The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Portadown Bespoke Service**

Provider: **Praxis Care**

Date of Inspection: **28 November 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	Mr Greer Wilson
Registered Manager:	Miss Niamh Fleming
Service Profile Portadown Bespoke Service is a domiciliary care agency, supported living type. It provides 24 hour care and support to service users who have a range of complex needs; the service users reside in accommodation in a number of houses situated in the Portadown area.	

2.0 Inspection summary

An unannounced inspection was undertaken on 28 November 2024, between 10.20a.m. and 4.20 p.m. 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.

No areas for improvement were identified.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how 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 this service. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, and their experiences of living, visiting or working in this service.

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

We observed staff interacting with a service user which demonstrated a compassionate and caring approach. We also spoke to service users' relatives and staff to seek their views of visiting and working within Portadown Bespoke Service.

The information provided by relatives raised concerns around standards of housekeeping and activities where the requirements for forward planning may not suit all service users. This was shared with the registered manager who advised that some work has already commenced in relation to both of these areas of concern.

Relative's comments:

● "I am very happy with the staff – they bring my relative to have contact with me – they are very approachable and my relative seems quite happy, and would say if they were not happy, so I have no concerns. They attend to all medical needs and keep me updated so I have good contact with them."

● "My relative will only talk to a few staff and so engages just with those ones he feels comfortable with. Sleep pattern is not great at night, so they do try to keep him occupied during the day. He doesn't want to go to clubs. The staff don't contact me unless something is wrong, but I can contact them and they are quick to respond and reassure me, which is good. It is good to know he has someone if he needs it."

● "It takes a while for staff to build up trust with my relative and with all the new, younger staff providing cover, they don't get to know him, and I feel they can't be bothered. It would be better if they kept in better contact with me. The older staff are approachable and know my relative better. Plans need to be made in advance and this does not always suit as, if my relative is having a bad day, it can't happen – it would be better if they could plan an activity on a good day because advance planning doesn't work for him.

● "The service is 100% I cannot fault them. Staff are very good to my relative and he's very happy. They are good with his needs – he will talk to them and enjoys the craic – the staff don't get enough credit for what they do. I am very happy with them and if I wasn't, I would know what to do"

● "They could do more, for example, when there is nothing happening, they don't offer a lot to do, so this leads to a lot of inactivity and gaming. The house can get into a bad state and we have to help to maintain it – they can be a bit lax around housekeeping. They were a bit lax around ensuring medication is reordered on time. The manager is trustworthy and will tell the truth and won't hide anything, but the staff could be more proactive and try to get my relative out to do more activities."

Staff comments:

"I get good support from all the team leaders. My training is up to date and has been of some benefit, however, it is mostly from working directly with the service users that you get confidence to apply the training through practice."

Visiting Professional Comments:

"I review the Positive Behavioural Support plans usually six monthly and as and when needed. The staff are a good bunch. There can be a lot of focus on the negative things that happen but there is little said about the good days where there are no incidents, and that should be acknowledged as there has been some really great work done."

One member of staff responded to the electronic survey. The respondent indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led.

There were no service user questionnaires returned.

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

The last care inspection of the domiciliary care agency was undertaken on 5 May 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding and Incident Reporting

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 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 had been formulated and was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

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. A review of records identified that some documents required a clear title to explain what information is being recorded within the file. Advice was given to the manager who agreed to make the recommended changes to ensure clarity around capturing pertinent information. Records confirmed that referrals made to the HSC Trust had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

3.4.2 Staff Training

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with an oral syringe. Medication errors were appropriately recorded and competency assessment completed with responsible staff.

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 in conjunction with the HSC Trust representative.

Whilst none of the service users had swallowing difficulties, 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 Staff Recruitment and Induction

A review of the 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 were no volunteers working in the agency.

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. There was a robust, structured induction programme which included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

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.

3.4.4 Care Records and 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. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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.

A review of care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

3.4.5 Governance and Managerial Oversight

There were monthly monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's monthly 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 not updated to reflect the recent change of service name. A discussion with the manager confirmed that arrangements would be made to have this rectified immediately and that this would be displayed appropriately along with current certificates of public and employers' liability insurance. This will be reviewed at a future inspection.

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

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 Niamh Fleming, manager, and Stephen Fitzpatrick, Head of Operations, as part of the inspection process and can be found in the main body of the report.

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