

Unannounced Care Inspection Report 15 February 2019



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: 02866325688

Inspector: Aveen Donnelly

User Consultation Officer: Clair McConnell

www.rqia.org.uk

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 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 304 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

Organisation/Registered Provider: Care Plus (N.I.) Ltd Responsible Individual: Mrs Jacqueline Mary Maguire	Registered Manager: Janette Rolston
Person in charge at the time of inspection: Janette Rolston	Date manager registered: 28 July 2011

4.0 Inspection summary

An unannounced inspection took place on 15 February 2019 from 10.25 to 15.40.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, generally promoted treating service users with dignity and respect. There were good governance and management arrangements in relation to the day to day operations of the service.

There were no areas for improvement made during this inspection.

Service users and relatives consulted with indicated that they were generally happy with the care and support provided.

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
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 Janette Rolston, registered 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 25 January 2018

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- four staff recruitment records
- staff induction and supervision records
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- four service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from two service users' homes
- RQIA registration certificate
- complaints records
- service user guide/agreements
- statement of purpose
- annual quality assurance report 2017
- monthly quality monitoring reports

As part of the inspection the User Consultation Officer (UCO) spoke with three service users and five relatives, by telephone, on 15 and 19 February 2019 to obtain their views of the service. The service users spoken with receive assistance with personal care, meal provision and management of medication.

Three relatives did not wish to have in depth discussions with the UCO but confirmed that they were happy with the service from Care Plus.

As part of the inspection process the inspector also spoke with the manager and three care staff. Feedback is included within the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff completed the survey.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2018

There were no areas for improvement made as a result of the last care inspection undertaken on 25 January 2018.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of one office manager, three co-ordinators and a team of 82 care staff. Two Quality Control officers were also in post who held responsibility for undertaking the monitoring visits. The agency's staffing arrangements were discussed and the manager advised that they felt there were sufficient staff employed, to meet the current level of care provision. The manager advised that there had been a small number of missed calls; however, through discussion, it was evident that there had been reasonable explanations for these having occurred.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Care Plus. One relative had an ongoing concern which the UCO discussed with the manager and is being kept under review. Care is usually provided by a small team of regular carers which was felt to be beneficial as it enables the service users, relatives and carers to develop a relationship with each other.

A review of recruitment records indicated that all pre-employment information had been completed and verified satisfactorily. There was a system in place to ensure that all staff were registered with NISCC and to identify when staff are due to renew their registrations.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. Review of records confirmed that this included mentoring through formal supervision meetings and spot checks on staff practice. An electronic system was in place, which ensured good management oversight of when staff were due to have formal supervisions.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling skills, use of equipment and management of medication.

All of the service users and relatives interviewed confirmed that they knew who to speak to if they had any concerns regarding the service. Examples of some of the comments made by service users or their relatives are listed below:

- “Do anything we ask.”
- “Works well.”
- “We get on the best.”

The manager advised that relevant staff had received additional training in stoma care and the administration of eye and ear drops had been provided to relevant staff. Training had also been provided to staff on the care of percutaneous endoscopic gastrostomy (PEG) tubes and in relation to nebuliser set up. Plans were in place to provide staff with training in Palliative Care and Dysphagia Awareness. A review of four staff training records evidenced that staff completed a post-training evaluation test, to ensure that any learning had been embedded. Training was monitored by the manager, to ensure all staff were compliant with the mandatory training requirements.

Discussion with the manager evidenced that potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered manager holds this responsibility and ensures that the agency’s safeguarding activity is in accordance with the regional policy and procedures. Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. It was noted that the Staff Handbook included the Whistleblowing Policy and the Adult Safeguarding Policy.

A review of the records identified that accidents or incidents were managed in accordance with local protocols. Oversight of the accidents and incidents had recently been included in the monthly quality monitoring processes.

Records reviewed confirmed that risk assessments were completed for each service user and were reviewed on a regular basis.

The inspector observed the records management arrangements within the agency, in respect of archived records, and concluded that the current arrangements were appropriate to ensure that data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and training, adult safeguarding and risk management.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. No issues regarding missed calls were raised.

No issues regarding communication between the service users, relatives and staff from Care Plus were raised with the UCO. The service users and relatives advised that home visits take place regularly to obtain their views on the service. One relative was also able to confirm that they had received a questionnaire from the agency. Examples of some of the comments made by service users or their relatives are listed below:

- "It's great to have one carer. We're really relaxed with each other."
- "Some are better than others."
- "Everything's grand."

The inspector examined four service users' care records and found these to be detailed and generally reflective of the service users' needs. One service user's care plan required to be updated and this was addressed on the day of the inspection.

Service User Agreements were consistently provided to service users within the required timescale.

There were quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. The review of the daily records returned from the service users' homes, identified that they were well maintained.

The manager advised that agency staff were not generally invited to care reviews with the HSC Trust representatives, but that they always received updates, following the annual care review meetings.

Quality monitoring reports indicated consultation with a range of service users and relatives. There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Trust' comments recorded in the Quality Monitoring reports included:

- "The service (is) of a high quality and the service users are very happy with the care they receive from the staff. The communication between social workers and supervisors is very attentive, responsive and in tune to the needs of the service. The management is accommodating and resourceful, in difficult and complex situations."

Relatives' comments recorded in the Quality Monitoring reports included:

- "Both are grand girls."
- "Very happy."

- “Happy with the care.”
- “Couldn’t get better.”
- “More than happy with the care and the carer.”

Staff consulted with stated that they felt that there was effective communication between all grades of staff. Minutes of staff meeting were available for those who were unable to attend.

Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency’s engagement with the service users.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and monitoring visits which specifically ascertained and included the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users’ needs.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and this was confirmed by the manager.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

A review of the monthly quality monitoring reports evidenced that the staff treated service users with respect and dignity. A review of the compliments records available during the inspection included praise for the staff.

The review of the annual quality assurance report completed in March 2017 evidenced that there was a high satisfaction rate in relation to the care and support provided. The majority of respondents indicated that they had been treated with respect and dignity and that they had confidence in the care staff. This should be commended.

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate, with the carers treating them with dignity and respect and not rushing care. Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Care Plus. Examples of some of the comments made by service users or their relatives are listed below:

- “Get on really well. Leave XXX with a smile on her face.”
- “Some of the carers are better than others and go the extra mile.”
- “Have a laugh together.”

During the inspection, the inspector spoke with three staff, who indicated that they were satisfied with the service provided by Care Plus. Some comments received from staff are detailed below:

Staff

- “I love my job.”
- “They are great here, no concerns.”
- “Everything is fine, I feel well supported.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

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

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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. One relative has an ongoing concern which was discussed with the manager and is being kept under review.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency had a range of policies and procedures in place that were reviewed in line with the minimum standards. It was noted that new staff received copies of relevant policies in their staff handbook.

There was a process in place to ensure that complaints were managed in line with the legislation and minimum standards. The inspector acknowledged that there was a low rate of complaints received by the agency and the review of the records confirmed that these had been managed appropriately.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The agency's position on promoting equality and diversity amongst service users was included in the Service User Guide.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011. The manager had recently commenced using the RQIA template to support the other quality monitoring processes, which were already in place. This will enable her to have improved management oversight of the processes in place, to ensure that the care is safe, effective and compassionate.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with 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

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.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care