

# Inspection Report

4 February 2022



## Care Plus (N.I.) Ltd

Type of service: Domiciliary Care Agency  
Address: 5 Parkview Road, Castlederg, Tyrone, BT81 7BN  
Telephone number: 028 8167 0232

[www.rqia.org.uk](http://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

<b>Organisation/Registered Provider:</b> Care Plus (N.I.) Ltd  <b>Responsible Individual:</b> Mrs Jacqueline Mary Maguire	<b>Registered Manager:</b> Mrs Janette Rolston  <b>Date registered:</b> 2 January 2019
<b>Person in charge at the time of inspection:</b> Mrs Janette Rolston	
<b>Brief description of the accommodation/how the service operates:</b>  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 101 individuals living in their own homes whose care and services are commissioned by the Western Health and Social Care Trust (WHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 4 February 2022, from 9.10 a.m. to 3.30 p.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS), Dysphagia, the monthly quality monitoring process and Covid-19 guidance.

Good practice was identified in relation to checks being undertaken before staff were supplied to service user's homes and staff training. There were good governance and management oversight systems in place.

Three areas for improvement were identified in relation to staff recruitment, incident reporting and record keeping.

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 guidance, 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 written and verbal communication received since the last 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 staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA. Three relatives and four service users' responses were received and the respondents were very satisfied or satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

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

### 4.0 What people told us about the service

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

#### Comments from service users' included:

- "Staff come in and do what they have to do; they are very amicable and willing to help."
- "The service is fine and suits me very well."
- "I am treated very well."
- "The girls are very friendly and always kind."
- "Great service and I would be lost without the service; the girls are a big support to me."
- "The girls are very particular about washing their hands and wearing their Personal Protective Equipment (PPE)."

#### Comments from service users' representatives included:

- "Great care and the care is consistent."
- "The girls always wear their PPE and we feel safe."
- "There is a record kept in the house and the girls write up after the call."

- “The care is excellent and the girls never fail to turn up; even when it snowed the girls walked up the lane to deliver the care.”
- “My mum is so well treated; she loves the carers.”
- “The staff are always helpful and take time to talk to my Dad.”

#### **Comments from HSC professionals included:**

- “Very good service and good communication from the staff.”
- “I have not had any complaints from service users or relatives about the service.”
- “If I require a community report for a client the agency is very prompt getting the completed report back to me.”
- “I am not aware of any missed calls.”

#### **Comments from staff included:**

- “The office staff are very supportive and always available to advise.”
- “All care documents are in the service user’s home; this includes the risks assessment, care plan and the communication book.”
- “On call staff are always available to ring after hours if we have a problem.”
- “We wear our PPE at all times in the service user’s home and hand washing is important.”
- “The office staff let us know right away of any changes in the service user’s care.”
- “I know the types of abuse and the importance of reporting anything suspicious right away.”
- “I got a detailed induction and undertook shadowing.”
- “I wasn’t allowed to start work until I had done all my training and my AccessNI was back.”

## **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 30 October 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 manager confirmed that the organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The annual safeguarding position report had been developed in keeping with the regional policy and procedures.

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 had been provided with training in relation to adult and childrens safeguarding.

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. Staff could describe the process for reporting concerns outside of normal business hours.

The agency had a system for retaining a record of referrals made to the relevant Health and Social Care Trust in relation to adult safeguarding. Records viewed and discussions with the manager indicated that one adult safeguarding referral was ongoing. RQIA had not been informed of this allegation as required under Regulation 15 (12)(b)(ii). An area for improvement has been identified.

Review of accident and incident records identified a number of shortfalls in record keeping. A number of records did not include comprehensive details of the accident/incident nor did these records contain the date and time and by whom other parties were informed. An area for improvement has been identified.

Training was available for staff, appropriate to the requirements of their role. This included training on DoLS.

The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager confirmed that there were no service users who were subject to DoLS.

The manager confirmed the agency does not manage individual monies belonging to the service users.

There was a system in place to ensure that all service users received their calls in keeping with the care plan; a system was also in place to record and report any missed calls.

### **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 manager advised that there were no service users who required assistance with eating and drinking due to having swallowing difficulties.

It was positive to note that staff had undertaken dysphagia training.

### **5.2.3 Are their robust systems in place for staff recruitment?**

We reviewed two staff recruitment records. A review of staff recruitment records confirmed that the required pre-employment checks had been undertaken before staff members commenced employment and had direct engagement with service users. Review identified that not all gaps

in employment had been explored in the two staff recruitment records. An area for improvement has been identified.

A review of records confirmed all staff working in the agency were registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations 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 accident/incident, safeguarding matters, complaints, staff training, Covid-19, missed calls and NISCC registration. 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 was a process for recording complaints in accordance with the agency's policy and procedures. The manager confirmed that one complaint was received since the date of the last inspection. Review confirmed that the complaint was managed appropriately.

The manager advised that no staff had raised any concerns under the whistleblowing policy and procedures.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

## **6.0 Conclusion**

Based on the inspection findings and discussions held with service users, relatives, HSC professionals and staff, 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.

As a result of this inspection three areas for improvement were identified in relation to staff recruitment, incident reporting and record keeping.

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

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, Revised August 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Janette Rolston, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (12)(b) (i)(ii)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that the Regulation and Improvement Authority are notified of any incident reported to the police, not later than 24 hours after the registered person—</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> This has been duly noted with all members of management have been advised. Any further incidents will be reported to RQIA within the allotted timeframe as stated in the above regulations.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless:-</p> <p>(a) he is of integrity and good character;</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff involved with recruitment have been spoken to on the importance of the recruitment process and onboarding future employees. Special attention was given to the application forms and ensuring all employment gaps are investigated, accounted for, and recorded Recruitment documentation has been updated to prompt staff to ensure no gaps in employment history are missed..</p>
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, Revised August 2021	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Our accident/incident form has been updated to ensure all relevant information is recorded</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)