

Unannounced Care Inspection Report 30 October 2020



Care Plus (N.I) Ltd

Type of Service: Domiciliary Care Agency
Address: 5 Parkview Road, Castlederg, Tyrone, BT81 7BN
Tel No: 028 8167 0232
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Care Plus (N.I) Ltd is a domiciliary care agency which is based in Castlederg and supplies staff to people living in the Castlederg, Drumquin, Newtownstewart and Killen areas. Service users have a range of needs including dementia, learning disability and frailty relating to old age. The agency provides care and support to 88 individuals living in their own homes whose care and services are commissioned by the Western Health and Social Care Trust (WHSCCT).

3.0 Service details

Organisation/Registered Provider: Care Plus (N.I) Ltd Responsible Individual: Mrs Jacqueline Maguire	Registered Manager: Mrs Janette Rolston
Person in charge at the time of inspection: Mrs Janette Rolston	Date manager registered: 02 January 2019

4.0 Inspection summary

An unannounced inspection took place on 30 October 2020 from 11.35 to 16.20.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 23 January 2020, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Care Plus (N.I) Ltd. A decision was made to undertake an on-site inspection adhering to social distancing guidance.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager and service users' representatives. We also reviewed the list of all Covid-related information, disseminated to staff.

All those spoken with indicated that they were happy with the care and support provided.

No areas for improvement were identified during this inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control, the use of personal protective equipment (PPE) and Covid-19 education.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

4.1 Inspection outcome

	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, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 23 January 2020

No further actions were required to be taken following the most recent inspection on 23 January 2020

5.0 How we inspect

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

Following our inspection we focused on contacting the service users, service users' representatives, staff and Health and Social Care (HSC) professionals to obtain their views on the service.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

The manager advised that there had been no safeguarding incidents since the date of the last inspection. The manager confirmed that three complaints were received since the date of the last inspection. We discussed the complaints that the agency had received and deemed that they had been managed appropriately. The manager confirmed that local resolution had been achieved in relation to these complaints. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

We would like to thank the manager, service users' representatives, staff and HSC professionals for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

Staff recruitment records

Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 which relate to AccessNI. The inspector reviewed documentation in three staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

Care records

We reviewed elements of three service users' care files. Review confirmed referral information was available and that risk assessments and care plans were in place. Discussion with the manager confirmed that care records are kept under review and a copy is retained in the service user's home as well as the copy held in the office.

Adult safeguarding

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager advised that no adult safeguarding referrals were made since the previous inspection.

Stakeholders' Views

Discussion with service users' representatives, HSC professionals and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Comments from service users' representatives included:

- "Great team of carers; staff always turn up and are bright and cheerful."

- “When I have been in the house staff have worn PPE.”
- “Staff are kind to my husband and treat him with respect.”
- “I have no problems, only good things to say about the staff and the service.”
- “I would recommend Care Plus as a service.”
- “Staff have their PPE and always wear it.”
- “The service is brilliant and the girls are brilliant with Mum.”

Comments from HSC professionals included:

- “I find the service very good; staff and management are very approachable and supportive.”
- “No late or missed calls that I am aware of.”
- “Excellent communication from the care staff. Staff alert me immediately if there are any issues.”
- “Staff team flexible in their role; recent changes in care package in regards to a client due to the reset of day and staff accommodated same.”
- “Family happy with service.”

Comments from staff included:

- “Office staff very supportive and always keep us updated if there are any changes in care or times.”
- “I’ve had IPC training recently and this included Covid-19 information, the type of PPE to wear and how to put PPE on and take it off correctly.”
- “We always get good information about new service users.”
- “PPE is plentiful and of good quality.”
- “I have had lots of training and the training is detailed.”
- “Staff in the office carry out spot checks to see we’re wearing PPE properly and we have our name badges on. I never know when they are coming.”
- “Risk assessments, care plans and service records are always left in the service user’s home when we start a new run.”

Three staff questionnaire responses received indicated that the staff members were very satisfied that the care provided in the setting was safe, effective, compassionate and well led.

Three service user/relatives’ questionnaires were returned prior to issuing this report. The respondents indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. Comments included: “Great girls” and “The boys have been great for my Dad”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19

We spoke with the manager and to five staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE. The staff members spoken with reported that there was an appropriate supply of PPE.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the Public Health Agency and the Department of Health.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to infection prevention and control including donning and doffing.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to compliance with Covid-19 guidance, the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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