

An announced inspection took place on 19 September 2017 from 10.00 to 15.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, relatives, staff and professionals on inspection was good with two service users, three staff and one professional presenting positive feedback.

No areas were identified for improvement and development.

Service users and the professional communicated with by the inspector, presented a range of both positive feedback regarding the service provided by Praxis Care Mental Health Accommodation incorporating Foyle Dish in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

Following discussions with the manager, staff and trust professional it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, agency staff and Praxis Care Group human resources staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with MsTracey Marshall, manager and the team leader as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 4 August 2016

No further actions were required to be taken following the most recent inspection on 4 August 2016.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

On the day of inspection the inspector spoke with the two service users who are supported by Praxis Care Mental Health Accommodation incorporating Foyle Dish service to obtain their views of the service.

The inspector also spoke with the manager, the team leader, three support workers.

During the inspection the inspector spoke with one professional, by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

- Social support
- Support with medication management
- Support with budgeting.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Six questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. No questionnaires were returned. Further detail of staff feedback is included throughout this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- One new staff members induction records
- Two long term staff members' supervision and appraisal records
- Two long term staff members' training records
- Staff meeting minutes
- Staff handbook
- One agency staff profile and induction record
- One new service users' records regarding introduction to the service

- Three long term service users' records regarding review, reassessment and quality monitoring
- A range of staff rota's
- Staff NISCC registration processes
- Service user/tenant meeting minutes
- Three monthly monitoring reports
- Annual quality process
- Communication records with trust professionals through annual reviews
- Statement of purpose
- Service user guide
- Compliments records
- Two complaints records.

No areas for improvement were identified at the last care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 August 2016

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 August 2016

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

The inspector was advised by two service users and one professional spoken with that the safety of care being provided by the staff at Praxis Care Mental Health Accommodation incorporating Foyle Dish service was very good.

Policies and procedures relating to staff recruitment and induction were held on site. The manager confirmed all policies are accessible on the service website.

The manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The service has introduced one support staff to the service over the past year. The service has also used one agency staff periodically over a period of time since the last inspection due to staff shortages. An introduction/induction process for the new and agency staff was reviewed and covered the main areas for appropriate induction.

An induction programme was reviewed with the manager and discussed with staff at inspection. The induction process is recorded and signed off by the individual staff member and senior staff or manager during the induction. The manager confirmed with the inspector the NISCC induction standards are embedded within the Praxis induction programme for all staff.

Discussions with the manager and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The manager provided evidence of this process which detailed staff registration status, number and renewal date on certificates in staff files. The manager provided assurances the process of review is fully embedded. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users or professional communicated with during inspection. One service user did state that staff provided a professional service.

Service users spoken with confirmed that they could approach the support staff if they had any issues and were assured matters would be addressed. Service users and the professional stated communication is appropriate and in a timely manner. Examples of some of the comments made by the service users and the professional are listed below:

- "Really happy with the service."
- "Service is very good and supportive of service users individual support needs."
- "Foyle DISH is a great service and I look forward to my visits with staff."
- "I am very happy with Foyle Dish and I get on well with my Praxis care keyworker."

The agency's policies and procedures in relation to safeguarding adults and whistleblowing where reviewed. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection where knowledgeable regarding their roles and responsibilities in regard to safeguarding and were familiar with the new regional guidance and revised terminology which is currently being rolled out within Praxis training programmes. Update training was discussed with the manager at inspection as ongoing.

The inspector was advised that the agency had no safeguarding matters since the previous inspection. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained each of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the Praxis central training e-learning programme. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Review of one agency staff profile during inspection confirmed staff training.

Records reviewed for two staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Staff supervision and appraisals were found to be consistently referenced within staff records reviewed. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users and the professional during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with a trust professional was confirmed during inspection.

Service users and the trust professional communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have some ongoing staff recruitment requirements. Current staffing levels are being met by the services own staff and one agency staff. Current staffing levels appeared appropriate on rota's reviewed at inspection.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Six staff questionnaires received confirmed that update training, supervision and appraisal had been provided on a regular basis. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

No service user questionnaires were received.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitments, training, supervisions and appraisal. Review of service users' support needs were also found to be ongoing. Feedback from service users and a trust professional supported consistency in support provided to service users by Praxis Care Mental Health Accommodation incorporating Foyle Dish service.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector was informed by the two service users' and a trust professional spoken with that there were no matters arising regarding the support being provided by the staff at Praxis Care Mental Health Accommodation incorporating Foyle Dish service.

