

Praxis Care

Praxis Domiciliary Care Agency

Inspection report

184 Franche Road
184, Franche Road
Kidderminster
Worcestershire
DY11 5AD

Tel: 01562745963

Website: www.praxiscare.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 6 January 2016 and was announced.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing care and support to four people who were living in shared accommodation across two locations. The levels of support people received from the service varied, according to their assessed needs and levels of independence.

Prior to the inspection the provider had notified us that the registered manager had left the service and that a new manager had been appointed and was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs. Staff had received appropriate induction training and on-going training was in place in order to develop staff and ensure they had the skills to meet the needs of the people they supported.

People's consent was appropriately obtained by staff when caring for them. Care plans were in place which detailed the care people wished to receive. People were involved in developing how they wanted to be supported and were encouraged to be as independent as possible. They were supported to access healthcare appointments and to maintain a healthy diet which reflected their choices and preferences.

People told us that they liked the staff who supported them and staff spoke warmly of the people they cared for. Staff enjoyed their role and felt supported by managers to provide a good service.

Complaints information was available in alternative formats. Relatives and staff were confident of the actions they would take if they had concerns and that any concerns would be dealt with appropriately.

People, relatives and staff knew the assistant director and felt they were available when they needed to contact them. Care staff felt the management team involved them and they were able to raise any areas of concern or new ideas with them. The management team ensured regular checks were completed to monitor the quality of the care that people received and had identified areas they felt would improve the service for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to keep them safe from the risk abuse and harm.

People were supported to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff supported people to maintain good health by accessing healthcare professionals and supporting them to maintain a healthy diet. People received care from staff who were trained in their needs and were well supported.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that took account of people's individual preferences and was respectful of their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service. Relatives knew how to make complaints and were confident that there any concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People, relatives and care staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with two people who received support from the service, the assistant director, a senior carer and two healthcare support workers. We also spoke to two relatives by telephone following the inspection.

We looked at the care records of two people who received support from the service, two staff files, training records, incident recordings, safeguarding records, policies and procedures and medication records.

Is the service safe?

Our findings

Relatives we spoke with told us that people were kept safe when cared for by staff in their own homes. One relative told us, "Staff keep [relative's name] safe, we have no worries."

People were supported by staff who were aware of the risks to them on a daily basis. Staff were able to provide us with examples of how they kept particular individuals safe. For example, ensuring the environment was kept safe and secure for people. Staff also knew when extra support was needed by people, for example, they told us how some people required additional support when preparing meals.

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding and were able to tell us what action they would take if they suspected someone was at risk of abuse. We saw where a safeguarding had been raised, action had been taken. One member of staff we spoke with praised the way the safeguarding had been dealt with by managers. They advised the issue was dealt with quickly and there was good communication and support to the person involved. Staff we spoke with were aware of the provider's whistle-blowing policy to raise concerns if needed.

People told us that they could choose the staff to support the activity they were doing. We saw that staff vacancies were covered by agency staff to ensure that people received the level of care needed. To ensure consistency the same agency staff were used. The provider told us they were currently looking to recruit more care staff to reduce the number of agency staff used and the care staff we spoke with confirmed this.

We saw where incidents had taken place, these were reported upon and recorded and lessons were learnt. For example, when it was found that a medicine had been miscounted, a new process for counting and recording medicines had been introduced and was being monitored.

We saw that where agency staff were used, they completed a two week introduction period. This gave people being supported the chance to get to know the agency staff and for the staff to shadowing existing carers and learn people's routines before providing care.

Staff spoken with confirmed that prior to commencing in post, all the necessary pre-employment checks had been completed, including checks with the Disclosure and Barring Service, which provides information about people's criminal records. We also looked at the files of two members of staff and noted that the provider had made checks to help reduce the risk of unsuitable staff being employed by the service.

People were supported by trained staff to take their medicines. One relative told us, "Staff sort all the medication, we have no concerns at all." Staff confirmed they had received medication training and this was monitored and checked. One member of agency staff told us although they had previously done medication training, the provider did not allow them to give medicines until they received further training from Praxis. We saw that medication support plans gave staff information about when medicines should be taken and what the medicine was for.

