

Inspection Report

16 September 2021



Care Plus (N.I.) Ltd

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Care Plus (N.I.) Ltd Responsible Individual: Mrs Jacqueline Maguire	Registered Manager: Mrs Janette Rolston Date registered: 02 January 2019
Person in charge at the time of inspection: Mrs Janette Rolston	
Brief description of the accommodation/how the service operates: <p>Care Plus (N.I.) Ltd is a domiciliary care agency located in Omagh. The agency supplies staff to individuals living in the Omagh and surrounding areas. Service users have a range of needs related to conditions such as dementia, learning disability, physical disability and general frailty relating to their age.</p> <p>The agency currently employs 60 domiciliary care workers to provide care and support to 143 individuals residing in their own homes; the care is commissioned by the Western Health and Social Care Trust (WHSCT).</p>	

2.0 Inspection summary

An unannounced care inspection was undertaken on 16 September 2021, between 10.20 a.m. and 3.15 p.m.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care (HSC) professionals and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires and 'Tell us' cards for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

No questionnaires or electronic feedback was received prior to the issue of the report.

We spoke with two service users, two relatives, two HSC professionals and three following the inspection. The following is a sample of comments made:

Comments from service users' included:

- "Care plus is a fantastic service and the girls are brilliant."
- "Staff are always on time and turn up when they are supposed to."
- "I feel safe when they wear their PPE."
- "Staff always wear their PPE and wash their hands."
- "I have no complaints."
- "Staff treat me well and are respectful towards me."
- "A copy of the care records is in the house and when the girls come in they write in them."

Comments from service users' representatives included:

- "Staff are more than good, they are excellent."
- "The girls wear their PPE without fail."
- "I look forward to the staff coming; they always have time to ask how I am."
- "The service is a real blessing."

- “I am very pleased with the care and staff.”
- “They always come when they are meant to.”
- “I have the office number if I need anything.”

Comments from HSC professionals included:

- “I have received recent positive feedback from a service user and their family which included good quality care, good time keeping and staff have a good relationship with the service user.”
- “I have not been made aware of any missed or late calls.”
- “Staff are willing to participate in care reviews.”
- “I have a good relationship with the office staff.”
- “I have no issues in regards to the service.”
- “Information is shared in a timely manner.”

Comments from staff included:

- “The office staff are approachable and available whenever you need them.”
- “I got a very good induction when I started included training and shadowing.”
- “I treat the clients with respect and respect their decisions.”
- “Risk assessments, care plans and daily logs are available in each service user’s house for staff.”
- “We got lots of information in relation to Covid-19 and plenty of PPE available to us.”
- “A good agency to work for. I have completed lots of training including infection prevention and control, donning and doffing, Covid-19, moving and handling and lots more.”

5.0 The inspection

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

The last inspection to Care Plus (N.I.) Ltd was undertaken on 13 January 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC) and the agency had prepared an Adult Safeguarding Position report.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns outside of normal business hours.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection and that the referral had been managed appropriately.

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

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager also told us that there were no restrictive practices in place at the time of the inspection.

The manager confirmed the agency does not manage individual service users' monies or valuables in excess of twenty thousand pounds.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

5.2.2 Is there a system in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff made referrals to the multi-disciplinary team and these interventions were

proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls, NISCC registration and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that the agency had received one complaint since the last inspection and managed in accordance with the agency's policy and procedures.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff, service users, HSC professionals and relatives RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

There were no areas for improvement identified during this inspection.

The inspector would like to thank the manager, HSC professionals, relatives, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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