

# Unannounced Care Inspection Report 29 March 2018



## PCG Castlehill House

**Type of Service: Domiciliary Care Agency/Supported Living**

**Address: Church Lane, Lisnaskea, BT92 0GJ**

**Tel No: 02867722778**

**Inspector: Marie McCann**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

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> Mrs Siobhan Wilson
<b>Person in charge at the time of inspection:</b> Team Leader  Mrs Siobhan Wilson was present for part of the inspection	<b>Date manager registered:</b> 08 October 2009

### 4.0 Inspection summary

An unannounced inspection took place on 29 March 2018 from 09.45 to 16.15.

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

The inspection determined 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 management; adult safeguarding; risk management; care records; effective communication; the provision of compassionate care; governance arrangements and quality improvement.

There were no areas requiring improvement identified.

Comments made by service users and staff during the inspection are included within the report.

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

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge 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 21 November 2016**

No further actions were required to be taken following the most recent inspection on 21 November 2016.

#### **5.0 How we inspect**

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

- unannounced care inspection report 21 November 2016
- incident notifications which evidenced that one incident had been notified to RQIA since the last care inspection in November 2016
- information and correspondence received from the registered manager and the WHSCT

During the inspection the inspector met with three service users, the registered manager, a team leader and three staff. In addition the inspector observed the interactions of staff with service users.

The following records were examined during the inspection:

- Three service users' care records
- Three staff personnel records
- The agency's complaints record from November 2016 to 28 March 2018
- Staff rota information from 12 March to 29 March 2018
- Minutes of service users' (tenant) meetings
- Minutes of staff meetings
- A sample of monthly quality monitoring reports from January 2017 to March 2018
- Adult safeguarding policy, 2017
- Supervision policy, 2018
- Complaints policy, 2017
- Praxis Care : How to Make a Complaint, A guide for Service Users, May 2015
- Untoward events and notifications policy and procedure, 2017
- Confidentiality policy, 2017
- The Statement of Purpose, August 2017
- The Service Users Guide (Tenants Handbook), October 2017

At the request of the inspector, the person in charge was asked to display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; eight responses were received.

A number of service user and/or relatives' questionnaires were provided for distribution; nine questionnaires were returned to RQIA within the timeframe for inclusion in this report.

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 21 November 2016

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 21 November 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

During the inspection the inspector reviewed the agency's systems in place to avoid and prevent harm to service users, which included a review of staffing arrangements in place within the agency. The agency has a human resources (HR) department which manages the recruitment process. Two inspectors visited the agency's HR department on the 11 August 2017 to review a number of recruitment records which confirmed that the necessary pre-employment information and documents had been obtained and verified as required for staff, prior to them commencing employment. The documents viewed at that time were satisfactory.

The agency maintains a record of the induction programme provided to staff, records viewed by the inspector identified that the induction programme lasted in excess of the three day timescale as required within the domiciliary care agency regulations. It was noted that staff were required to complete a corporate induction, an induction workbook and shadow colleagues. The workbook facilitated continuous assessment as part of the induction process and was signed as completed to reflect the end of the staff members' probationary period. This information was noted to be comprehensive and the induction checklist highlighted important information that was to be provided to staff at specific intervals of the induction process. Staff who met with the inspector confirmed that their induction process provided them with the necessary knowledge and skills to fulfil their roles and responsibilities.

Discussions with the team leader and staff indicated that the agency endeavoured to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of service users. A review of the staff rota information demonstrated that a shift leader was clearly identified at all times and staffing levels were consistent with those the manager had assessed as necessary to ensure the safety of service users. There was evidence staffing levels were reviewed and on numerous occasions' additional staff were available depending to the specific needs of the service users or when outings were planned. An on call manager system was in place for staff as an additional support.

The agency's supervision policy outlined supervision requirements for both permanent and relief staff. It was good to note that in addition to three monthly individual formal supervision sessions, the agency's supervision requirements included group supervision, direct observations and reflective practice. Staff who spoke with the inspector confirmed that they felt supervision was effective and a positive experience.

The inspector reviewed the agency's system in place to ensure all staff receive appropriate training to fulfil the duties of their role. Staff are required to complete a range of mandatory training and training specific to the needs of individual service users, such as person centred planning, managing service users monies, positive behavioural therapy, recovery – model of behaviour management, WRAP (workshop to raise awareness of prevent), human rights and KUF (knowledge and understanding framework for personality disorder). Compliance with mandatory training was checked monthly by the administrator in consultation with the manager via an electronic database of all training completed by staff; this system provides alerts when staff training is due. The training matrix evidenced that staff had received mandatory training. In addition this information was reviewed by the person completing the agency's monthly quality monitoring visit.

