

Unannounced Care Inspection Report 9 August 2018



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

Type of Service: Domiciliary Care Agency

Address: 17 Templemore Business Park, Londonderry, BT48 0LD

Tel No: 02871308020

Inspector: Kieran Murray

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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

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

Services are provided to twelve service users; by a team of six staff.

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

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 9 August 2018 from 09.45 to 16.25.

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

The inspection sought 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:

- staff inductions
- staff supervisions and appraisals
- service user care reviews
- adult safeguarding
- incident management
- collaborative working
- professional body registration

No areas requiring improvement were identified during the inspection.

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.

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 Ms Tracey Devenney, Registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 19 September 2017

No further actions were required to be taken following the most recent inspection on 19 September 2017.

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 incidents
- correspondence with RQIA

During the inspection the inspector met with three staff and spoke with two service users and one Health and Social Care Trust (HSCT) community professional via telephone. The inspector was unable to make phone contact with service users' representatives.

The following records were examined during the inspection:

- four service users' care and support plans
- care review records
- HSCT assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervisions
- records relating to appraisals
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- Recruitment policy
- a range of policies relating to the management of staff
- Supervision policy
- Induction policy
- Safeguarding Adults in Need of Protection Policy, 2016
- Whistleblowing policy
- Data Protection Policy
- Grievance procedure
- Statement of Purpose (2017)
- Service User Guide (2017)

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Two responses were received prior to the issue of the report. The registered manager was also asked to distribute 10 questionnaires to service users/family members. Ten questionnaires were returned by service users/family members.

The feedback received on the responses and questionnaire are reflected in the body of the report.

There was an area rated as 'undecided' on the feedback received from service users. As there was no contact details recorded for the service user, the inspector spoke to the team leader on the 24 August 2018 and discussed the feedback received. The inspector has been assured by the team leader that the comment made would be discussed with service users in the forum of a tenants meeting and a record retained.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families 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 prior to the issue of the report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 September 2017

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

6.2 Review of areas for improvement from the last care inspection dated 19 September 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment

checks are completed and that these are satisfactory. The inspector evidenced a recruitment checklist held at the agency and a statement of fitness signed by the registered manager.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations; it was evidenced by the inspector that staff are required to attend the Praxis Care Group corporate induction programme. Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke with three staff; they provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

Staff rota information and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The team leader advised the inspector that void shifts are covered by the agency staff.

Service user comments:

- "The service is 100%."
- "I would go to XXX if I wasn't happy."

Staff comments:

- "The training is excellent."
- "I got to shadow for three to four weeks."
- "The rota is devised based on the need of service users."

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the agency's mandatory training requirements. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Attitudes and Values, Sensory Impairment and Motivational Interviewing training.

The inspector evidenced the organisation's Training and Development Plan 2017/2018; it is retained in the training file which was available to all staff.

The registered manager informed the inspector that an automated email was sent via the Management Information System to the registered manager two months in advance of individual staff members training dates expiring.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by

the agency includes the information relating to the regional guidance. The inspector noted that records relating to staff safeguarding training were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made no safeguarding referrals to the HSCT adult safeguarding team since the last inspection 19 September 2017.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection it was noted from records reviewed by the inspector that there were no restrictive practices in place.

The inspector noted that evidence of review of service users' needs took place annually or sooner as required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection on 19 September 2017. The inspector evidenced that incident records were completed appropriately by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received no complaints since the last inspection on 19 September 2017.

The inspector noted a record of a verbal compliment from a relative.

- “Really appreciate the support as it helps her a lot. She stated she is so glad that XXX is her keyworker as she makes her laugh.”

Of 10 questionnaires returned by service users/relatives, nine indicated that they were ‘very satisfied’ care was safe and one indicated that they were ‘satisfied’ that care was safe. Of two responses returned by staff, both indicated that they were ‘very satisfied’ care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and induction, supervision and appraisal and training including adult and children safeguarding. In addition areas of good practice were identified in relation to complaints including availability of an easy read guide to complaints, incidents and health and safety.

