

# Unannounced Care Inspection Report 6 and 14 May 2021



## Care Plus (N.I.) Ltd

**Type of Service: Domiciliary Care Agency**

**Address: Enniskillen Business Park, Lackaghboy Industrial Estate,  
21 Lackaghboy Road, Enniskillen, BT74 4RL**

**Tel No: 028 6632 5688**

**Inspector: Angela Graham**

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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 provider 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 Enniskillen and supplies staff to people living in County Fermanagh. Service users have a range of needs including dementia, learning disability and frailty relating to old age. The agency provides care and support to 284 individuals living in their own homes whose care and services are commissioned by the Western Health and Social Care (HSC) Trust.

### 3.0 Service details

<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>Person in charge at the time of inspection:</b> Mrs Janette Rolston	<b>Date manager registered:</b> 28 July 2011

### 4.0 Inspection summary

An unannounced care inspection took place on 6 May 2021 from 09.15 to 16.45 hours and 14 May 2021 10.35 to 14.30 hours.

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.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection raised concerns in relation to a number of matters relating to Care Plus (N.I.) Ltd. The information received related specifically to the management of complaints and to governance and management arrangements.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, where RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

Following an assessment of information held by RQIA relating to the service and in light of the concerns raised, an inspection was undertaken on 6 and 14 May 2021 to examine the agency's current compliance with The Domiciliary Care Agencies regulations and standards. Due to the potential impact on service users, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

The inspection findings for Care Plus (N.I.) Ltd did substantiate a number of the concerns raised within the information shared with RQIA. This included the management of complaints and governance and management arrangements.

Areas of good practice were identified in relation to consultation with service users and Health and Social Care (HSC) professionals, staff training and infection prevention and control measures.

Five areas requiring improvement were identified in relation to the management of complaints, the management of adult safeguarding concerns, the auditing of returned daily logs, the completion of daily logs and the recording of communication with service users' representatives.

Those consulted with spoke positively in relation to the care and support provided.

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Jacqueline Maguire, responsible individual, Mrs Janette Rolston, manager, a director and a supervisor, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 3 December 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 December 2019.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and QIP, notifiable events, 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 HSC professionals to obtain their views on the service. We spoke with four service users, three service users' representative and four staff post inspection. We also obtained the views of four HSC professionals.

During the inspection we reviewed records relating to:

- Quality monitoring reports
- Records relating to adult safeguarding incidents
- Complaints records
- Staff training
- Care records
- Spot check records
- Staff duty rosters
- Governance and management arrangements

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included “Tell Us” cards, service user’s/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No responses were received.

We would like to thank the responsible individual, manager, HSC professionals, service users, the service user’s representative and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

Areas for improvement from the last care inspection dated 3 December 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (10) <b>Stated:</b> First time	The registered person shall ensure that relevant risk assessments and care plans are in place with regards to the use of bedrails.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The review of three care records evidenced that this area for improvement had been satisfactorily addressed.	

## 6.1 Inspection findings

### 6.1.1 What people told us about this agency

During the inspection we spoke with the responsible individual, manager, a director and a supervisor.

We also spoke with four service users, three service user’s representative and four staff post inspection and obtained views from HSC professionals. All those spoken with indicated that that they were happy with the care and support provided by the agency. Comments are detailed below:

#### Comments from staff included:

- “I had a very good detailed induction which included shadowing.”
- “If a new service user comes on the run often the supervisor will come out to the service user’s home and go over the risk assessments and care plans with us so we know all about the service user.”
- “I have had supervision and spot checks.”

- “I am well supported by the supervisor and we have an on call system after 5pm to 9am the next day and over the weekends.”
- “We get sufficient PPE and hand sanitiser.”
- “I have had training which included fire, infection prevention and control and adult safeguarding. We’ve had training in the use of PPE and Covid-19.”
- “We have a copy of the service user’s care plan in their house and on each visit we write up what we have done.”
- “I would feel confident bringing any issues or complaints to the manager and I would be sure that they would listen to me.”

#### **Comments from service users’ included:**

- “The girls are very good to me, are always kind and respectful.”
- “Always treat me well.”
- “The girls do not miss any calls, they always turn up.”
- “Staff have always been helpful and accommodating.”
- “The girls are always washing their hands and they wear their PPE in the house.”
- “The girls will go the extra mile.”

#### **Comments from service users’ representatives included:**

- “A very good service and I would describe it as first class.”
- “The care and attention my wife gets is very good.”
- “The staff are professional and always treat my Dad with great respect. He looks forward to them coming in to see him.”
- “Brilliant service and I describe it as a lifeline for my family and my mother.”
- “Staff wash their hands and always put on their PPE.”
- “The girls have got to know my mother and they have a great relationship, I would go as far as saying they are like family to her.”