The inspector identified evidence that the agency maintained details of training provided to staff in accordance with minimum standards for some of the training provided to staff. Assurances were provided by the manager that they would discuss with the agency's training team measures that can be put in place to ensure the training records would be maintained in accordance with the standards for all training provided. This will be followed up at the next inspection.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015 and the associated Operational Procedures. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key responsibility in relation to adult safeguarding. In addition staff have a pro forma for recording any safeguarding concerns witnessed by or disclosed to a staff member in relation to a service users that could potentially lead to the safeguarding process being implemented.

It was noted that staff are required to complete adult safeguarding training during their induction programme and at set regular intervals thereafter. A review of the documentation and discussions with the team leader confirmed that there were no current or recent adult safeguarding referrals. However discussions with the staff group on the day of inspection clearly demonstrated their knowledge of specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

In discussions with service users there were no concerns reported regarding their safety or the care and support they receive, they confirmed they could approach staff as needed.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was noted that the agency receives a range of information and assessments relating to service users prior to them receiving care and support from the referring Health and Social Care Trust (HSCT) keyworker. The agency has an admissions panel which the service user is encouraged to attend and a moving in action plan is developed to help prepare the service user for admission. A review of service user care records evidenced that risk assessments informed part of the individualised care and support planning which service users are supported to participate in and these were reviewed as necessary.

The inspector reviewed the records held in relation to agreed restrictive practices in place for some service users. It was identified that options were considered to determine any action taken was in the best interest of the service user and it was the least restrictive. There was evidence of consultation with service users, their relatives and/or representatives and relevant HSCT professionals and that any restrictive practices were reviewed and updated regularly.

The agency's registered premises are located in the same building as the service users' accommodation and accessed from a shared entrance; the office is suitable for the operation of the agency as described in the Statement of Purpose.

#### **Service User comments:**

- "Staff are a great support."
- "I can talk with them (staff) when I need to."
- "Xxxx is my keyworker, they always go through my support plan and assessments with me and I'm involved in everything."
- "Going swimming each week is good; staff are helping my get structure to my week."
- "I can come and go as I please."
- "The place is great."
- "Staff are helping me work towards going back to study when I'm well enough."
- "I could talk to staff about anything."
- "I feel safe here; if I was on my own I would be unwell."
- "I can talk to my keyworker or any of the staff."

#### **Staff comments:**

- "Training is very good; manager will accommodate you, if you identify any training opportunities in addition to mandatory training."
- "Training (in the induction) was brilliant; I shadowed other staff until I felt confident to work independently."
- "I find supervision beneficial....it is a positive experience."

Nine service users and/or relatives returned questionnaires to RQIA. The majority of responses indicated that they were very satisfied that the care provided was safe. Of the eight staff questionnaires received, all respondents indicated that they were very satisfied that the care provided was safe.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, staff induction, training, supervision, adult safeguarding and risk management.

## 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 responding to and meeting the assessed needs of service users were reviewed during the inspection process. The full nature and range of service provision is detailed in the agency's Statement of Purpose and the Service User Guide.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with legislation, standards and organisational policy. Induction records identified that staff receive training in relation to information security policy, data protection policy and social media policy during their induction programme and that recording keeping training was provided in November 2017. Service user care records and staff personnel records viewed by the inspector were noted to be maintained in an organised manner and retained securely.

The team leader described how service users were encouraged and supported to be fully involved in the completion of their care and support plans and annual HSCT care reviews. This was confirmed during the inspector's discussion with service users and with evidence that service users had signed their support plans, monthly review reports and were in attendance at their annual care review. The care and support plans and monthly review reports examined by the inspector had a person centred focus, with consideration given to service users holistic needs. The process sought feedback from services regarding their goals and the support that could be provided to achieve their goals. There was evidence that service users were provided with a copy of their care and support plans.

The agency's Service User Guide provides information on the service users' right to advocacy and representation. Service users were noted to be consulted regularly regarding the quality of care provided by the agency through an annual survey, monthly quality monitoring visits, service user meetings, annual HSCT care reviews and monthly support review meetings. Monthly quality monitoring visits were noted to be undertaken by the agency's assistant director. The quality monitoring system provided a comprehensive standard of monitoring in accordance with RQIA guidance. The quality monitoring reports included consultation with service users, their family and /or representatives and HSCT professionals. The following is a sample of HSCT professionals' feedback given as part of the monthly quality monitoring process:



- “I’m happy with what was agreed at xxxx’s review meeting and felt xxxx had a good relationship with praxis staff.”
- “It was the best environment to meet xxxx’s current support needs and keep them safe.”

