

Inspection Report

15 July 2024



PCG – St. Pauls Court

Type of service: Domiciliary Care Agency
Address: Admin Building, Ballinderry Road, Lisburn, BT28 1TX
Telephone number: 028 92 641819

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Praxis Care Responsible Individual: Mr Greer Wilson	Registered Manager: Ms Lesley Burke - Acting
Person in charge at the time of inspection: Team Leader	
Brief description of the accommodation/how the service operates: St Paul's Court is a supported living type domiciliary care agency located in Lisburn. The agency's aim is to provide care and support to meet the individual assessed needs of people living with suspected or mild to moderate dementia. Service users reside in individual bungalows and apartments within a shared complex.	

2.0 Inspection summary

An unannounced inspection took place on 15 July 2024 between 9.20 a.m. and 3.40 p.m. The inspection 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 was also reviewed.

Areas for improvement identified related to documentation, incident investigation and recruitment of agency staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

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.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of staff members.

Comments received included:

Staff comments:

- "I have started to like coming to work again."
- "I would love our current manager to stay in the service, as she is approachable and will help us in any way she can."
- "We are very short staffed."
- "There has been a reduction in our paperwork that has resulted in being able to spend more time with the service users."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "It would be helpful if staff wore name badges, that would help me remember their names, Not on a lanyard if possible."

A number of staff responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments were shared with management for their consideration.

5.0 The inspection

5.1 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 2 October 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are 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 agency's annual Adult Safeguarding Position report was reviewed 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.

The management of an incident was discussed with the manager following the inspection. The manager has provided assurance that this incident will be further reviewed. An area for improvement has been identified.

The person in charge reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management.

The Mental Capacity Act (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. Following inspection, the manager provided an updated DoLS register that was found to be adequate.

5.2.2 What are 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. Care and support plans were found to contain omissions, inaccurate / out of date information and incorrect dates. An area for improvement has been identified.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that no new staff had been recruited since the previous inspection.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies. The review of the recruitment and induction of staff from recruitment agencies, found expired training and in one case the agency worker had not completed MCA or DoLS training at the time of induction. An area for improvement has been identified.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

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

The Annual Quality Report was reviewed and was satisfactory.

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

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

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. No complaints were received since the last inspection.

We discussed the acting management arrangements which have been ongoing since 19 March 2024; RQIA will keep this matter under review.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	3	0

The areas for improvement and details of the QIP were discussed with Mrs Ashley Hunter, person in charge, 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 14 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date</p>	<p>The registered manager shall ensure that the agency is conducted so as to ensure the safety and well-being of service users. This specifically relates to a lack of robust incident investigation to identify the root cause of an incident. Training for staff in senior roles in relation to incident investigation is recommended.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Scheme induction is undertaken with all agency workers before commencing shifts. The Head Of Operations has undertaken a review of the incident. At forthcoming management team meeting taking place on 3rd of September 2024 the relevant process, policy and procedure will be reviewed to ensure</p>

	refresh of knowledge and expectations of senior members of staff.
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (3)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall keep the service user plan under review; this relates specifically to omissions, inaccurate / out of date information and incorrect dates found in documentation</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>All Everyday Living Plan and Risk Assessment and management Plan documentation is currently undergoing review. Due to absence and a new acting up to manager there has been a shortfall in the team leaders ability to update and review paperwork. At time of inspection this was underway but not all files had been reviewed. This is currently being undertaken and is near completion for all files.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection.</p>	<p>The registered person shall ensure that no 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. This relates specifically to checking of training of agency workers.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>The agency file has been reviewed and new profiles have been received. Verification forms all completed for all agency staff. The profiles and verification forms assure of all training undertaken and registration. Staff are aware that on appointment of any new agency staff member we must have profile and verification form in place prior to starting in scheme. This is also reviewed at the monthly monitoring visit by Head of Operations.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews