

# Unannounced Care Inspection Report 11 February 2019



## PCG Castlehill House

**Type of Service: Domiciliary Care Agency**  
**Address: 18 Church Lane, Castle Balfour Demesne, Lisnaskea**  
**Enniskillen, BT92 0HZ**  
**Tel No: 02867722778**  
**Inspector: Jim McBride**

[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 supported living type domiciliary care agency which provides accommodation, care and support to 11 service users who have enduring mental health needs. The agency is operated by Praxis Care in partnership with Supporting People, the Western Health and Social Care Trust (WHSCT) and Choice Housing Association.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual:</b> Mr Andrew James Mayhew	<b>Registered Manager:</b> Siobhan Wilson
<b>Person in charge at the time of inspection:</b> Siobhan Wilson	<b>Date manager registered:</b> Siobhan Wilson - 08/10/2009

### 4.0 Inspection summary

An unannounced inspection took place on 11 February 2019 from 09.15 to 13.15

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

Evidence of good practice was found in relation to:

- engagement with service users and relevant stakeholders
- staff induction
- staff training
- staff supervision and appraisal
- quality monitoring systems
- provision of care in an individualised person centred manner.

No areas for improvement were identified during the inspection.

#### Service user comments

- “The staff are brilliant.”
- “The staff always have time to listen.”
- “I have had some problems lately and the staff were a great help.”
- “I have no complaints and could not praise the staff enough.”
- “This is my home and it feels safe and secure.”

#### Staff comments

- “Good training”
- “Induction is comprehensive and prepares you for the role.”
- “Staff communicate well with each other.”
- “The manager is a good communicator with all staff.”
- “The management have an open door policy to both staff and service users.”

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.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 29 March 2018

No further actions were required to be taken following the most recent inspection on 29 March 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the manager
- examination of records
- consultation with staff and service users
- evaluation and feedback

During the inspection the inspector met with the manager, three service users and three care staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Minutes of staff meetings
- Staff induction records
- Staff training records pertaining to:

- Safeguarding
- GDPR
- Complaints
- Supervision
- Health and safety
- Medication
- Confidentiality
- Fire safety
- Service users' personal finances
- Records relating to staff supervision and appraisal
- Complaints record
- Staff rota information
- Statement of Purpose (2018)
- Service User Guide (2018)

A number of policies viewed were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards:

- Safeguarding (2018)
- Whistleblowing (2018)
- Complaints (2018)
- Confidentiality (2018)

10 questionnaires were provided during the inspection for completion by service users and /or relatives; five questionnaires were returned to RQIA.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; five responses were received.

Staff survey results show that five staff members were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

### **Comments received**

- "We are very well led to deliver positive outcomes for our service users. good job satisfaction."
- "I am very happy to be part of this team."

The inspector requested that the manager display 'Have we missed you' card within the premises. No responses were received.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 29 March 2018

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 29 March 2018

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 the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation's human resources (HR) department co-ordinates the recruitment process which includes input from the manager. The manager stated that staff are not provided for work prior to the completion of all pre-employment checks and induction.

The agency's induction policy details the induction programme provided; it is in excess of the three day timescale as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete an initial induction during the first two weeks of employment and in addition to shadow other staff employed by the agency. Staff are required to complete an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers. The expectation is that staff complete the organisation's full induction programme within the initial six months of employment.

Records of staff induction retained by the agency were viewed; they included details of the information provided to staff during their induction period. Staff could describe the details of the induction provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. It was noted that no current staff are being used from any other outside care agency.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users.

The agency's staff rota information was presented in an organised format and reflected staffing levels as described by the manager. Staff stated that they currently had enough staff to meet the assessed needs of the service users. The inspector viewed rotas for weeks ending: 3/2/19, 10/2/19 and 17/2/19. Records in place were satisfactory.

The agency has a process for managing staff registration status with NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that the registration status of staff is monitored by them on a monthly basis and at staff supervision meetings. Staff were aware of the importance of ensuring that they remain appropriately registered. Records viewed indicated that staff were registered appropriately. The agency retains a list of staff, their contact details and next of kin details; this information can be accessed by the manager and team leaders if required.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. Staff are provided with a supervision contract; the agency retains a record of staff supervision and appraisal. Records reviewed relating to six staff indicated that they had received supervision and appraisal in accordance with the agency's policies.