Is the service effective?

Our findings

One person told us staff were, "Good," and supported them well. Staff told us they felt well trained to do their job and received regular training. One member of staff told us, "They (the provider) are extremely good at supporting training. The training is based on the people we support." A relative spoken with commented to us, "The staff are skilled at what they do."

Three staff confirmed that access to training was good and each of them was able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how dementia training had helped them support and understand one person's dementia.

Staff described to us their induction and told one person said, "It prepared me for my role." They told us that part of their induction involved meeting people in their homes and learning their routines before providing care. One member of staff said, "I shadowed the existing staff for a few weeks, I was keen to get started but it was important that I got to know people and their routines."

All staff we spoke to told us they received regular supervision. One member of staff told us, "We can raise any issues and also ask if we would like further training". One member of staff also told us they had periodic checks to observe their practice, they told us their feedback had been positive but if they did identify areas for improvement these would be addressed.

We checked whether the service was working within the principles of the MCA. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded in their care plans. Records showed the involvement of the person's wishes and needs or how decision had been made in their best interest.

All care staff we spoke with told us about the MCA and what it meant for people who were not able to make decisions around particular aspects of the care. For example, a decision to have medical treatment. They ensured they always listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes.

People were encouraged and supported by staff to plan their weekly menus and choose what they wanted to eat. One person told us that staff had supported them to attend slimming classes and help them choose slimming meal options. One staff member told us, "People are supported to have a varied diet, they choose what they like." Weekly menus were planned with people to include eating out and take away options where

people chose these. Staff were able to tell us about people's dietary preferences and how they supported them.

We saw that people were supported to access health care services when they needed them that included the GP, dentist and specialist health care services. Staff were able to tell us of the healthcare needs of the people they supported. One member of staff described how they had followed the advice of a dietician. They told us the person had been supported as their health had changed over the past twelve months. They told us "[Person's name] had a lot of [health] problems and it altered how we looked after them. We (staff) have all had training on the best way to support them."

The service also linked to autism community services, for example a dental service that visited people at home rather than people going into the surgery which caused them anxiety. The assistant director told us, "This was a much better option for the person involved and has worked well."

Is the service caring?

Our findings

People were positive about the staff. One person we spoke with confirmed they liked the staff who supported them. A relative told us, "The staff are very good, they have [relative's name] whole welfare at heart."

One relative told us that their family member was supported by staff who knew how to provide their care in the way people wanted it. They said, "Some staff have been there a long time, they know them well, they know their routines and the way they like things"

We saw that people were happy and comfortable in the company of the staff who supported them. One person told us about their plans for the future which included a holiday. A member of staff continued to chat with them about their plans. They took into consideration the things the person wanted to do and explained to them how they could support them to achieve those things.

Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff said, "Together with the people we support we are a small group, it's like a family." Another member of staff told us, "We all want what's best for the people we work with."

We saw that people were involved in their care planning and relatives told us they were involved in their family members care reviews and discussions about treatment. During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences. Staff told us that it was the advantage of being a small service that they got to know everyone well. One member of staff also told us about how they had built up knowledge of one person and worked with them to communicate with each other through gestures. This enabled them to communicate directly with the person and respond to their preferences and choices.

Staff told us how they communicated with different people. A member of care staff explained to us sometimes it wasn't just what was said. For example, they told us it was important to take note of a person's facial expressions as these could show if someone was unhappy or felt unwell. The member of staff said if they did notice someone was unhappy they would always ask if they could help.

Care staff described how they made sure that people's dignity and privacy was maintained. We saw staff asked permission to enter people's rooms and talk with them. Staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they moved to a private area.

One member of staff said, "All staff respect people as individuals and encourage them to be independent." They told us how they involved people in their day to day care and which promoted their independence. For example, they described to us how one person enjoyed baking and how they were supported to do this by choosing the ingredients and helping them to bake.

