

# Unannounced Domiciliary Care Agency Inspection Report 3 May 2016



## Care Plus

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

**Tel No: 02866325688**

**Inspector: Caroline Rix**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Care Plus took place on 3 May 2016 from 10.30 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified during inspection.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

However, one recommendation for improvement relating to effective care has been made. The inclusion of all stakeholders in the annual quality review of service provision has been recommended.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes, and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqueline Maguire, responsible person and Janette Rolston, registered manager, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous Quality Improvement Plan (QIP) there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organization/registered person:</b> Care Plus/Jacqueline Mary Maguire	<b>Registered manager:</b> Janette Rolston
<b>Person in charge of the agency at the time of inspection:</b> Janette Rolston	<b>Date manager registered:</b> 28 July 2011

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection include the following:

- Discussion with the responsible person and registered manager
- Consultation with three care workers
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with five service users and five relatives, either in their own home or by telephone, between 11 and 19 May 2016, to obtain their views of the service.

The service users interviewed informed the UCO that they received assistance with the following:

- Personal care
- Meals
- Housework
- Shopping

On the day of inspection the inspector met with three care workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Six completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Two staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas for 30 April to 8 May 2016
- Staff Handbook
- Minutes of staff meetings 2 February and 10 February 2016
- Service user compliments received from April 2015 to May 2016
- Three complaints records
- Monthly monitoring reports for January to April 2016
- Annual quality report 2014/15
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Manager's daily contact log records/on call logs for March and April 2016
- Record of incidents reportable to RQIA in 2015/2016

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 5 October 2015

The most recent inspection of the agency was an unannounced care inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 5 October 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time	The registered person is recommended to ensure completion of monthly reports are in line with standard 8.11. The registered person is recommended to expand their monthly monitoring reports to detail how feedback information and actions taken are being monitored.  As discussed within theme one and two of the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records of monthly monitoring reports which had been completed since November 2015. These reports had been expanded and were found to contain details on how feedback information and actions taken were being reviewed and monitored.	

### 4.3 Is care safe?

The agency currently provides services to 276 service users living in their own homes. A range of policies and procedures was reviewed relating to staff recruitment and induction training and found to be in compliance with relevant regulations and standards.

Two files were sampled relating to recently appointed care workers which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. One of the three care staff interviewed, who had commenced employment within the last six months, described her recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Care Plus. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users/relatives who discussed examples of care delivered by staff that included manual handling, use of equipment and management of medications. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff. Examples of some of the comments made by service users or their relatives are listed below:

- "No complaints about any of them."
- "Never had a bad carer."
- "No bother at all."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Dealing with Abuse of Vulnerable Adults and Children' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Each of the three care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is rarely invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/representatives. The registered manager stated they are only made aware of these meetings if they receive an amendment form from the trust detailing a change to the original care plan. The registered manager informed the inspector that they would continue to liaise with the trust as required. The inspector was given assurances that all information relevant to service users was up to date and available as required.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency or that care had been rushed.

Service users/relatives reported that they were normally introduced to, or advised of the name of, new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the care required.

Service users and relatives spoken to by the UCO, and care workers spoken with during the inspection, suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Service users/relatives reported no concerns regarding the communication between themselves and the agency carers and office staff. The majority of service users/relatives confirmed that management from the agency carry out regular home visits and phone calls, and they also received satisfaction questionnaires from Care Plus asking for their views on the service. All of the service users/relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

Examples of some of the comments made by service users or their relatives are listed below:

- "Very good team."
- "Happy with Care Plus."

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, and one practice issue regarding a care worker not completing their full signature addressed.

As part of the home visits, the UCO reviewed the agency's files in relation to three service users. It was noted that there was some variation in the times of calls which should be kept under review. An issue regarding the records of two service users living at the same address was discussed with the registered manager, who confirmed that the records were being revised.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified. Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

The registered manager confirmed ongoing discussion of records management during team meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic. Minutes of staff meetings viewed for February 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible, incorporated.

Care workers interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Care workers described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Service user records evidenced that the agency carried out monitoring visits with service users six monthly, and telephone contacts six monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The inspector reviewed the agency's procedure on 'management of missed calls' and reviewed the records in respect of one missed call since December 2015. The inspector found appropriate action had been taken with staff on receipt of this matter and records evidenced a process was in place to reduce the risk of any service user not receiving their planned call.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

The agency had requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires posted in December 2015, with responses currently being collated. The registered manager confirmed the report was expected to be completed and available in May 2016. The agency had completed an annual quality review report for 2014/15, with a summary report of findings and the improvements they planned to implement. The registered manager confirmed all service users had been advised in March 2015 that the summary report was available to them. The content of their annual quality review report was discussed with the registered manager. The inspector recommended that the agency's annual quality report be expanded to include feedback from staff and commissioners of their service.



## Areas for improvement

One area for improvement was identified during the inspection.

The registered manager is recommended to expand their annual quality of service evaluation process to include staff and commissioners' views.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.5 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users/relatives reported that as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Care Plus. Examples of some of the comments made by service users or their relatives are listed below:

- "We have great craic. It puts me at ease."
- "My XXX loves the company; the girls are very chatty."
- "Couldn't get better girls."

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff questionnaires received indicated that they felt service users' views were listened to and they were involved in decisions affecting their care.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector a number of staff practice issues were identified during spot checks and monitoring visits which related to not wearing the correct uniform and poor timekeeping. Records evidenced that appropriate measures had been taken with each care worker. There were no repeated issues identified during subsequent monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and at team meetings.

Staff interviewed on the day of inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the responsible person, Jacqueline Rolston and the registered manager, Janette Rolston, a quality control officer, office supervisor and care coordinators ensure care workers provide domiciliary care and support to 276 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the responsible person, registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented with all of the policies sampled reviewed since July 2015.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2015 to inspection date 3 May 2016 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for January to April 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed and staff questionnaires returned indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as extremely valuable to staff seeking advice but also as a support

and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Jacqueline Maguire responsible person and Janette Rolston registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b>	The registered manager is recommended to expand their annual quality review process to include staff and service commissioners' views.
<b>Ref:</b> Standard 8.12	
<b>Stated:</b> First time	<b>Response by registered person detailing the actions taken:</b>
<b>To be completed by:</b> 03 August 2016	This has been put into place for our 2015 quality report also has been added in to our report

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

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

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

 @RQIANews