

Unannounced Care Inspection Report 16 August 2018



Mid and South Antrim Supported Living Service

Type of Service: Domiciliary Care Agency
**Address: 2 - 4 The Courtyard, Off Main Street, Ballytromery,
Crumlin, BT29 4UP**
Tel No: 02894470009
Inspector: Kieran Murray

www.rqia.org.uk

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

This is a domiciliary care agency supported living type which provides personal care and housing support to 17 service users with a learning disability and challenging behaviours within their homes located in mid and south Antrim. Services users are supported by 42 staff.

3.0 Service details

<p>Organisation/Registered Provider: Praxis Care Group</p> <p>Responsible Individual(s): Mr Andrew James Mayhew</p>	<p>Registered Manager: Mrs Bronagh McCaw - application received - "registration pending".</p>
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Person in charge at the time of inspection: Mrs Bronagh McCaw	Date manager registered: 8 April 2018
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4.0 Inspection summary

An unannounced inspection took place on 16 August 2018 from 09.20 to 17.00.

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
- care reviews
- adult safeguarding
- incident management
- collaborative working
- registration with professional regulations

An area requiring improvement was identified in relation to record keeping.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Bronagh McCaw, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 10 October 2017

No further actions were required to be taken following the most recent inspection on 10 October 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
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with five service users, the manager, assistant manager and four staff. On the day of the inspection the inspector made telephone contact with a representative of one service user.

The following records were examined during the inspection:

- four service users' care and support plans
- care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- restrictive practice register
- 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
- whistleblowing policy
- data protection policy
- grievance procedure
- Statement of Purpose
- Service User Guide

The manager was asked to distribute 10 questionnaires to service users/family members. No questionnaires were returned prior to the issue of the report. At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views, and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Three responses were received prior to the issue of the report.

The feedback received on the responses and questionnaire will be reflected in the the report.

The inspector requested that the 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.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

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 10 October 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 10 October 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.

During the inspection the inspector reviewed staffing arrangements. The agency has a recruitment policy and a mechanism in place to ensure that appropriate staff pre-employment checks are completed and that these are satisfactory.

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 that staff 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 evidenced periods of shadowing for new staff on rotas. The inspector spoke to four staff that 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 rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The manager and staff advised that the agency uses a small number of relief staff who are currently employed by Praxis Care Group and a small pool of staff from another registered domiciliary care agency to meet the needs of service users.

The manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence, Access NI number, training and evidence of their Northern Ireland Social Care Council (NISCC) registration and the induction programme provided to them.

Service user comments:

- “There is usually two staff in the house every day.”

Staff comments:

- “There is always an on-call senior team member available if needed.”
- “I got a dedicated training period.”
- “I got an induction booklet to complete.”

Relative comments:

- “The staff always ring me if there are any concerns.”

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had received 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. Dual Diagnosis, Positive Behavioural Support, Lead and Manage a Team training.

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 safeguarding training completed by staff were up to date. The inspector evidenced contact details for the HSCT adult safeguarding team available in the agency office for staff, as well as a flowchart outlining the process of completing a safeguarding referral.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

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 a number of safeguarding referrals to the HSCT since the last inspection 10 October 2017 and that they had been managed appropriately.

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 that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the HSCT and were noted to have been reviewed yearly and evaluated. However, it was noted that a number of the restrictive practices were not accurately recorded in care and support plans. Following the inspection and within an agreed timescale with the manager, the agency forwarded information that provided the necessary assurances that care and support plans had been updated to reflect details of restrictive practice in place. The inspector reviewed the information and found them to be satisfactory.

The inspector noted that evidence of review of service users' needs took place annually or sooner as required. The inspector evidenced an easy read guide 'Your information – Privacy Note' relating to storage and sharing of information in service users files.

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 10 October 2017. The inspector evidenced that completed incident records were completed appropriately in accordance with the agency's procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection on 10 October 2017 and these had been managed in accordance with policy and procedure. The inspector also noted the following compliment received from a service users' relative.

'Mr XXX complimented and thanked staff regarding the level of care given to their son who lives in XXXXX. He appears really settled and happy living at XXXXX.'

Of three responses returned by staff, two indicated that they were 'very satisfied' care was safe and one indicated that they were 'satisfied' care was safe. No comments were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and inductions, supervision and appraisals, training, adult safeguarding referrals, complaints and incidents.

