



Isle of Man
Government

Reilrys Ellan Vannin

Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Regulation of Care Act 2013

Domiciliary Care Agency

Praxis Domiciliary Care Agency

Announced Inspection

7 October 2021

***Registration and Inspection Team,
1st Floor, Belgravia House,
34-44 Circular Road, Douglas, IM1 1AE.***

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Part 1 - Service Information for Registered Service

Name of Service:

Praxis Domiciliary Care Agency

Telephone No:

(01624) 619803

Address:

3 Clifton Terrace
Broadway
Douglas
Isle of Man
IM1 1AR

Care Service Number:

ROCA/P/0212E

Conditions of Registration:

No Conditions

Registered company name:

Praxis Care

Name of Responsible Person:

Ricard Broughton

Name of Registered Manager:

Lisa Philliskirk (interim)

Manager Registration number:

Pending

Date of latest registration certificate:

18 June 2018

Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring):

None

Date of previous inspection:

24 August 2020 & 3 September 2020 & 6 October 2020

Person in charge at the time of the inspection:

Helen Millar

Name of Inspector:

William Kelly

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

Summary from the last inspection

Number of requirements from last inspection:

10 (ten)

Number met:

10 (ten)

Number not met:

None

Overview of this inspection

Due to COVID 19 the inspection process has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.

This was an announced annual inspection, covering a number of standards within the Domiciliary Care Agencies Minimum Standards 2017.

During the inspection, service user's care plans and records were reviewed and measured against the standards.

Areas looked at during this inspection included assessing the care needs of the service users, care planning and risk assessment, administering medication, the recruitment and selection of staff members and quality assurance.

The inspector also had an opportunity to gather feedback from a number of service users and staff members on the day of the inspection. The Team Leader and Manager provided feedback throughout the inspection.

Part 4 - Inspection Outcomes, Evidence and Requirements

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 1 – Information about the service**

Service users and their relatives have access to comprehensive information about the agency, so that they can make informed decisions.

1.1

Our Decision:

Compliant

Reasons for our decision:

The agency produced a Statement of Purpose, which had been reviewed in June 2021 and included all of the criteria set out in Schedule 3 of the Regulation of Care (Registration) Regulations 2013.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 2 – Assessment**

The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.

Our Decision:

Substantially Compliant

Reasons for our decision:

The service user's files had contained an 'Assessment Review Tool', which had been used to assess the needs of the service user's, prior to them receiving a service from the agency. The assessments had been completed by staff members who had received appropriate training to do so. Training records, and relevant certificates, verified that all staff had completed this training.

A number of pre-admission assessments (Assessment Review Tools) had been examined and were found to be comprehensive, containing sufficient information to meet all of the criteria of the standard. Service users did not receive a service from the agency without first being referred by the Community Mental Health Team.

Records and feedback from staff members evidenced that all staff had access to the service user's information. Staff had been introduced to the service users when they started receiving a service and were made aware of all specialist interventions and activities to be undertaken, to maintain their health and safety.

The agency had an 'Escalation of Risks or Incidents Procedure', which informed staff on what to do and who to report to, if there had been an incident, or a change in circumstances that increased the potential risk of harm to the service user. There was also guidance within the Lone Working Policy on what to do if a service user became unwell. Both policies and procedures had been reviewed recently.

The service user's had a tenancy agreement and contract with the agency, which identified that their care plans and assessments should have been reviewed every six months; however, records evidenced that some service users had not received a review within this timeframe.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 – Care / Support Plan**

A care/support plan must be in place for each service user.

Our Decision:

Substantially Compliant

Reasons for our decision:

Service users and the manager of the agency had signed the front page of the care plans, demonstrating that the plans had been developed and agreed in conjunction with the service user's or their representatives. There was also a section on the front page of the care plans for the service users to record any comments, prior to them being signed by all parties.

The support plans for one service user did not accurately reflect all of the assessed needs identified within their pre-admission assessment tool.

The support plans identified the complexity of the services to be provided to the service users, including their communication requirements. The level of support had been developed around the individual needs of the service users, allowing them to maximise their potential and improve their independence skills.

Records confirmed that service user's support plans had been reviewed at least annually or when care needs had changed. Records evidenced that review meetings had included the presence of the service users, their family members, the Community Mental Health Practitioner and any other significant person in their life.

Following a review meeting, the front page of the support plans had been signed to indicate that the service users had agreed to any changes to the level of support. They also signed to signify they had been offered a copy of the new support plans.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Medication**

The agency's policy and procedures on medication protect service users.

Our Decision:

Substantially Compliant

Reasons for our decision:

The agency had 'scheme-specific procedures' at Clifton Terrace, which identified the limitations placed upon the staff in supporting the service users with administering their medication.

The scheme-specific procedures were found not to contain all of the criteria within the standard, which must include procedures for staff to follow in relation to supporting the service users with obtaining, and the returning or disposal, of their medication.

