

Unannounced Care Inspection Report 10 October 2017



Mid and South Antrim Supported Living Service

Type of Service: Domiciliary Care Agency

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Inspector: Amanda Jackson

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Assurance, Challenge and Improvement in Health and Social Care

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

The agency provides care and support to individuals with a learning disability and or overlapping challenging behaviours, who are assessed as requiring this input to enable them to live as independently as possible in the community.

The service is provided to 17 service users' over two sites in mid and south Antrim. The service is managed by Anna Duncceith supported by forty two staff.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Mrs Anna Louise Duncceith
Person in charge at the time of inspection: Mrs Anna Louise Duncceith	Date manager registered: 04 July 2017

4.0 Inspection summary

An unannounced inspection took place on 10 October 2017 from 09:45 to 16:15 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families, staff and a Health and a Social Care Trust (HSCT) professional during the course of the inspection was positive with three service users, seven staff, two relatives and one HSCT professional presenting mainly positive feedback.

No areas were identified for improvement and development.

Service users, families and the professional communicated with by the inspector, presented a range of both positive feedback regarding the service provided by Praxis Care Mid and South Antrim Supported Living Service in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were follow up is required this was shared with the manager.

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.

Following discussions with the service users, two family members, the manager, staff and a HSCT professional it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, agency staff and Praxis Care Group human resources staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Anna Dunceth, manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 11 August 2016

No further actions were required to be taken following the most recent inspection on 11 August 2016.

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 events for 2015/2016
- record of complaints notified to the agency.

On the day of inspection the inspector spoke with the three service users who are supported by Praxis Care Mid and South Antrim Supported Living Service to obtain their views of the service.

The inspector also spoke with the manager, three team leaders and four support workers.

During the inspection the inspector spoke with two family members and one HSCT professional, by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

- personal care
- social support
- support with medication management
- support with budgeting.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Nine questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. Five questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Two new staff members induction records.
- Two long term staff members' supervision and appraisal records.

- Two long term staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- Five agency staff profiles and induction records.
- A range of staff rota's.
- Staff NISCC registration processes.
- Two new service users' records regarding introduction to the service, ongoing review, and quality monitoring.
- Two long term service users' records regarding ongoing review, and quality monitoring.
- Three service users' home records.
- Service user/tenant meeting minutes.
- Three monthly monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals through annual reviews.
- Compliments records.
- Three complaints records.

No areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 August 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 11 August 2016

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 patients and clients from the care, treatment and support that is intended to help them.

The inspector was advised by three service users, two family members and one professional spoken with that the safety of care being provided by the staff at Praxis Care Mid and South Antrim Supported Living Service was very good. One service user discussed current staffing arrangements and the limited opportunities on occasion to undertake certain activities. Family feedback also highlighted this matter for ongoing review. This matter was shared with the service manager who confirmed ongoing review with the service user to meet requested activities.

Policies and procedures relating to staff recruitment and induction were held on site. The manager confirmed all policies are accessible on the service website.

The manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The service has introduced two support staff to the service over the past year. The service has also used several agency staff periodically over a period of time since the last inspection due to staff shortages. An introduction/induction process for the new and agency staff was reviewed and covered the main areas for appropriate induction.

An induction programme was reviewed with the manager and discussed with staff at inspection. The induction process is recorded and signed off by the individual staff member and senior staff or manager during the induction. The manager confirmed with the inspector the NISCC induction standards are embedded within the Praxis induction programme for all staff.

Discussions with the manager and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The manager provided evidence of this process which detailed staff registration status, number and renewal date on certificates in staff files. The manager provided assurances the process of review is fully embedded. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, families or professional communicated with during inspection.

Two service users spoken with confirmed that they could approach the support staff if they had any issues and were assured matters would be addressed. One service user felt communicating with staff was not effective and this feedback was shared with the manager of the service. The manager provided assurances communication with the service user is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professional. Service users, families and the professional stated communication is appropriate and in a timely manner. Examples of some of the comments made by the service users, families and the HSCT professional are listed below:

- "I'm very happy living here and have developed many new skills with staff support. I hope to move out of this house in the future when I have developed other skills."
- "xxx is so settled."
- "Very competent staff team."
- "I have been working with this service for many years and the service is excellent."
- "Staffing levels can have an impact of activities offered to xxx."
- "The service they provide to xxx is excellent, if I could clone the service I would."

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were discussed with the staff team and confirmed as available on the service information system. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable regarding their roles and responsibilities in regard to safeguarding. Most staff were familiar with the new regional guidance and revised terminology which is currently being rolled out within Praxis training programmes. Staff were also aware of the safeguarding champion within the service.

