

Inspection Report

11 May 2023



Care Plus (N.I.) Ltd

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Care Plus (N.I.) Ltd	Registered Manager: Mrs Janette Rolston
Responsible Individual: Mrs Jacqueline Maguire	Date registered: 2 January 2019
Person in charge at the time of inspection: Mrs Janette Rolston	
Brief description of the accommodation/how the service operates: 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. The agency currently employs 61 domiciliary care workers to provide care and support to 130 individuals residing in their own homes; the care is commissioned by the Western Health and Social Care Trust (WHSCCT).	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2023 between 9.55 a.m. and 3.10 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 and dysphagia management was also reviewed.

An area for improvement was identified in relation to care plans.

Service users and relatives consulted with spoke in positive terms about the care provided.

Good practice was identified in relation to the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and staff training. 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 any previous areas for improvement identified, 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 questionnaires and an electronic survey.

4.0 What did people tell us about the service?

We spoke with a number of service users and relatives who spoke positively in relation to the care and support provided. We also spoke with a number of HSC Trust representatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "The girls (staff) are very good to me and I am treated with kindness. They always turn up on time and never miss a call. I have a contact number for the office if I need to call them and calls are always answered."
- "The service is absolutely excellent. Staff are a true tonic. They are always courteous and jolly."
- "Carers are very kind and helpful. I have no complaints."

Service users' relatives/representatives' comments:

- "Grand service and a great bunch of girls (staff). The girls are very friendly and treat my mother very well. There is a book in the house that the girls write in every time they are here."
- "Great service and I have nothing but praise for the girls (staff). They come in with a smile and greet me and my husband. I feel my husband is well cared for."

Staff comments:

- "I am very well supported by senior staff and the manager. We have on call arrangements for out of hours and the phone is always answered. The care and support we provide is of a high standard."
- "All care records are in the client's home. We are informed of any changes in the clients care immediately."
- "I had a very good induction completed in the office along with training and two days shadowing."
- "I have had several spot checks and we don't know they are coming to do them."

HSC Trust representatives' comments:

- "It is my view this is a good agency and they provide a good service. There is good communication from the office staff. If there are in any changes in the clients, they will ring me and let me know. I have a good working relationship with the agency."
- "A great service and positive views from family and clients. Staff are professional and helpful."

No questionnaires were returned and no responses were received to the electronic staff survey.

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 undertaken on 16 September 2021 by a care inspector. 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 agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

No concerns were raised with the manager under the whistleblowing policy.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

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.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

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 MCA.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

The service users' care records contained details of 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.

There was a system in place for recording any missed or late calls.

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).

Review of two service users' care records confirmed that they had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. However, review of records identified that one care plan, did not accurately address the service users' dysphagia needs in line with SALT recommendations. An area for improvement has been made in this regard.

A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

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

A review of the agency's staff recruitment records confirmed 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. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); 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. The manager confirmed that the NISCC's Induction Standards for new workers in social care were incorporated in to the agency's induction programme. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs).

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

There was a system in place for reporting any instance where staff where staff are unable to gain access to a service user's home. Communications had been issued to staff which clearly directs them to what actions they should take to manage and report such situations both within and out of office hours.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Janette Rolston, Registered Manager and the service manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (2)(a)(b)(c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This has been implemented and all office staff informed of the importance of ensuring the service user needed as prescribed are recorded in the care plan for carers to follow.</p>

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