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 detailed in the Service User Guide (2018). However, it was identified that the Statement of Purpose (2018) did not include information regarding making a complaint and the relevant bodies to support service users and staff if the need arose to make a complaint. Following the inspection and within an agreed timescale with the manager, the agency forwarded information that provided the necessary assurances that the Statement of Purpose was updated to reflect this necessary information. The inspector reviewed the information and found it to be satisfactory.

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

The agency maintains daily contact records for each service user. On examination of records the inspector noted records were not legible, up to date and did not contain full signatures. An area for improvement has been identified in relation to Standard 5 of The Domiciliary Care Agencies Minimum Standards, 2011.

Staff interviewed on the day of the inspection confirmed they were provided with details of care plans for each service user.

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.

Relative's comments:

- "I have attended reviews and I was given the opportunity to give my opinion."
- "I get copies of reports every month."
- "I can't rate the staff high enough."

Staff comments:

- "We get a handover from staff both written and verbal."
- "We work to policy and procedure; they are there for a reason."

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 visits are 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 guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and details of progress of improvement matters.

The inspector noted the following comments on monthly quality monitoring reports from service users' relatives and HSCT community professionals:

Relative's comments:

'The service is great and have really supported XXX to develop independence and experience new things.'

HSCT community professional comments:

'XXX feels staff are more proactive in managing challenging behaviour support needs.'

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 HSCT professionals 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. In the course of the inspection it was noted that service users approached staff as they wished and appeared to enjoy good relationships with staff.

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

The inspector reviewed tenant meetings which indicated that they took place on a monthly basis. This was confirmed by service users who spoke to the inspector.

The inspector examined the following surveys carried out by the agency: Operational Plan 2017/2018, Business Plan 2017/2018, Service User Survey and the Scheme Evaluation 2017/2018 with positive results for service users.

It was noted that the manager had sent correspondence to service users in regard to asking for them to give consent for their relatives to get involved in the scheme. The inspector identified that a number of service users had replied to the manager and their privacy, dignity and choice was upheld.

The name and contact details of advocacy services were available in the Service User Guide as well as on the complaints and comments leaflet provided to service users.

Staff informed the inspector that desktop computers are available in the agency office and in service user's homes for staff to use to access policies and procedures.

Of three responses returned by staff, three indicated that they were 'satisfied' care was effective. No comments were received.

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

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/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. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. 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 had 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 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.

During the course of the inspection a service user informed the inspector that they had attended and completed a writing course on a computer. Service users advised the inspector that their everyday living skills were enhanced and maintained with the support of the staff.

Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings.

On the day of the inspection the inspector observed staff supporting service users to go out to the local area and services to promote social inclusion.

Service user comments:

- “I go out to my mums on a Monday and Friday.”
- “The staff talk to me in a nice way.”

Relative comments:

- “XXX has improved so much.”

Of three responses returned by staff, one indicated that they were ‘very satisfied care was compassionate and two indicated that they were ‘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 taken place since the last inspection on 10 October 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system available for staff to request training to meet the needs of service users.

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

The agency maintains a comprehensive range of up to date policies and procedures which are maintained on an electronic system for staff to access.

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 could 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
- individualised person centred care
- individual risk assessment

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

The agency maintains and implements a policy relating to complaints and compliments. On the day of the inspection it was noted that a number of complaints had been received since the last inspection on 10 October 2017; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal supervision and appraisal 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.

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.

Relative comments:

- "The staff is always helpful."

Staff comments:

- "Managers work alongside us."
- "The manager is good, supportive and approachable."

Of three responses returned by staff, one indicated that they were 'very satisfied that the service was well led and two indicated that they were 'satisfied' 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Bronagh McCaw, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Following the unannounced inspection on the 16th August all staff were required to complete refresher training regarding recording skills. Feedback/ learning from inspections was discussed during supervisions and team meetings with detailed guidance given in relation to improvements required regarding service user daily notes. Entries had been missed and others entries were of poor grammar and standard. An Auditing template was introduced that audited service user notes on a daily (team leader on duty) Weekly (manager) and monthly (head of operations) basis to monitor/ evidence compliance. Staff members where non-improvement is noted will be managed through the capability process.</p>

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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