



Department of Health and Social Care

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*Rheyynn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **Regulation of Care Act 2013**

### **Domiciliary Care Agency**

Praxis

### **Announced Inspection**

24 August 2020 &  
3 September 2020 &  
6 October 2020

***Registration and Inspection Unit,  
Ground Floor, St George's Court,  
Hill Street, Douglas, Isle of Man, IM1 1EF.***

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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:**

Kim Braley

**Manager Registration number:**

ROCA/M/0073

**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:**

2 May 2019

**Person in charge at the time of the inspection:**

Kim Braley

**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 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:**

Nine

**Number met:**

Six

**Number not met:**

Three

**All requirements not met will be addressed within this inspection report**

### **Overview of this inspection**

**Due to COVID 19 the inspection process for this year 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.**

The inspector carried out an annual inspection, which covered a number of the minimum standards for domiciliary care agencies.

Praxis, 3 Clifton Terrace, offered a unique service, providing a bespoke care and support package to a small number of people residing in the local community.

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

The inspection also included a review of staff records, the agency's recruitment and selection process and staff training and development. The inspector also examined the agency's quality assurance procedures to ensure the service is run in the best interests of the service users.

The inspector also had an opportunity to gather feedback from some of the agency's service users and staff members.

**Part 4 - Inspection Outcomes, Evidence and Requirements**

**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:**  
Compliant

**Reasons for our decision:**

The inspector had an opportunity to review the service users’ records, which demonstrated that a comprehensive care needs assessment had been completed with each service user prior to the service being introduced.

The assessments had been carried out by the manager and involved other professionals and significant others, where necessary, and had included all of the criteria within the standard. The care needs assessments for each service user had all been reviewed within the last 12 months.

Feedback from the support workers confirmed that sufficient information from the care needs assessments was made available for them to work with the service users most appropriately.

The agency did not provide a service at short notice. All service users were offered a placement within the service following approval from a panel meeting.

**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 3 – Contract**

Each service user must have a written individual service contract for the provision of care with the agency.

**Our Decision:**  
Compliant

**Reasons for our decision:**

Records and feedback from service users confirmed that each service user had a written contract (termed ‘Licence Agreement’) within their file, which also included a ‘Bill Agreement’. The Licence and Bill Agreement collectively formed the contract of terms and conditions of the service provision and had been signed by the manager and the service user. The service user also had a copy of their Licence and Bill Agreement.

The Licence and Bill Agreement included all of the information required within the criteria of the standard.

**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 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' records established that care and support plans (identified as 'Everyday Living Plans') had been developed following an initial assessment and had been agreed and signed by the service user. The everyday living plans had included all of the criteria within the standard and were found to be specific to the service users' needs, enabling them to maximise their independence.

Records evidenced that the everyday living plans were reviewed on a monthly basis to assess any changes to the needs of the service users; however, the care plan for one service user was out of review date. Updated care plans were found to be signed by the service user and attendees of the meetings, including their keyworker and other professionals.

The everyday living plans also substantiated that the service user had been offered a copy of their care plans, and if they had accepted a copy.

**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 9 – Safeguarding**  
 Service users are protected from abuse, exploitation, neglect and self-harm.

**Our Decision:**

Compliant

**Reasons for our decision:**

Staff training records verified that all staff had attended safeguarding training and refresher training had been undertaken to the time frame identified within the standard. Records also established that new members of staff had been given safeguarding training during their probation period.

The agency had a safeguarding policy and procedure which conformed to the criteria within the standard and had been reviewed in July 2019. Feedback from staff members confirmed that the policy, and any safeguarding concerns, had been discussed during team meetings and one-to-one supervisions.

The safeguarding policy made reference to the 'Isle of Man Adult Protection Team'. It is recommending that this is changed to 'Isle of Man Adult Safeguarding Team' to reflect their recent change in name.

Records confirmed that any concerns regarding adult protection had been followed up in line with the policy and appropriate records had been made.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

None

**Recommendations:**

One

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 11 – Records kept in the home**

The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of support and care.