We saw that staff helped people to maintain relationships with people of their choosing. One person had been supported to visit their parent. Their relative told us, "The relationship was very important to them both, staff recognised this and did everything they could to support it."

Is the service responsive?

Our findings

One person that we spoke with told us they got the support they wanted. They told us they could choose the member of staff to support them. They told us they had the choice of what to do. Relatives told us they felt the service was responsive to people's needs. One relative told us, "The staff take [person's name] to appointments. They are always very good at communicating any changes."

Monthly reviews were also held, these gave people the opportunity to feedback on the events during the previous month. This information could then be used to change the planned care in the next month if required.

We saw care plans in place that were detailed and informative and reviewed if there had been a change in someone's care needs. Staff we spoke with felt that records were detailed and reflected current care needs. All care staff we spoke with knew each person well and understood the exact care and support they needed. For example, if people had a particular illness they knew how it affected the person and what actions to take if something changed.

Staff spoken with were able to describe in detail people's preferences and how they liked to be supported. One member of staff told us, "It's really good when you see how far a person has come and improved. Where they were previously; compared to today."

Staff said communication systems worked well and we saw for each person supported there was a daily communication record for staff to refer to in place. One member of staff said, "The communication sheets capture real time examples of what works well for a person." A relative that we spoke with confirmed communication was good, they told us, "We meet regularly and they call whenever necessary to tell me of any changes."

Relatives we spoke with knew how they would complain about the care if they needed to. They told us they had not made any complaints, but if they had a concern they were happy to speak to the staff. One relative said, "I have had no reason to complain, but I would if I needed to. I would speak directly to them (staff)."

We saw that the complaints procedure had been made available to people in alternative formats. One member of staff told us, "The people we support would soon let us know if something was not right and we could then put it right for them." The assistant director advised us that no written complaints had been received. They told us that as a smaller service any issues could be picked up and dealt with immediately. Staff advised that they were confident to raise any concerns with the assistant director who they were assured would then take action.

Is the service well-led?

Our findings

The provider did not have a registered manager in post at the time of the inspection. The previous registered manager left in September 2015. A new manager had been appointed and was registering with CQC. In the absence of a registered manager, the provider placed an assistant director in charge for the day to day running of the service. All staff told us they were confident in the way the service was currently managed.

Relatives and staff spoke positively about the service and one relative said, 'We are pleased with the service. We couldn't ask for better.' Another relative told us, "I am really pleased with the care [relative's name] receives, I have no concerns at all."

We saw the assistant director chatting with people and people looked relaxed around them. For example, we saw one person smile and joke with them. One relative we spoke to told us they were aware of the changes and knew the assistant director, who they described as, "Approachable and friendly." The assistant director had a good knowledge of the care and supported that each person needed.

Staff spoke positively of the management team. They told us they felt listened to and supported. All staff we spoke with told us there had been a period of change within the management team but stated that communication remained good throughout. One member of staff said, "The assistant director has been covering and supporting us. I was nervous at first, but I soon found that he is very approachable." Another member of staff told us, "They always let us know what's going on and any changes." They told us updates and changes in people's care was shared in person or recorded in the communication book.

Staff told us that they attended staff meetings and when they were not able to attend the minutes were copied and made available to them, which they signed to confirm they had read them. Staff advised these were open meetings and they could raise agenda items and were encouraged to put forward new ideas. One member of staff said, "People can raise items at the meeting and there is always an answer provided."

The assistant director told us that the provider's value was for an open service and, "Not us and them – we are all equal and together." This was confirmed by staff, one of whom told us, "It's a good team, we all support each other very well." A member of the management team said, "We (managers) welcome challenge, staff know they can let us know anything, we are all in it together."

People's confidential information was held securely. We saw that detailed care plans and health records were maintained and that incidents were logged and a record made of any actions taken. There were good systems in place and staff knew where information was kept and how to access it. The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

The assistant director told us that they kept their skills and knowledge current and linked to external guidance and organisations. For example, the service was an autism champion looking to work with and identify autism community services.