The inspector was advised that the agency had one safeguarding matter since the previous inspection which was reportable to RQIA. Review of this matter confirmed robust processes in place for referral, communications and in respect of records maintained. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising. Review of one matter during inspection supported appropriate processes in accordance with the agency's policies and procedures.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained each of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the Praxis central training e-learning programme. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required. Review of two agency staff profiles during inspection confirmed staff training.

Records reviewed for two staff members evidenced mandatory training and appraisal compliant with agency policy timeframes. Staff appraisals were found to be consistently referenced within staff records reviewed. A number of inconsistencies in staff supervision were reviewed during

inspection. The manager confirmed these inconsistencies were currently under review. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of two service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users, families and an HSCT professional during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with a HSCT professional was confirmed during inspection.

Service users, families and the HSCT professional communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have some ongoing staff recruitment requirements. Current staffing levels are being met by the services own staff and other outside agency staff. Current staffing levels appeared appropriate on rota's reviewed at inspection.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Nine staff questionnaires received confirmed that update training, supervision and appraisal had been provided on a regular basis. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. One staff commented, 'Care is continually risk assessed to ensure safety for all service users and staff'.

Five service user questionnaires supported they were 'satisfied' with care and support provided within Praxis Care North West Supported Living Service. They felt safe and protected from harm and could speak with staff if they had concerns. Two service user comments stated, 'xxx feels safe in the environment they are in, xxx can always talk to staff and management'. 'Although xxx feels safe in their home they are afraid of fall outs or arguments between other service users'.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitments, training and appraisal. Some review of supervision practices are currently ongoing within the service. Review of service users' support needs where also found to be ongoing. Feedback from service users, families and an HSCT professional supported consistency in support provided to service users by Praxis Care Mid and South Antrim Supported Living Service. One service user and family member highlighted review of activities to be considered and this feedback was shared with the manager during inspection.

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 inspector was informed by the two service users', families and the HSCT professional spoken with that there were no matters arising regarding the support being provided by the staff at Praxis Care Mid and South Antrim Supported Living Service. As detailed under the previous section one service user and their family member raised some matters for discussion. The manager provided assurances during the inspection that review is ongoing with the service user.

No issues regarding communication between the service users, families and staff from Praxis Care Mid and South Antrim Supported Living Service were raised with the inspector. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. Consistency of staff and involvement from HSCT professionals has led to an ongoing review process with support and communication at the expected standards for those receiving support. The manager confirmed service users receive a questionnaire to obtain their views of the service as part of the annual review process. Review of questionnaires returned for the recent survey confirmed this process however a summary of report of findings and actions taken are not currently captured collectively. The manager evidenced feedback through a tenants meeting but accepted that feedback was not shared across all service users and other stakeholders. The manager provided an assurance this matter would be reviewed post inspection. Service user feedback has been ongoing over time together with relative and professional feedback through service user reviews and through monthly monitoring completed in the service. These processes were confirmed during inspection.

Examples of some of the comments made by service users, families and a HSCT professional are listed below:

- "The service is just great."
- "The service is ideal for xxx."
- "Communication is very professional and staff are very competent."
- "Timeliness and response by staff is great."
- "Communication is ok."
- "I'm involved in reviews for xxx."
- "The service is second to none, their reputation goes before them."
- "Staff communication is so effective you couldn't fault it."

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced service users views are obtained and incorporated. Review of support plans within the agency supported an ongoing process involving service users and keyworkers; the support plans are signed by service users where appropriate. Involvement in

reviews was discussed with service users during inspection and all confirmed involvement in this process.

The service has introduced several service users' since the previous inspection. The manager confirmed the service user guide is provided to new service users at introduction to the service and this was evidenced within records reviewed at inspection.

The agency maintains recording sheets in each service users' home file on which support staff record their daily input. The inspector reviewed three completed records and found the standard of recording to be good. The service also completes a monthly review of service users' needs and these were reviewed during inspection and held centrally within service user files. Staff discussed the benefit of this process in reviewing service users' progress ongoing.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff or manager if any changes to service users' needs are identified. Staff interviewed discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Nine staff questionnaires received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Five service user questionnaires supported they were 'satisfied' with effective care and support provided. They felt involved in care and support planning and reviews. One service user commented 'xxx feels they get treated very well'.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, families and the HSCT professional was generally very positive regarding the effectiveness of service support and this was shared with the manager during the inspection. Feedback from one service user regarding the effectiveness of ongoing review and communications was shared with the manager and is under review on an ongoing basis.