Discussions with the manager also determined that the scheme-specific procedures had not include guidance for staff to follow in relation to observing the service users taking their medication or supporting the service user's to attend medication reviews with the Community Mental Health Practitioners.

Staff members did not administer medication to the service users; however, training records and observations of training certificates evidenced that all staff had attended medication administration training.

Assessments and support plans determined if service user's required assistance with their medication; however, for some service users, their risk assessments had not included what actions the staff must follow to maintain the safety of the service users.

Records determined that the medication risk assessments for one service user had not been updated when changes in their needs had been identified.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

Two

Recommendations:

None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)

Standard 8 – Health & Safety

The health, safety and welfare of service users and care and support staff is promoted and protected.

8.3

Our Decision:

Compliant

Reasons for our decision:

The agency had completed risk assessments for each service user, which demonstrated they had developed a risk management strategy.

The risk assessments had been carried out on activities of daily living and identified methods of working with the service users to reduce the potential risk of harm. The risk assessments identified how best to manage the risks, especially around the service user's mental health needs.

Records showed that the risk assessments had been reviewed three months after the service user had started receiving a service from the agency, then every six months thereafter.

The risk assessments for one service user had not been updated when changes in their needs had been identified (covered in Standard 7.4).

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)

Standard 9 – Safeguarding

Service users are protected from abuse, exploitation, neglect and self-harm.

9.5

Our Decision:

Substantially Compliant

Reasons for our decision:

Training records showed that all staff had completed adult safeguarding training; however, some staff training certificates were unavailable at the time of the inspection.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 10 – Security of the Service User’s Home**

Service users are protected and are safe and secure in their home.

10.3

Our Decision:

Substantially Compliant

Reasons for our decision:

The inspector had an opportunity to review a number of staff identity cards, which were found to not comply with all of the criteria within the standard. The badges must display the contact telephone number of the agency.

Evidence Source:

Observation	✓	Records		Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 12 – Recruitment and selection of staff**

The well-being, health and security of service users is protected by the agency’s policies and procedures on recruitment and selection of staff.

12.2, 12.3

Our Decision:

Substantially Compliant

Reasons for our decision:

The agency had carried out a number of pre-employment checks prior to recruiting and selecting new staff, which had not fulfilled the criteria of the standard.

Records demonstrated that the agency had verified the identity of the new employees, including obtaining the appropriate enhanced Disclosure Barring Service (D.B.S.) checks prior to offering employment.

The agency had a Recruitment and Selection Policy, which had been reviewed in February 2021. This policy determined that internal applicants only required one reference from their current line manager; however, one applicant did not have such a reference available for inspection.

Personnel records for new staff included computer-generated application forms, which did not identify the date in which the agency had received them. Also, personnel records did not contain a health declaration form from the candidate.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 13 – Development and training**

Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

13.1, 13.2

Our Decision:

Compliant

Reasons for our decision:

Staff training records determined that the agency had an on-going training programme. All staff members had completed the mandatory training identified within appendix B of the Standards. Staff members had also completed training specific to the specialist services the agency provided.

Feedback from the service user's indicated that they felt that staff were adequately trained and competent to deliver the services they had received.

Records evidenced that new staff members had completed a formal induction programme, which also included a 3-day orientation programme within the first week.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 19 – Complaints and compliments**

Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

19.4

Our Decision:

Partially Compliant

Reasons for our decision:

The agency had received two complaints since the last inspection. The manager and team leader could not access the records of the complaints; therefore, the inspector could not confirm that the agency complaints procedure had been followed.

There was no evidence to support that the service user had received a written acknowledgement of their complaint.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 20 – Quality Assurance

The service is run in the best interests of its service users.
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20.2

Our Decision:

Compliant

Reasons for our decision:

Records and feedback from the service users, evidenced that the agency had sent out two quality assurance questionnaires to the service users, or their representatives, on an annual basis.

The manager also sent out questionnaires to each member of staff, seeking feedback on the services the agency provide. Staff responses had been retained for quality assurance purposes.

Rotas had been archived and showed that any changes had been recorded and new rotas had been printed.

Records of complaints, compliments, accidents, incidents and any safeguarding concerns had been retained electronically on the agency's computer system, which raised a 'flag' for the attention of the manager to read and action. When the manager had actioned and signed off the incident, a notification was then automatically sent to the respective senior managers for their attention and approval.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.

Inspector: William Kelly

Date: 4 November 2021

Provider's Response

From: Praxis Care

I / we have read the inspection report for the inspection carried out on **7 October 2021** at the establishment known as 3, **Clifton Terrace, Douglas** and confirm that there are no factual inaccuracies in this report.

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

**Signed
Responsible Person
Date**

Richard Broughton
17.12.21

**Signed
Registered Manager
Date**

Lisa Philliskirk