



The Regulation and
Quality Improvement
Authority

Praxis Care Group - Antrim
RQIA ID: 10834
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Stiles
Antrim
BT41 1LW

Inspector: Jim McBride
Inspection ID: IN022814

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**Announced Care Inspection
of
Praxis Care Group - Antrim**

18 May 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

1. Summary of Inspection

An announced care inspection took place on 18 May 2015 from 09:30 to 13:30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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

N/A No enforcement actions were 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 |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 1 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

| | |
|--|--|
| Registered Organisation/Registered Person: Praxis Care Group / Irene Sloan | Registered Manager: Shirley Anne Hyslop |
| Person in charge of the agency at the time of Inspection: Shirley Anne Hyslop | Date Manager Registered: 8 November 2010 |
| Number of service users in receipt of a service on the day of Inspection: 13 | |

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
- Incident records
- Records of contact with the agency since the last inspection

During the inspection the inspector met with one service user, three care staff and the registered manager.

The following records were examined during the inspection:

- Six 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 January, February, March and April 2015.
- Tenants' meeting minutes for February, March and April 2015.
- Staff meeting minutes for January, February and March 2015.
- Staff training records
- 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
- Records of induction
- Staff register and associated records
- Staff rota information

Five questionnaires were completed by staff during the inspection; these indicated that the majority of staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern?

During the inspection a number of questionnaires were circulated to the service users to be completed asking them about various aspects of their care. Five completed questionnaires were returned to the inspector during the inspection.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here

5. The Inspection

Praxis Care Group is a domiciliary care agency situated within the Stiles estate in Antrim. Services are commissioned by the Northern Health and Social Care Trust. The agency is managed by Ms Shirley Anne Hyslop, and a team of four staff provides support to thirteen service users who are part of a Dispersed Intensive Support Housing Service for adults who experience mental ill health.

Service users are supported with daily living skills such as homecare, shopping and budgeting. A person centred approach to service user needs is implemented and each service user has a named key worker. Staff are available from 8.30am - 9.00pm, Monday to Friday and 1pm - 9.00pm, Saturday and Sunday. Praxis Larne service can be contacted for advice and support out of hours. The information relating to out of hours contact telephone numbers is contained within the Service Users' Guide.

The Range of Needs Met by the Agency as Stated in the Statement of Purpose Reviewed 8 August 2014 by Praxis Care:

"On a daily basis we monitor service users' mental health, liaise with Community Mental Health Team and local agencies. We offer help, advice and support to all service users, including daily living skills, such as homecare, shopping, medication supervision and budgeting."

5.1 Review of Requirements and Recommendations from Previous Inspection

There were no previous requirements or recommendations.

5.2 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 staff interviewed. One staff member who has just completed his induction stated: *"The support from other staff was good and the induction was comprehensive."* The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. 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 supply prior to their supply, and the registered manager assured the inspector that no staff are supplied unless this procedure is followed.

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

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction supported staff feedback.

The agency's process of evaluating the effectiveness of staff induction was seen within records reviewed by the inspector.

Discussion with staff and examination of training records provided evidence 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. The registered manager and staff described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff provided positive feedback about the nature and frequency of supervision and appraisal.

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. These comments and the agency's response to them could be seen in daily recording, minutes of meetings with service users and staff.

Discussions with staff and the manager 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 stated that *"It's important that all staff are aware of the needs of individual service users."*

The registered manager described a process of recruitment undertaken by the agency in order to improve the continuity of staff to service users and minimise the disruption to service users. Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users, this was supported by staff comments and one staff member who has received recent induction.

Agency staff who took part in the inspection clearly described having the knowledge and skills to carry out their roles and responsibilities.

Agency staff 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.

Overall on the day of the inspection the inspector found care to be compassionate.

Service Users' Comments:

"Staff have been really good and have helped me settle in to my new home."
"The staff and I work together so I can be successful here in my home."