No issues regarding communication between the service users and staff from Praxis Care Mental Health Accommodation incorporating Foyle Dish service were raised with the inspector. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. Consistency of staff and involvement from trust professionals has led to an ongoing review process with support and communication at the expected standards for those receiving support. The manager confirmed service users receive a questionnaire to obtain their views of the service as part of the annual review process. Service user feedback has been ongoing over time whilst relative and professional feedback is sought through service user reviews and through monthly monitoring completed in the service.

Examples of some of the comments made by service users and a trust professional are listed below:

- "Staff are good at providing direction."
- "Communication is good both from staff and in requesting professional support."
- "Professional service."
- "There's never a problem."

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced that service users views are obtained and incorporated. Review of support plans within the agency supported an ongoing process involving service users and keyworkers, the support plans are signed by service users where appropriate. Involvement in reviews was discussed with service users during inspection and all confirmed this as a positive experience of active involvement.

The service user guide was reviewed during inspection and confirmed compliance in accordance with standard 2.2. The service has introduced one new service user over the past year. The manager confirmed the guide is provided to new service users at introduction to the service and this was signed by the service user within records reviewed at inspection.

The agency maintains recording sheets in each service users' home file on which support staff record their daily input. The inspector reviewed completed records and found the standard of recording to be good. The service also completes a monthly review of service users' needs and

these were reviewed during inspection and held centrally within service user files. Staff discussed the benefit of this process in reviewing service users' progress ongoing.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff or manager if any changes to service users' needs are identified. Staff interviewed discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Six staff questionnaires received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

No service user questionnaires were received.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, support staff and other key stakeholders. Feedback from service users and the trust professional were very positive regarding the effectiveness of service support and this was shared with the manager during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect regulations and standards.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The service users and trust professional spoken with by the inspector felt that care was compassionate. The professional advised that support staff provide an excellent service treating the service users with dignity and respect.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users during the inspection and received by the service as compliments are listed below:

- "Very positive service that is a key part of helping maintain the mental health of my clients."
- "Provided excellent service to my clients and encouraged and supported them in their daily lives."
- "Very good service."
- "I was moulded into the sort of person who is functional in getting his/her groceries. It was revolutionary."

- “Praxis is the reason I am so independent.”
- "xxx (staff member) is a good fella."

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside trust professionals and staff feedback.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect.

Six staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

No service user questionnaires were received.

Areas of good practice

There were many examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, the trust professional and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	Regulations	Standards
Total number of areas for improvement	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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by service users and family members include:

- “The service is well managed.”
- “Communication is good both from staff and in requesting professional support.”
- “The service is very good and supportive of individual service users needs.”

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to 12 adults living within Praxis Care Mental Health Accommodation incorporating Foyle Dish service.

The Statement of Purpose and Service User Guide were both found to be compliant with the relevant standards and regulations. The agency's complaints information viewed was found to be appropriately detailed, and included reference to independent advocacy services.

The policies and procedures which are maintained on the service website were reviewed and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed with exception to the recruitment policy which is due for review. Renewal date was discussed with the manager during inspection. The inspector did discuss certain policies such as induction which have supporting templates that are reviewed at different times to the overall policy and suggested reviewing all supporting documents on a given topic at the same date. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis.

The complaints log was viewed for 2016-2017 to date, with two complaints arising. Review of these matters supported appropriate actions taken.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. No incidents had arisen since the previous inspection.

The inspector reviewed the monthly monitoring reports for June, July and August 2017. The reports evidenced that the assistant director for the service completes this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives (where appropriate), staff members and professionals.

Discussion with three support staff during inspection indicated that they felt supported by their manager and within the staff team at Praxis Care Mental Health Accommodation incorporating Foyle Dish service. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one trust professional during inspection supported an open communication process with staff at Praxis Care Mental Health Accommodation incorporating Foyle Dish service and presented positively in terms of staff approach to supporting service users.

Six staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems.

No service user questionnaires were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining relationships with key stakeholders were also evident.

Areas for improvement

No areas for improvement have been identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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