In addition the monthly quality monitoring process audited service user care records, including risk assessments and management plans and reviewed whether records of daily notes accurately reflected the work undertaken. A review of adult safeguarding referrals, incidents, complaints, staff rota and progress on previously identified improvement matters was also undertaken.

The inspector identified robust systems in place to promote effective communication between service users, staff and other key stakeholders. Discussions with service users indicated that they had open lines of communication with staff and were confident that the staff would respond appropriately. Observations of staff and service users during the inspection indicated that staff communicated respectfully with service users. It was noted that service users rang or visited the office to request support from staff; these interactions were noted to be positive. Service users were requested to give permission for their family and/or representatives to be contacted by the Praxis family forum; several service users gave permission.

The manager reported that representatives from the WHSCT recently visited the agency to undertake a monitoring visit and spoke with service users and their families; the agency has been advised that this will now occur throughout the year on an adhoc basis.

A sample of the minutes of service users meetings were examined by the inspector. It was noted that the meetings were held bi-monthly; dates had been set for the year ahead and were made available on the service user notice board. Agenda items were varied and included areas such as maintenance issues, up and coming events, suggestions for day trips/activities, discussions regarding new keyworker allocation, advice on human rights, recognising abuse and how to stop it. Service users who met with the inspector confirmed that they were encouraged to attend the meetings and provided with the opportunity to express their views and opinions.

The manager could describe ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders. This was reflected in a review of service user records where staff were noted to liaise with the multi-disciplinary team in an appropriate and timely manner to ensure changes in service users’ needs were acted upon and encouraged the promotion of the wellbeing and safety of the service users.

A review of the minutes of staff meetings confirmed that they are held monthly, minutes were typed and a copy provided in the information book for all staff to read. It was positive to note the learning and improvement focus of staff meetings with a varied agenda which included; sharing of information from the agency’s health and safety committee, complaints management, importance of NISCC, adult safeguarding and good practice for recording. A recent meeting included outcomes, learning and improvement from an internal audit undertaken at the beginning of March.

#### **Service User comments:**

- “People say this place has been the making of me.”

- “I can talk to my keyworker, she is brilliant, I now do my monthly review myself and then give it to them and we discuss it....they are always trying to give you independence.”
- “I go sit with others who live here if I want a bit of company and then have my own place to go to.”
- “I trust the staff and take their advice....I couldn’t complain.”
- “I’m content here.”
- “I have been here two years and it has helped my mental health.”
- “It’s good that staff keep the key to my medication cabinet.”

#### Staff comments:

- “If a family member came to live here I would be happy....it’s a good service.”
- “I have noticed a reduction in hospital admissions.”

Nine service users and/or relatives returned questionnaires to RQIA. The majority of responses indicated that they were very satisfied that the care provided was effective. Of the eight staff questionnaires received, all respondents indicated that they were either satisfied or very satisfied that the care provided was effective.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key 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 sought to assess the agency’s ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

It was noted from records viewed that staff receive training in relation to values and attitudes during their induction programme and that the agency has a robust confidentiality policy. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected through staff attitudes, the delivery of service and the agency’s policy and procedures.

The agency processes were identified to be transparent; service users were supported to complete tenancy agreements, domiciliary care agreements (where applicable), bills agreement

and support agreements. This facilitated service users being fully informed and aware of their rights and responsibilities.

Service users were keen to speak with the inspector during the inspection process to express the benefits they experience as a result of the care and support provided by the staff team. Discussions with service users and observations during the day of inspection indicated that they are fully involved in making decisions regarding their day to day routines. Service users described how they were supported to lead active and independent lives and develop links with the local community.

Observations of staff interaction with service users and discussions with staff during the inspection indicated that care and support was provided in an individualised manner. Staff were able to provide examples when they have reassessed and adapted the care and support plans for service users to promote their independence and ongoing tenancy.

Service user consultation was noted to be undertaken on several occasions with respect to the recruitment process for new staff. The opinions of service users were sought as to their preferences regarding the type of applicant employed and any queries or specific questions they wished for the interview panel to ask applicants.

