

Inspection Report

5 October 2023



Ards Community Supported Living Services

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Praxis Care</p> <p>Responsible Individual: Mrs Alyson Dunn</p>	<p>Registered Manager: Miss Justine Osbourne – Acting Manager; no registration required.</p>
<p>Person in charge at the time of inspection: Miss Helen Convery Administration Officer</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a domiciliary care agency which provides personal care and housing support for up to 10 individuals living with learning disabilities and/or mental health problems residing in their own homes and rented accommodation. Services have been commissioned by The South Eastern Health and Social Care Trust (SEHSCT), The Belfast Health and Social Care Trust (BHSCT), and The Northern Health and Social Care Trust (NHSCT). Service users are supported by 15 staff.</p>	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2023 from 9.30 a.m. to 1.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The inspection also considered reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, and dysphagia management.

Good practice was identified in relation to service user involvement, and governance and management arrangements in place.

No new areas for improvement were identified.

Ards Community Supported Living Services (SLS) uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant Regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trusts.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "It's good. I'm happy. Nice kind staff."
- "Staff are fantastic. They help us out with everything we need."

Service users' relatives'/representatives' comments:

- "[My son] loves it. He's very happy."
- "[My brother] is very happy here. I have no concerns."

Staff comments:

- “Lovely place to work. Lovely to see the service users progress.”
- “I love it here. I love the involvement and relationships with the service users.”
- “I love working independently with the service users and the holistic approach.”

HSC Trust representatives’ comments:

- “very supportive staff to service users.”

There were no responses to the electronic survey. There were no responses received to the questionnaires, which were issued during the inspection.

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 17 January 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings**5.2.1 What are the systems in place for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during their induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse and the process for reporting concerns during and outside normal business hours.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the Regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The person in charge reported that none of the current service users required the use of specialist equipment. They were aware of how to source training in the use of such equipment should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the requirements of the commissioning HSC Trusts.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act .

Staff had completed appropriate DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

Discussion with service users and review of care records evidenced that service users had an input into devising their own plan of care. Service users were provided with easy read reports, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans had been kept under regular review and services users and/or their relatives had participated, where appropriate, in the review of the care provided on an annual basis, or when changes had occurred.

The inspector noted that the agency held service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed during these meetings included:

- Service user outings
- Parties
- Christmas

Some comments included:

- “Staff always involve us.”

5.2.3 What are the systems in place for identifying service users’ Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The inspector looked at specific service user care plans where Dysphagia needs had been identified and where SALT recommendations required that food and fluids to be of a specific consistency. The care plans accurately reflected the needs of the service users. A review of training records confirmed that staff had completed training in dysphagia and how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency’s staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made monthly by the manager to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC’s Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency’s policies and procedures. There was a robust, structured induction programme of at least three days, which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person’s capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the Regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with the Regulations. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that no complaints had been received since the last inspection and that several compliments had been received during that period.

There was a Policy and Procedure in place for staff to follow if they were unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Justine Osborne, Acting Manager, via an online meeting on 10 October 2023, as part of the inspection process and can be found in the main body of the report.



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