

# Inspection Report

5 May 2023



## Portadown Enhanced Positive Behaviour Support Service

Type of service: Domiciliary Care Agency  
Address: 4 Harcourts Hill, Tandragee Road, Portadown, BT62 2RE  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Praxis Care	<b>Registered Manager:</b> Ms Nicola Fay
<b>Responsible Individual:</b> Mrs Alyson Dunn	<b>Date registered:</b> 13 December 2022
<b>Person in charge at the time of inspection:</b> Ms Nicola Fay	
<b>Brief description of the accommodation/how the service operates:</b>  Portadown Enhanced Positive Behaviour Support Service is a domiciliary care service, supported living type. It provides 24 hour care and support to service users who have a range of complex needs; the service users reside in accommodation in a number of houses situated in the Portadown area.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 May 2023 between 10.35 a.m. and 3.20 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 reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

No areas for improvement were identified.

Good practice was identified in relation to the quality of care planning and to communication with service users and their families. There were good governance and management arrangements in place.

## 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 Trust.

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.

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 met with the relative of a service user who spoke in positive terms about the support provided to both the service user and to the relative.

##### Comments from a service user's relative:

- “The staff have been willing to take positive risks, but in a careful and measured way, and this has led to better outcomes...I believe the staff know (my relative) very well and they keep very good communication with me...I feel able to raise concerns with staff and management, although this would be rare, and I believe my concerns are listened to.”

We met with a member of staff who described how they had received a good induction and training when commencing employment in the service and how the staff team worked well together.

##### Staff comments:

- “The manager is supportive but relatable and I know I can go to her about anything that might be concerning me...I believe the service users are very well supported and staff recognise their individual needs and how to respond to these...every effort is made to help our service users to grow and flourish. I believe Praxis is a good employer and I am happy in my work.”

Two service users completed questionnaires. Each indicated there were enough staff to help and keep them safe, they could talk to staff if they were worried or had a problem, they were treated with kindness and respect and were involved in making decisions about their own care.

Two staff responded to the electronic survey. Staff indicated that they were ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. The information provided indicated that there were no concerns in relation to the agency.

No comments were provided by representatives of the HSC Trust.

## 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 a pre-registration inspection undertaken on 25 November 2022. 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 manager advised that agency's annual Adult Safeguarding Position report was being prepared; this will be reviewed during the next care inspection.

Discussions with the manager 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 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 incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The relative of a service user said they had no concerns regarding the provision of safe care; 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.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training 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 commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required oral medicine to be administered with a syringe.

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 (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing the care records of a service user, it was good to note that service users had, as far as possible, an input into devising their own plan of care. The service user's care plan contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, a review of training records established that training in Dysphagia was provided.

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

The manager reported 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; this was confirmed to the manager in writing by the organisation's Head Office. Checks were made 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.

There were no volunteers working in the agency.

### **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 which 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 Regulations and Standards. 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 user 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 Incident (SAI) or adverse incident procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

It was noted that service users were provided with information, in an easy read format, about how they could make a complaint; this is good practice. There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Whilst no complaints were received since the last inspection, there were measures in place to ensure that this area would be reviewed as part of the agency's quality monitoring process.

Advice was provided to the manager that the agency's Statement of Purpose and Service User Guide required updating with RQIA's contact details.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Nicola Fay, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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