**Our Decision:**

Compliant

**Reasons for our decision:**

Service users' records were found to contain daily records which had been dated and signed by the staff members. All records were clear and legible and the inspector observed, during the inspection, that records had been completed immediately after each interaction with the service users.

Records and service user feedback established that they were offered an opportunity to read and sign their daily notes and also to have a copy of any of their records. There was an 'opt-in/opt-out' sheet stored within their file, demonstrating that they had an option to have a copy of their records if they wished. Service users also had the option of accessing their electronic records, upon request.



Service user's records also evidenced that their relatives, or another significant person, had been invited to attend their review meetings.

**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 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:**

Compliant

**Reasons for our decision:**

The agency had a Recruitment and Selection Policy which had been reviewed in 2018 and was due for a further review in August 2022.

The inspector had an opportunity to review a number of staff files. All pre-employment checks were found to have been completed prior to the agency offering employment.

Staff files were found to be clear, legible and well organised.

**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 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.

**Our Decision:**

Substantially Compliant

**Reasons for our decision:**

The inspector had the opportunity to review staff training records; however, the training matrix, which kept a record of all staff training, was found to be out-of-date and required updating.

Staff training included all of the mandatory subjects within Appendix B of the standards. Records demonstrated that staff members had also received specialist training, substantiating that there was a sufficient range of skills within the whole staff team to meet the individual needs of the service users. The manager and team leaders were also trained to same level.

There were insufficient records to evidence that the manager had evaluated staff training, indicating that the training had improved the practice of the staff team.

Records verified that the agency had a formal induction process, including a 3-day orientation programme at the start of the employment; however, induction records, held in staff files, had not been completed within the identified time-frames.

Records and staff feedback confirmed that all staff had received formal, one-to-one supervision with their line manager to the criteria within the standard. All staff members had also received an annual appraisal.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

Three

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 16 – Management, quality and improvement**

Service users receive a consistent, well managed, planned and audited service.

**16.6**

**Our Decision:**

Non-Compliant

**Reasons for our decision:**

The agency had a Certificate of Employers’ Liability Insurance which had lapsed on 31 March 2020. There was no policy on display at the time of the inspection, nor could one be located when requested. An up-to-date insurance certificate was in place at the second inspection visit.

**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 18 – Policies and procedures**

The service users' rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.

**18.4**

**Our Decision:**

Substantially Compliant

**Reasons for our decision:**

The agency had a range of policies and procedures, fulfilling the criteria within Appendix A of the standards, including a 'Use of Mobile Phones and Recording Devices' policy, which had been reviewed in August 2019; however, during the inspection, the inspector observed one member of staff carrying a personal mobile phone, which contravened the agency policy and procedure.

**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 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.

**Our Decision:**

Compliant

**Reasons for our decision:**

The agency had a Complaints policy and procedure which conformed to the criteria within the standard and was reviewed in April 2019.

Records evidenced that service users had access to the Complaints policy within the service user guide book.

Feedback from staff members, and service users, indicated that service users were encouraged to make a complaint about any aspect of the care they were receiving, they were unhappy about.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Other areas identified during this inspection /or previous requirements which have not been met.**

**Standard 1.1**

The Inspector had the opportunity to review the agency's Statement of Purpose which did not include all of the information set out in Schedule 3 of the registration regulations.

**Standard 10.3**

The inspector had an opportunity to review the staff identity cards, which did not conform to the criteria within the standard.

**Standard 20.4**

The Head of Operations had conducted monthly audits which made reference to a number of records; however, there was no evidence indicating that the outcome from the quality assurance process had been published annually.

**Standard 20.6**

A monthly audit was made available to the inspector; however, there was no evidence that the monthly audits were collated into an annual report. Also, the monthly audit did not contain all of the criteria within the standard.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

Four

**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 Unit.**

**Inspector:** William Kelly

**Date:** 07 October 2020

**Provider's Response**

**From:** Praxis Care

I / we have read the inspection report for the inspection carried out on **24 August 2020 and 4 September 2020 and 6 October 2020** 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**                      Richard Broughton  
**Date**    22/10/2020

**Signed Registered Manager**                      Kim Braley  
**Date**    21.10.20