



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Kilmorey House

Provider: Praxis Care

Date of Inspection: 20 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Praxis Care
Responsible Individual:	Mr Greer Wilson
Registered Manager:	Mrs Karen Ford (Acting)
Service Profile –	
<p>Kilmorey House is a domiciliary care agency supported living type located in Newry. The agency's aim is to provide care and support to meet the individual assessed needs of people with enduring mental health issues.</p> <p>Under the direction of the manager, staff are available to support service users 24 hours per day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.</p>	

2.0 Inspection summary

An unannounced inspection took place on 20 January 2025, between 9.10 a.m. and 3:30 p.m. This was conducted by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified during the last care inspection on 10 November 2023.

Two areas for improvement was identified, these related to induction and recruitment.

As a result of this inspection, the areas for improvement previously identified were assessed as having been addressed by the provider.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

We spoke to a number of service users and staff to seek their views of the agency.

The service users provided mixed feedback to the inspector, one service user said that the staff are good, that they felt respected by the staff and that you can always rely on Praxis, while another expressed their dissatisfaction with the service. This feedback was discussed with the manager during the inspection.

Staff spoke positively in regard to the care delivery and management support in the agency. One told us that they had no concerns about the service users, but the recent change in relation to the stopping of the use of private cars was having a negative impact on the service users. This staff member also shared that more staff would be great.

There were no responses to the questionnaires or the electronic survey.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 10 November 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users. Full employment histories to include reasons for leaving previous posts were not consistently evident. An area for improvement has been identified.

There was a lack of evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care. Induction booklets and assessments were incomplete and lacked evidence of manager oversight. An area for improvement has been identified.

A review of the records relating to staff that were provided from recruitment agencies identified that they had been recruited, inducted and trained in line with the regulations. Advice was given in relation to the expected content of agency profiles.

The agency has maintained a record for each member of staff of all training and professional development activities undertaken.

3.4.2 The systems in place for identifying and addressing risks

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual safeguarding position report was viewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding.

All staff had been provided with training in relation to medicines management. A number of medication issues had been identified since the last inspection, the agency has been in communication with the Southern Health and Social Care Trust (SHSCT) to outline the actions they have taken in relation to medication practice. A review of medication errors found that appropriate action was taken. There was evidence at inspection that a monthly medication audit is undertaken. The manager advised that no service users required their oral medicine to be administered with a syringe.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

Care and support plans are kept under regular review.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

3.4.3 The arrangements for promoting service user involvement

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Person centred support plans were reviewed and found to involve the service user.

It was good to note that regular service user meetings are held which provides an opportunity for the service users to discuss aspects of their care.

3.4.4 The arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	0

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Ford, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) (Schedule 3)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 3.4.1</p> <p>Response by registered person detailing the actions taken: Since our inspection the organisation has introduced a new system called SeeMeHired. This system streamlines the recruitment process. Team Leads and above have all received training in this new system. Part of the process prior to being invited for an interview is to complete in FULL an application and employment history.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that there is at all times an appropriate number of suitably skilled and experienced persons, this relates specifically to the induction process.</p> <p>Ref: 3.4.1</p> <p>Response by registered person detailing the actions taken: Since inspection the organisation has introduced a new induction pathway. Team Leads / Manager employed in the service who in the future will have oversight of the new induction process have been booked onto probationary training. The new induction pathway is monitored monthly via Quality & Governance dashboard. If standards cannot be met by end of probationary period employment will be terminated.</p>



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