Staff Comments:

"My induction was good and helped me with the job."
"Training is comprehensive and regular."
"We communicate well with each other."
"Staff supervision is one to one and is effective."
"The manager has an open door policy and we can bring any concerns to her."

HSC Trust Staff Member Comments:

"The manager and staff communicate well with the HSC Trust."
"Overall the staff do meet the clients needs."

Service users have in place a statement stating that they do not wish relatives to be contacted.

Areas for Improvement

N/A

| | | | |
|------------------------|---|---------------------------|---|
| Number of Requirements | 0 | Number of recommendations | 1 |
|------------------------|---|---------------------------|---|

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 has seen 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 user and their views.

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, care plans, and records of adult safeguarding referrals. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice. Staff could provide examples of positive risk taking in practice.

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Records of reviews showed that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required. Care and support plans seen by the inspector were written in a person centred manner and included the service

users' views. Staff described how care and support plans are written along with the service user, records in place provided evidenced of this.

Records examined within monthly monitoring reports, minutes of service users' meetings provided 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 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*

Overall on the day of the inspection the inspector found care to be effective.

Is Care Compassionate?

Feedback from staff, service users, relatives and a HSC Trust staff member that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner. One service user stated: *"My care plan enables me to decide what I want to do with staff help."*

Service users and/or their representatives were aware of their right to be consulted and have their views taken into account in relation to service delivery. Staff discussed examples of responding to service users' preferences; relatives described having their views taken into account; minutes of meetings with service users reflected their involvement.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were seen in activity programmes, care and support plans and through discussion with service users.

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues. The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

Overall on the day of the inspection the inspector found care to be compassionate.

Service Users' Comments:

"This is a big difference from my previous group living, I have settled here and staff have been very supportive."

"Staff listen to me and have my best interests at heart."

"I feel like a new person now, this own home."

Staff Comments:

"We support the Tenants to be as independent as possible."

"We communicate with Tenants daily, to ensure we support their needs."

HSC Trust Staff Member Comments:

"I attend all the reviews for my clients."

"Staff are approachable and supportive."

Service users have in place a statement stating that they do not wish relatives to be contacted.

Areas for Improvement

N/A

| | | | |
|------------------------|---|----------------------------|---|
| Number of Requirements | 0 | Number of Recommendations: | 1 |
|------------------------|---|----------------------------|---|

5.4 Additional Areas Examined**Reports of Monthly Quality Monitoring**

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

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

Annual service survey

The inspector noted the positive comments made by service users during the 2014 annual review of the quality of service provision, completed by Praxis Care.

Recommendation:

One recommendation has been made in regarding charges made to service users in relation to transport. This issue was raised by the member of HSC Trust staff spoken to by the inspector. The inspector has spoken to the registered manager and has discussed this requirement. The recommendation is appended to this report within the Quality Improvement Plan.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs S A Hyssop the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to Supportedliving.services@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 4- 4.2

Stated: First time

To be Completed by:
18 August 2015

The registered person should review the arrangements for any financial transactions undertaken on behalf of the service user by the agency.

This recommendation relates to the transport agreements and the charges made for journeys by staff on behalf of service users, whilst service users are not using the transport.

Response by Registered Person(s) Detailing the Actions Taken:

Policy has been reviewed with the below ammendments.
"New Version - to clarify that service users should not be charged for any staff travel costs incurred where the individual is not actually in receipt of transport. This includes travel by staff to or from the individual's home in order to provide care or support, or travel to visit the individual in other facilities such as hospital, etc."

| | | | |
|--|---------------------|-----------------------|---------|
| Registered Manager Completing QIP | Shirley Anne Hyslop | Date Completed | 1/07/15 |
| Registered Person Approving QIP | Irene Sloan | Date Approved | 1/07/15 |
| RQIA Inspector Assessing Response | Jim Mc Bride | Date Approved | 9/07/15 |

Please ensure the QIP is completed in full and returned to Supportedliving.services@rqia.org.uk from the authorised email address

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 agency. 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.