The agency has an electronic system for recording training completed by staff; records viewed indicated that training compliance was achieved. The manager and staff could describe the process for identifying and ensuring that training updates are completed as required. Staff are required to complete training in a range of mandatory areas and training specific to the individual needs of service users. Staff indicated that their training was good and that it had equipped them with the knowledge and skills for their job roles. The inspector noted training completed over and above statutory requirements i.e.: Confidentiality, GDPR and Handling Service User Finances.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); the policy outlines their role and key areas of responsibility.

Staff had a good understanding of the process for reporting adult safeguarding concerns. Training records viewed provided evidence that staff had received safeguarding adults training. It was noted that staff are required to complete classroom based safeguarding training during their induction programme and two yearly updates thereafter.

Service users could describe how to raise concerns in relation to their safety or the care they received. Service users had been provided with information in relation to adult protection.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the manager and records viewed evidenced that the agency has a process for recording details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that the agency had acted in accordance with their policy and procedure in relation to any adult safeguarding matters identified since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in a monthly review of their care and support and in annual reviews

involving their HSCT keyworker. The inspector viewed a range of risk assessments in place relating to individual service users. The inspector noted that service users meet with their keyworker prior to their review to discuss what they would like to discuss. This good practice must be commended. The inspector has highlighted some of the comments received from service users during their annual review:

- “The staff and management are excellent and all my needs are met.”
- “Staff are good to me and I’m happy here.”
- “My review was useful to me.”
- “I have all my comforts around me and I have no complaints.”

The agency’s office accommodation is located in the same building as the individual flats of a number of the service users and accessed from a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Five returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, training, appraisal and adult protection processes.

**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 responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s Information Governance, Records Management and Retention and Disposal policies outline the procedures for the creation, storage, retention and disposal of records. It was good to note the policies had recently been updated to include information in accordance with General Data Protection Regulation (GDPR) legislation. Agency staff had received training relating to record keeping and confidentiality during their induction programme and had recently completed GDPR training online. It was positive to note that the organisation has appointed a data protection officer to support the organisation’s domiciliary care agencies in relation to meeting GPDR legislation.

Records viewed during the inspection were noted to be well organised and retained securely in accordance with legislation, standards and the organisational policy.

Service users stated that staff supported them to contribute to their individual risk assessment and care planning processes. Staff record daily the care and support provided; care and support provided is reviewed on a monthly basis in conjunction with service users.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users. It includes monthly monitoring visits by the Head of Service to review the quality of the service and a report is developed.

Quality monitoring reports viewed indicated that the process is effective in identifying areas for improvement; an action plan is developed. Reports include comments from service users, staff and HSC representatives and where appropriate service user representatives. The reports provide details of the review of the previous action plan; review of complaints, accidents, and incidents; including those reportable to RQIA. In addition safeguarding matters; staffing arrangements, training, care records, medication and financial management arrangements are monitored as part of the process. The inspector noted some of the comments made by service users, staff, HSC trust professionals and relatives during monthly quality monitoring:

### **Service users**

- “I’m happy living here.”
- “Staff are good to me.”
- “I like all the staff.”
- “If I’m worried about anything I would talk to the staff.”

### **Staff**

- “The team and the manager are a good support.”
- “Training is good.”
- “Teamwork is excellent.”
- “The manager is always approachable.”
- “Great staff team to work with.”

### **Relatives**

- “My \*\*\* has the support needed.”
- “I’m happy with the support provided.”
- “Staff are very helpful.”
- “A good service is provided to my \*\*\*.”

### **HSC Trust staff**

- “Praxis do a good job in the community.”
- “Staff are always professional and friendly.”
- “Excellent reporting of concerns.”
- “Good progress made with service users by staff.”

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users.

The agency's Service User Handbook includes details of service users' right to fair treatment and information relating to advocacy services that service users can access if required.