Areas for improvement

No areas for improvement were identified during the inspection in respect regulations and standards.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The service users, families and HSCT professional spoken with by the inspector felt that care was compassionate. The professional advised that staff are competent, skilled and efficient in their approaches to supporting service users.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users, families and professionals during the inspection and received by the service as compliments are listed below:

- "I'm very happy with service provided to xxx."
- "Communication is very good and we are encouraged to contact the service at any time."
- "Staff do many activities with xxx; we would never have been able to support this."
- "The support of staff has led to xxx making a successful transition."
- "Thank you so much for supporting xxx to attend the formal."
- "Thanks for all your hard work with xxx; we have witnessed so many positive behaviours due to your support with xxx."
- "In other services I feel service users come second to staff needs but in this service the staff are there to provide a fulfilling life and environment within the service users own home."
- "Staff are so compassionate in the support they provide."

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside HSCT professionals and staff feedback. The inspector discussed the need to ensure professional feedback is sought for both locality areas consistently and to ensure consistency in evidencing conclusion to matters arising. The manager agreed to share this feedback with the assistant director carrying out monthly monitoring of the service.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users' wishes, dignity and respect.

Nine staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. One staff commented, 'Staff work well as a team and provide the best possible care'.

Five service user questionnaires supported they were 'satisfied' with the area of compassionate care and confirmed the care they received meets their needs and expectations. One service user comment stated, 'xxx feels staff always listen and respect their wishes and show a lot of support, when xxx needs help staff are there for them'.

Areas of good practice

There were many examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, families, the HSCT professional and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff and the HSCT professional include:

- "I really enjoying working here."
- "We have a really good staff team."
- "I have no issues with this service."
- "We're consistently involved in xxx reviews."
- "The timeliness and response from staff and management is really good."
- "The management are the key to the complete staff team and the quality of service they provide."

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to 17 adults living within the Praxis Care Mid and South Antrim Supported Living Service.

The agency's complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services.

The policies and procedures are maintained on the service website and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed with exception to the recruitment policy which is due for review. Review of this policy has been shared across services during inspection. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis and were evident during inspection.

The complaints log was viewed for 2016-2017 to date, with three complaints arising. Review of the complaints during inspection supported appropriate procedures in place.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. Two incidents had arisen since the previous inspection; review of one incident during inspection supported processes in line with the agency policies and procedures. The second incident had been reviewed and closed prior to the inspection day.

The inspector reviewed the monthly monitoring reports for July, August and September 2017. The reports evidenced that the assistant director for the service completes this process. Monthly monitoring was generally found to be in accordance with minimum standards with input from service users, relatives, staff members and professionals. The inspector did discuss the need to ensure professional feedback is sought for both locality areas consistently and to ensure consistency in evidencing conclusion to matters arising. The manager agreed to share this feedback with the assistant director carrying out monthly monitoring of the service.

Discussion with seven support staff during inspection indicated that they felt supported by their manager and within the staff team at Praxis Care Mid and South Antrim Supported Living Service. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one HSCT professional during inspection supported an open communication process with staff at Praxis Care Mid and South Antrim Supported Living Service and presented positively in terms of staff approach to supporting service users. The HSCT professional stated, "Communication between the management team and professionals is very professional, timely and efficient".

Nine staff questionnaires received indicated a mixed response regarding the service being well led and the agency management systems. Three staff made commented, 'It's hard to give the best possible care when we use a lot of agency, but we have a fantastic staff team who work well with each other however, staff at times feel undervalued by management which can lead to staff feeling that there not doing a good job with staff morale being low at times'.

'The service has transitioned between various managers within the past 18 months which may have an effect on staff and service users. However the needs of the service users' are being met to a good standard. The service in one area is understaffed and having many vacant posts which leads to staff working with the minimum staffing levels'.

'I feel that as management has been constantly changing over the last 18 months this has reflected in the scheme and has meant that it has been difficult for staff and service users to adjust to change. Service users' basic needs are still being met. There are a lot of positions still needing to be filled at support worker level however the team has worked well to overcome this.

Feedback was shared with the manager post inspection.

Five service user questionnaires supported they were 'satisfied' that the service was well led and confirmed concerns or complaints are listened and responded to. One service user comment stated, 'xxx feels the service is brilliant and that each service user is looked after well with the utmost respect and care'.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining relationships with key stakeholders were also evident.

Areas for improvement

No areas for improvement have been identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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