



The Regulation and  
Quality Improvement  
Authority

Praxis Care Group  
RQIA ID: 10818  
Unit 4, 6, 7 Strangford Park  
Ards Business Centre, Jubilee Road  
Newtownards  
BT23 4YH

Inspector: Jim McBride  
Inspection ID: IN023307

Tel: 028 9182 0650  
Email: [margaretcilly@praxiscare.org.uk](mailto:margaretcilly@praxiscare.org.uk)

---

**Announced Care Inspection  
of  
Praxis Care Group**

**23 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 23 October 2015 from 09:30 to 14:30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report. Overall on the day of inspection the staffing arrangements and service user involvement was found to be safe, effective and compassionate. The outcome of this inspection found no areas of concern. A quality improvement plan (QIP) was not included in this report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Ms Irene Sloan	<b>Registered Manager:</b> Ms Margaret Crilly
<b>Person in charge of the agency at the time of Inspection:</b> Ms Margaret Crilly	<b>Date Manager Registered:</b> 31/12/13
<b>Number of service users in receipt of a service on the day of Inspection:</b> 6	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users.**

## Theme 2: Service User Involvement - service users are involved in the care they receive.

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan (QIP)
- Incident records
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with a two staff and two service users as well as the registered manager.

The following records were examined during the inspection:

- Four care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for April, May, June, July, August and September 2015
- Staff meeting minutes for April, May, June, July, August and September 2015
- Staff training records:
  - Vulnerable adults*
  - Complaints*
  - Human rights*
  - Person centred planning*
  - Supervision for supervisors*
- Records relating to staff supervision
- Complaints records
- Recruitment policy. The policy was updated by Praxis Care on the 6 November 2014
- Records relating to recruitment process
- Induction procedure
- Staff rota information.

At the request of the inspector the manager was asked to distribute questionnaires to staff for return to RQIA. Nil questionnaires were returned.

At the request of the inspector the manager was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. NIL questionnaires were returned to the RQIA.

### 5. The Inspection

Praxis domiciliary care provides a range of services to adults living in their own home and rented accommodation. The service is provided to six individuals with learning disability who may also have overlapping challenging behaviours, ill health or physical needs. The service is managed by Margaret Crilly (Acting Manager). Staff provide support and practical assistance to service users to enable them to live as independently as possible.

The service includes a supported living type accommodation service for two tenants and a conventional domiciliary care service to individuals within their family home. Services have been commissioned by the Belfast HSC Trust and the South Eastern HSC Trust.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 12 June 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (6) (d)</p>	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> <li>• Utilities bills</li> <li>• Care costs</li> </ul> <p>The service user's individual financial/bills agreements will have to be further developed to reflect any payments made by them for utilities and care costs and any reimbursements received. This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined a number of finance records in place and verified the documents in place that were satisfactory.</p>	

### 5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by the staff members interviewed and in staff questionnaires. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure for verifying the identity of all staff prior to their supply, and the registered manager assured the inspector that no staff are supplied unless this procedure is followed. The agency do occasionally use outside agency staff and have a procedure in place for emergency induction arrangements if required.

The agency has a policy and procedure in place outlining staff supervision and appraisal which details the frequency of both. This was verified by staff during the inspection. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

### **Is Care Effective?**

Discussions with the manager indicated that an appropriate number of skilled and experienced persons are available at all times.

The manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

One staff member who took part in the inspection described the induction as effective in preparing new staff for their role.

Discussion with the manager and examination of training records evidenced that the agency has a process in place to identify and respond to training needs. The agency provides a range of training outside of mandatory training.

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. The Team Leader described how the agency discusses staffing arrangements with service users. This was verified by the inspector in the minutes of a service users meeting held on the 25 September 2015. The manager stated that staffing arrangements affecting individual service users is discussed with them one to one as required.

Discussions with the staff indicated that service users are prepared in advance of significant staff changes where possible. The staff were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

One staff member described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

### **Service user's comments:**

"This is a good service staff are excellent."

"I get out and about with staff."

"Staff listen to me if I have any problems."

"Staff are all good."

"They listen to me and help me all the time."

"My life is so good because of Praxis."

### **Staff comments:**

"My induction was good and helped me prepare for the role."

"Supervision is good and happens monthly."

"All the tenants have settled well."

“I can see the benefit of supported living for all the tenants.”

“Other staff were very helpful to me during my induction.”

“This has been a very different career move for me and it is so good.”

### Areas for Improvement

N/A

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## 5.3 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector saw records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service users and their views. This process results in individualised care and support plans seen by the inspector. One concern was raised by the manager in relation to an area of restrictive practice, the manager has written to the HSC Trust to have this reviewed. The inspector has seen the documentation in place that was sent to the HSC Trust. There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments and care plans.

### Is Care Effective?

Records of reviews evidenced that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required, as well as keyworker discussions with service users.

Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. The staff described how care and support plans are written along with the service user and presented evidence of this.

Feedback from monthly monitoring reports presented examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

Service users have been provided with information relating to human rights in a suitable format.

It was noted by the inspector that individual care and support plans place importance on the human rights of individuals. Care and support plans are written and reviewed under the following subdivisions:

- *Improved Health*
- *Improved quality of life*
- *Making a positive contribution*
- *Choice and control*

- *Freedom from discrimination and harassment*
- *Emotional wellbeing*
- *Personal dignity*

### **Is Care Compassionate?**

Feedback from staff and the manager evidenced that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner.

Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery.

Promotion of values such as dignity, choice and respect were evident through discussion with staff members and two service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records.

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues.

### **Areas for Improvement**

N/A

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### **5.4 Additional Areas Examined**

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

#### **Complaints/Compliments**

Records of complaints from 1 January 2014-31 March 2015 were examined. There were no complaints within the time period specified.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

<b>Registered Manager</b>	Margaret Crilly	<b>Date Completed</b>	10/11/15
<b>Registered Person</b>	Andy Mayhew on behalf of Irene Sloan	<b>Date Approved</b>	11/11/15
<b>RQIA Inspector Assessing Response</b>	Jim Mc Bride	<b>Date Approved</b>	12/11/15

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**