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 agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2017) and Service User Guide (2017).

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed on a monthly basis or sooner if required with the key worker. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined four annual reviews and the records were satisfactory.

On examination of service user's records the inspectors noted a signed declaration by each member of staff working closely with a service user to confirm that they had read the risk assessments, care and support plans and were aware of service users' needs.

The inspector noted that in the four records reviewed, service users had signed an Information Sharing Agreement outlining how their information may be used and who it may be shared with. It was evident that a copy of the signed documentation was given to the service user.

The agency maintains daily contact records for each service user which the inspector reviewed and found to be satisfactory.

Feedback received by the inspector from staff and service users' indicated that service users: have a genuine influence on the content of their care plans.

Staff comments:

- "Praxis Care Group is very person-centred."

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA regulations and guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comment on monthly monitoring reports made by a relative:

Relative comment:

- Felt that the keyworker was a great support and it gave him some time to himself as well as supporting the service user to be more independent.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal and written handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate stakeholders when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through speaking with service users on a daily basis and being available for discussion. This was supported by service users who spoke to the inspector on the day of the inspection.

Review of team meeting records indicated that they took place on a monthly basis; staff who spoke with the inspector verified this and informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

The inspector reviewed the tenant meetings which evidenced that they took place on a three monthly basis; items discussed included, events calendar and conferences. Service users who spoke to the inspector verified attending these meetings.

The inspector evidenced minutes of a 'Important People Forum' (relatives meeting) where staff had facilitated information and advice of advocacy services in the local area.

The inspector evidenced a record in the tenants meeting that a Praxis Care Group newsletter was circulated to service users at these meetings.

The inspector noted and viewed the following audits carried out by Domiciliary Care Mental Health Accommodation, incorporating Foyle D.I.S.H: Service User Questionnaire, Stakeholder Survey and service user file audits with positive results. The agency had completed a Service Evaluation 2017/2018, the report was available in the agency. The agency's operational plan 2017/2018 and business plan 2018/2019 was available for service users and staff.

The inspector noted the following comment made by a service user recorded within the Service Evaluation report:

- 'I became confident or more confident in practical things or talking about practical things.'

The name and contact details of advocacy services were available on the complaints and comments leaflet for service users to avail of if necessary.

The staff spoken to informed the inspector that desktop computers are available in the agency's office for use to access policies and request on-line and face to face training.

Of ten questionnaires returned by service users/relative, nine indicated that they were 'very satisfied' care was effective and one indicated that they were 'undecided' that care was effective. Of two responses returned by staff, both indicated that they were 'very satisfied' care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users and where appropriate their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of HSCT professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and HSCT community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. The inspector evidenced an event calendar of activities drawn-up by service users to promote social inclusion e.g. social outings, bowling alley and film clubs. The inspector evidenced photographs of service users and staff enjoying these activities.

The inspector was informed by a service user how they had arranged a recent trip to Belfast assisted by staff.

Service user comments:

- "Staff support us on trips to Belfast, Buncrana and Letterkenny."
- "I work at a local church."

Staff comments:

- "There are great opportunities for service users involved with Praxis."

Of ten questionnaire responses returned by service users, all ten indicated that they were 'very satisfied' that care was compassionate. Of two responses returned by staff, both indicated that they were 'very satisfied' care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had occurred since the last inspection 19 September 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its policy and procedure.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained on an electronic system for staff to access; they had been reviewed in line with timescales as outlined in the Minimum Standards.

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 was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

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

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the information provided on the HSCT referral information.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection on 19 September 2017.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person and registered manager have worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users' comments:

- "I think the service is well led, it helps people."

Staff comments:

- "XXX was a support worker, team leader in the past and knows what it is like on the ground."
- "The manager is very approachable and supportive."

Of ten questionnaire responses returned by service users, all ten indicated that they were 'very satisfied' that the service was well led. Of two responses returned by staff, both indicated that they were 'very satisfied' that the service was well led.

Areas of good practice

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

Areas for improvement

No areas for improvement were 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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