The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Maine Valley Supported Living

Provider: Praxis Care

Date of Inspection: 31 October 2024

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/Responsible Person(s)	Greer Wilson
Registered Manager:	Angela Turner
Service Profile Maine Valley is registered as a domiciliary care agency, supported living type. The agency provides care and support to one service user with a learning disability and behaviours that challenge. The agency is situated in a detached house in the outskirts of Ballymena. Care and support is commissioned by the South Eastern Health and Social Care (HSC) Trust.	

2.0 Inspection summary

An unannounced inspection took place on 31 October 2024, between 9.55 a.m. and 1.35 p.m. with a care inspector.

This inspection was Maine Valley's first since its registration with RQIA. The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also determined if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection established that care delivery was safe and that compassionate care was delivered to the service user. The agency was deemed to be well led.

No areas for improvement were identified.

The inspector would like to thank the service user, person in charge, staff, visiting professional and manager for their help and support in the completion of the inspection.

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 service 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, and to address any deficits identified during our inspections

To prepare for this inspection we reviewed information held by RQIA about Maine Valley Supported Living Service. This included registration information, and any other written or verbal information received from relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the agency; and review/examine a sample of records to evidence how agency is performing in relation to the regulations and standards.

In preparation for this inspection, a range of information about the agency was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

RQIA wants individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA will review the support service users are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life.

Information was provided to 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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

The service user was unable to offer appropriate verbal response. They were observed to be settled and relaxed. They were supported by two staff with whom they appeared comfortable and could read their verbal and non-verbal cues.

Feedback from the service user's relatives was very positive and emphasised that staff were very caring, respectful and took time to get to know them.

Staff who spoke with the inspector emphasised the effective team working within the agency, the high level of support offered to them and the excellent quality of their training and induction.

A visiting professional remarked that they had delivered training within the agency a few weeks ago and the staff's level of engagement and enthusiasm around this was commendable.

The information provided indicated that they had no concerns in relation to the agency

No responses were received to 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 24 June 2024 by a care inspector. This was the agency's pre-registration inspection. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There was 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, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

Records of all staff training were retained. These included staff supplied by recruitment agencies.

A review of a sample of staff training records evidenced staff had received mandatory and other training relevant to their roles and responsibilities such as first aid, de-escalation techniques and dysphagia.

A review of the staff rota indicated there was always a sufficient number of staff on shift to ensure the correct level of support and supervision is provided in keeping with the service user's assessed need.

3.4.2 Management of Care Records and Care Delivery

The service user's needs had been assessed and a care and support plan developed to direct staff on how to meet the service users' needs. The plans were person centred, detailing the service users' likes and dislikes and were updated on a regular basis. Risk Assessments were up to date.

Records were held confidentially.

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

Staff interactions with service user were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of the service user's needs and their daily routine. All activities e.g. swimming were geared to the service user's preferences.

Staff were aware of agreed goals for the service user in the upcoming months and spoke about plans that were being put in place to help achieve these.

3.4.3 Quality of Management Systems

Mrs. Angela Turner has been the Registered Manager since 9 July 2024. Staff spoke positively about the manager and described them as supportive.

RQIA had been notified appropriately of any incidents that had occurred within the agency.

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 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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

It was positive to note that relevant staff who would be left in charge of Maine Valley in the absence of the manager had been assessed as competent and capable to do so.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Jackie Ashe, Team Lead, as part of the inspection process and can be found in the main body of the report.

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