The agency has an ongoing process in place to ascertain and respond appropriately to the views of service users and/or their representatives with regard to equality and diversity. The agency's service user guide provides information regarding service users' right to be treated fairly and without discrimination and provides information regarding the availability of the agency's equal opportunities policy for service users and the equality scheme.

The inspector was invited to visit with a service user in their own accommodation, the service user demonstrated pride in their home, they confirmed they had been able to decorate and furnish it to their individual preferences. The service user described the choices and flexibility they could exercise while having access to the care and support of the staff team who were responsive to their needs.

The inspector noted evidence that the agency provided easy read leaflets for documents such as the service user involvement strategy and the safeguarding policy.

#### **Service user comments:**

- “Staff treat you with respect and dignity, no difference is made.”
- “I feel like staff care....I went for hospital appointment recently and manager rang up to see how I was.”
- “If you need anything and go to staff they will drop what they are doing to help you.”
- “Staff would do anything for you.”

#### **Staff comments:**

- “There is a culture and ethos of promoting independence.”

Nine service users and/or relatives returned questionnaires to RQIA. The majority of responses indicated that they were very satisfied that the care provided was compassionate. Of the eight staff questionnaires received, all respondents indicated that they were very satisfied that the care provided 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 sought to assess the agency’s leadership, management and governance arrangements to meet the assessed needs of service users. The agency was managed on a day to day basis by the manager, a team leader and a team of support workers. Staff were able to access an on call manager out of hours who had a working knowledge of the service. The agency had a defined organisational and management structure that identified the lines of accountability and this was available in the Statement of Purpose.

The agency has a range of policies and procedures in place noted to be in accordance with those required within the minimum standards. It was identified that the agency’s policies are retained in an electronic format which staff can access. It was noted that a range of key policies are also available for staff in a paper format; a written statement alerts staff that printed copies are for reference only and referred staff to the electronic copy for the current document. During the inspection the inspector viewed a number of the agency’s policies; they were noted to be reviewed and updated in accordance with timescales for review as outlined within the minimum standards.

The agency maintains and implements a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Discussions with staff indicated that they had received training on the process to manage complaints; they demonstrated an understanding of the actions required in the event of a complaint being received. Service users spoke with during the inspection knew who to speak to if they had a complaint or concern. In addition the agency’s complaints policy was clearly displayed on the back of the communal entrance door.

The inspector noted that three complaints and three compliments had been received since the last inspection and they had been responded to and managed appropriately.

The agency has in place management and governance systems to drive quality improvement; this includes arrangements for managing incidents, complaints, restrictive practices, an annual survey and monthly quality monitoring visits.

The inspector reviewed a sample of incidents for January and February 2018. Incident reports were noted to be reviewed by the manager and appropriate follow up actions taken to promote the ongoing safety and wellbeing of the service users. The incidents were audited by the agency's assistant director; this process enables the agency's assistant director to escalate any concerns and monitor for any trends.

The inspector received positive feedback from staff spoken with during the inspection regarding the leadership, mentoring and team work within the agency. Staff described the manager as supportive and good working relationships were encouraged by the managers' open door approach. Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy.

The team leader provided evidence of a robust system in place to ensure staff were appropriately updated with relevant information at the beginning of each shift. Staff were required to read handover reports and details of an information book recorded since their previous shift. This provided contemporaneous information relating to service users to enable staff to support them with their care and support needs; it included changes in medications and changes in routines. The information book provided updates on any policy changes and minutes of recent meetings. The inspector observed staff sharing tasks and working together to respond to service users' assessed needs during the course of the inspection.

Collaborative working with the HSCT multidisciplinary team was evidenced in the service users' care records. In addition the manager advised how staff would liaise with the relevant HCST representative to escalate any concerns regarding the health and wellbeing of service users. The respective organisations would work in partnership with the service user to achieve the best outcomes.

Staff are required to be registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. Records maintained by the manager confirmed all staff were appropriately registered. The manager provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

#### **Service user comments:**

- "The manager is not like a manager, treats everyone the same."
- "I couldn't fault staff....they are always encouraging you and supporting you."

#### **Staff comments:**

- "The manager is brilliant."
- "I love it here."
- "There is great leadership in place."
- "You can discuss anything with the manager or team leader and would be listened to."
- "The manager is accessible to everyone, staff and service users."

Nine service users and/or relatives returned questionnaires to RQIA. The majority of responses indicated that they were very satisfied that the service was well led. Of the eight staff questionnaires received, all respondents indicated that they were very 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

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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