The manager could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates monthly staff meetings. Service user meetings are also facilitated. The inspector noted some of the areas discussed during meetings:

### **Service users**

- management
- activities
- staffing
- first aid
- personal information
- policy group information
- healthy living
- GDPR
- service user quality survey
- daily notes.

### **Staff meetings**

- RQIA
- NISCC
- GDPR
- training
- health and safety
- service user updates
- quality and governance
- safeguarding
- monitoring visits.

Five returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's monitoring arrangements and engagement with service users and other relevant stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 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 assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

It was noted that staff had received training relating to confidentiality and equality during their initial induction. Discussions with service users and staff, documentation viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences.

Discussions with staff and service users indicated that care and support is provided in an individualised manner; they discussed a range of methods used for effectively supporting service users in making informed choices. Service users stated that they are involved in discussions relating to their individual care, support and daily routines; they stated that they can make choices about their everyday lives.

It was noted that service users had been provided with the agency's complaints procedure.

The inspector discussed with the manager and staff arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst recognising and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. Staff described how their training has equipped them with knowledge and skills to engage with a diverse range of service users.

The agency has an Equality policy; the Statement of Purpose and Service User Handbook contains information relating to equality legislation. Discussions with the service users and staff highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user choice
- individualised risk assessment processes.
- equity of provision of care and support
- provision of care in an individualised manner

Discussions with staff and documentation viewed during the inspection evidenced that the agency has processes for recording comments made by service users and where appropriate their representatives. Records of service user meetings, care review meetings, keyworker meetings and reports of quality monitoring visits included evidence of engagement with service users and where appropriate relevant stakeholders.

Engagement with service users and their representatives are also maintained through the agency's complaints process, care review meetings and keyworker review meetings. The agency's monthly quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Discussions with service users indicated that they are encouraged to make choices regarding their daily routines and activities. The agency completed an annual quality review during 2018 and the results were positive. Service users were asked to comment on the quality of service provided pertaining to:

- Do you have a Praxis Care Key Worker?
- Have staff talked to you about what care or support you need?
- Do you have a care or support plan?
- Do you get the care or support you need?
- Have staff helped you to set goals?
- Do staff talk to you before changes are made to your care or support?
- Do you have a review of your care or support at least once a year?
- Do you think the review of your care and support plan is useful?
- Are you happy with the way staff treat you?
- If you had a problem or concern, would you tell Staff?
- Has your life improved since you started to get support from Praxis Care?

### **Comments received**

- "Keeps me out of hospital... Independence"
- "People say it is the making of me. It is my own independence."
- "Get good support and not just seen as a person with mental health problems – seen as a normal person"
- "Keep me out of hospital"
- "I'm happy as things are – I have improved within myself"
- "Alright the way it is"

Five returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the engagement with service users and where appropriate other relevant stakeholders.

### **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 inspection reviewed management and governance systems in place within the agency to meet the individual assessed needs of service users.

The agency is managed on a day to day basis by the manager, and a number of team leaders. Staff stated that the manager is supportive and could describe the process for obtaining support including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained electronically. Policies and procedures viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints and compliments policy outlines the processes for managing complaints received. Staff receive complaints training during their induction programme; staff who spoke to the inspector had a good understanding of the actions to be taken in the event of a complaint being received. Service users knew how to raise concerns. It was good to note that the agency had received no complaints since the previous inspection.

The agency has in place management and governance systems to monitor and improve the quality of the service; this includes the monthly quality monitoring process. There are systems in place for auditing and reviewing information with the aim of improving safety and improving the quality of care provided. Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. The systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, safeguarding referrals and incidents including those notifiable to RQIA.

There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal.

The agency maintains a record of accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. It was positive to note that incidents are reviewed monthly as part of the agency's quality monitoring process and included details of liaison with HSCT representatives as required.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Staff had a good understanding of the responsibilities of their job roles. It was noted that a daily handover meeting is completed; staff could describe the benefits of this meeting.

On the date of inspection the RQIA certificate was noted to be displayed appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

Five returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process, the provision of policies and procedures and the management of complaints and incidents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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