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

- “Overall I find the agency provides a good standard of care and service delivery.”
- “I am kept well informed of issues/concerns in regards to my clients. If there are any changes the agency will contact me and let me know.”
- “Professional in their approach.”
- “I find the agency very accommodating and will help if they can.”
- “No complaints raised by families or service users.”
- “The agency are flexible, they will always try and accommodate any changes to the run or the client’s package.”

### **6.1.2 Governance and management arrangements**

We reviewed the governance and management arrangements in place within the agency to meet the needs of the service users.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Regulation 23 quality monitoring visits had been undertaken monthly by the manager. A sample of reports viewed for February to April 2021 provided evidence that the monitoring process included engagement with service users, service users’ representatives and staff; a review on the conduct of the agency and development of action points.

We reviewed the returned daily logs for three service users. Review of one service user's daily logs from October to December 2020 identified a number of pages from the daily log record books were missing. It is the view of the inspector and manager that these pages had been torn out of the daily log record books. The inspector discussed this matter with the manager and the manager advised that they would immediately inform the service user's Trust key worker of the findings. The manager advised that a system was in place to audit returned daily log books however, the returned daily records for the identified service user had not been audited for the period outlined. A robust timely audit process of returned daily log record books must be introduced. An area for improvement has been made in this regard.

Review of returned daily logs identified on a small number of occasions only one staff signature was present however, two care staff had attended the call and provided the assessed care and support. An area for improvement has been made in this regard.

Review of care records identified that on a small number of occasions that a record of communication with a service user's representative was not maintained. An area for improvement has been made in this regard.

An adult safeguarding concern had not been reported to the adult protection gateway team. The concern was discussed with the manager and the manager advised that they would immediately inform the adult protection gateway team of the concern. An area for improvement has been made in this regard.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection. Review of records found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedure.

We reviewed the agency's complaints record. A number of complaints were recorded from the date of the last care inspection. Review of the records identified that two complaints had not been dealt with in line with Regulation 22 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. There was no evidence of communication with the complainant, the results of any investigation, the action taken and the outcome of the complaint in relation to the complainant's satisfaction in one of the reviewed complaints. There was no evidence of communication with the complainant in relation to the second complaint. An area for improvement has been made in this regard.

### **Areas of good practice**

Areas of good practice were identified in relation to consultation with service users and HSC professionals, staff training and infection prevention and control measures.

### **Areas for improvement**

Five areas requiring improvement were identified in relation to the management of complaints, the management of adult safeguarding concerns, the auditing of returned daily logs, the completion of daily logs and the recording of communication with service users' representatives.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	3

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jacqueline Maguire, responsible individual, Mrs Janette Rolston, manager, a director and a supervisor, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 22 (6), (7), (8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p>Ref: 6.1.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>We have introduced a complete set of working papers to deal with complaints. We have reinstated a file for complaints containing: acknowledgment letters, investigations, outcomes and actions taken.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to safeguard service users against abuse or neglect.</p> <p>Ref: 6.1.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>We have conducted a review with the managers and coordinators to ensure they are aware of when and who to report to. This is to make certain that the relevant people are informed of the information at the initial report of anything in regards to safeguarding</p>

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency's documented policies and procedures.</p> <p>This refers specifically to the auditing of daily logs returned from service users' homes.</p> <p>Ref: 6.1.2</p>
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	<p><b>Response by registered person detailing the actions taken:</b>                  A detailed form is attached to the inside front cover of the service record book to highlight any issues, actions taken, who audited the book and if the issues were handed off to a more senior person to deal with. A sample of these books will be reviewed periodically to ascertain if the Quality Control is being maintained. On the next print run we intend to have this form printed on the inside cover of the service record books</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>                  Immediate and ongoing</p>	<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>This refers specifically to ensuring two signatures are recorded on the service users' daily logs when two staff are delivering care and support.</p> <p>Ref: 6.1.2</p> <p><b>Response by registered person detailing the actions taken:</b>                  We have sent out a memo out to all carers to reinforce the importance of both signing the service record books. It has been reiterated that these are legal documents. Correctly signing the books has been given precedence in the training, and it has been reiterated that these are legal documents. It has been highlighted that these books are audited and they will be required to account for any missing signatures.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>                  Immediate and ongoing</p>	<p>The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency's documented policies and procedures.</p> <p>This refers specifically to maintaining a record of all communication with service users' representatives.</p> <p>Ref: 6.1.2</p> <p><b>Response by registered person detailing the actions taken:</b>                  New templates are now available to make it easier to correspond with service users and their representatives. When written or oral communication is conducted it is to be recorded in service users log and a copy of any written missive placed in their file.</p>

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



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