

# Unannounced Care Inspection Report 20 August 2018



## Ards Domiciliary Care

**Type of Service: Domiciliary Care Agency**  
**Address: Unit 4, 6, 7 Strangford Park, Ards Business Centre,  
Jubilee Road, Newtownards, BT23 4YH**  
**Tel No: 02891820650**  
**Inspector: Kieran Murray**

[www.rqia.org.uk](http://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 which provides personal care and housing support to 11 individuals living in their own homes and rented accommodation with challenging behaviours, ill health or physical needs. Services have been commissioned by the South Eastern HSC Trust, the Belfast HSC Trust and the Northern HSC Trust and the HSC Kilkenny. Twelve staff (together with relief and agency staff) provides support and practical assistance to service users to enable them to live as independently as possible.

**3.0 Service details**

<p><b>Organisation/Registered Provider:</b> Praxis Care Group</p>	<p><b>Registered Manager:</b> Ms Nichola Taylor – application received – “registration pending”.</p>
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<b>Responsible Individual:</b> Mr Andrew James Mayhew	
<b>Person in charge at the time of inspection:</b> Acting Head of Operations	<b>Date manager registered:</b> 15 February 2018

#### 4.0 Inspection summary

An unannounced inspection took place on 20 August 2018 from 10.00 to 17.00 hours.

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Ciarna McGlone, Acting Head of Operations, 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 16 October 2017

No further actions were required to be taken following the most recent inspection on 16 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 three service users, the acting head of operations, two staff and a telephone conversation with one community Trust professional. The inspector was unable to make contact with service users' representatives.

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
- 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 (2018)
- Service User Guide (2016)

The acting head of operations was also asked to distribute 10 questionnaires to service users/relatives. Three questionnaires were returned by service users and one questionnaire was returned by a relative. At the request of the inspector, the acting head of operations 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. No responses were received prior to the issue of the report.

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

The inspector requested that the acting head of operations 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 for display 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 16 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 16 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.**

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

The agency's induction programme outlines the induction lasting at least three days which is in accordance with the timescales detailed within the regulations; it was evidenced by the inspector 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 spoke to two 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 and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The acting head of operations and staff advised the inspector 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 an employment agency which is also a registered domiciliary care agency to meet the needs of service users.

The acting head of operations 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:**

- "I would speak to the team leader if I had any problems."
- "We are very happy."

One service user advised the inspector that they were dissatisfied in relation to a domiciliary care agency staffs attitude towards them and how effectively the manager had dealt with the issue. This issue was discussed with the acting head of operations at the end of the inspection and the outcome relayed by the service user was verified by acting head of operations.

#### **Staff comments:**

- "I was reassured by the watchfulness of the team leader during my induction."
- "I had a formal induction in Belfast."
- "Praxis Care Group have better governance arrangements and policies in place."

#### **Community Trust professional's comments:**

- "I have always had a positive experience of the Praxis Ards service."

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had 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. Wellness Recovery Action Plan (WRAP) and Person Centred Planning.

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 staffs safeguarding training were up to date.

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

The inspector noted 'safeguarding adults with learning disabilities – keeping people safe' easy read summary leaflet available for staff in the agency office. There was also a safeguarding concerns flowchart available for staff to avail of if needed.

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 appropriate Trusts since the last inspection 16 October 2017 and 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 reviewed yearly or sooner and evaluated.

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 16 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 not received any complaints since the last inspection on 16 October 2017.

Of three questionnaires returned by service users three indicated that they were 'very satisfied' care was safe and one questionnaire returned by a relative indicated that they were 'satisfied' that care was safe.

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 laid out in the Statement of Purpose (2018) and Service User Guide (2018). However the Statement of Purpose (2018) did not include information on restrictive practice. Following the inspection and within an agreed timescale with the acting head of operations, 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 the information to be satisfactory.

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed with 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 three annual reviews and the records were satisfactory.

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

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned 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.

#### Service user comments:

- "I get an opportunity to read and sign the review notes."
- "My XXXX comes to my reviews."

#### Staff comments:

- "We have a good working relationship with the Trust's Designated Adult Protection Officer (DAPO)."
- "I appreciate the feedback from service users and my colleagues."

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 is 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 on improvement matters.

The inspector noted the following comments on monthly quality monitoring reports from a service user, a service users' representative and a HSCT community professional:

**Service user:**

'XXX tells me she "does her own thing" and is glad to be planning a holiday in September.'

**Service user representative:**

'XXX father felt things were going well for XXX and felt he was being well looked after by Praxis.'

**HSCT community professional:**

'Her client is happy and feels well supported, so SET positive about the quality of care.'

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 within 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 routinely 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 freely 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 and informed the inspector that they could contribute items to the agenda for these meetings. Staff indicated that the staff team is supportive to each other and that staff communication is good.

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

The inspector examined the following surveys carried out by the agency; Internal Audit Report 2018, Service User Survey with positive results. The inspector also examined Praxis Care Group's Operational Plan 2017/2018 and Business Plan 2018/2019. The acting head of operations informed the inspector that a scheme evaluation was in the process of being completed. Following the inspection and within an agreed timescale with the acting head of operations, the agency forwarded a copy of the completed scheme evaluation report. The inspector reviewed the scheme evaluation and found it to be satisfactory.

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

Staff informed the inspector that desktop computers are available in the agency office to access policies and request face to face training as well as completing on-line training.

Of three questionnaires returned by service users three indicated that they were 'very satisfied' care was effective and one questionnaire returned by a relative indicated that they were 'very satisfied' that care was effective.

### 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 has been identified in relation to record keeping.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 has participated in liaison with a range of HSCT professionals and other stakeholders to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and HSCT 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.

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 accompanying service users to their homes following attendance at local day care services.

Service users who spoke to the inspector discussed their holiday plans for later in the year and also recent holidays. A service user advised that inspector that they had taken part in pool competitions locally and in the United Kingdom.

**Service user comments:**

- “The staff are respectful.”
- “The staff are kind to me.”

**Professional comments:**

- “Staff advocate for my client.”

Of three questionnaires returned by service users three indicated that they were ‘very satisfied’ care was compassionate and one questionnaire returned by a relative indicated that they were ‘very 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
<b>Total number of areas for improvement</b>	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 16 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 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 acting head of operations was able to 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
- equal care and support
- individual 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 the agency had not received any complaints since the last inspection on 16 October 2017.

There are effective systems of formal supervision 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.

**Service users' comments:**

- "The service is well led."

**Staff comments:**

- “Very open team culture.”
- “XXX is very direct addressing staff issues.”

**Professional comments:**

- “Information provided by the agency for annual reviews is of high standard.”

Of three questionnaires returned by service users three indicated that they were ‘very satisfied’ that the service was well led and one questionnaire returned by a relative indicated that they were ‘satisfied’ that 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
<b>Total number of areas for improvement</b>	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 Ciarna McGlone, Acting Head of Operations, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.
<b>Ref:</b> Standard 5.6	
<b>Stated:</b> First time	Ref: 6.5
<b>To be completed by:</b> Immediate and ongoing	<b>Response by registered person detailing the actions taken:</b> As discussed at inspection all daily records have been transferred onto hard back books and arrangements made to ensure these are photocopied on a fortnightly basis. Copies of notes to be held in main office for reference and inspection.

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



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