

# Inspection Report

15 February 2022



## Care Plus (N.I.) Ltd

Type of service: Domiciliary Care Agency  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Care Plus (N.I.) Ltd	<b>Registered Manager:</b> Mrs Janette Rolston
<b>Responsible Individual:</b> Mrs Jacqueline Maguire	<b>Date registered:</b> 28 July 2011
<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 Armagh and supplies staff to people living in the Armagh and Portadown 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 41 individuals living in their own homes whose care and services are commissioned by the Southern Health and Social Care Trust.	

## 2.0 Inspection summary

An unannounced care inspection was undertaken on 15 February 2022, between 10.55 a.m. and 3.10 p.m.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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, 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 any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care Trust's (HSCT) representatives 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 service users, relatives and staff to request feedback on the quality of service provided. This included an electronic survey to enable staff, relatives and service users to feedback to the RQIA. No responses were received.

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, four staff and two HSCT representatives following the inspection. The following is a sample of comments made:

#### Comments from service users' included:

- "Staff greet me with a smile. Pleasant faces to see throughout the day."
- "The girls wear their full Personal Protective Equipment (PPE) and wash their hands."
- "I am very grateful for the great service."
- "The girls are very good to me and look after me well."
- "They always turn up when they are meant to."
- "The girls never fail or let me down. I have no complaints."
- "The girls treat me with respect and always arrive with a smile."

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

- "The girls are always professional and willing to help."
- "My husband's eyes light up when he sees the girls come in; great girls."
- "I have no complaints; all good with the service."
- "Carers are very kind and are just lovely."
- "I have great confidence in the carers and the service."

- “Carers wear their PPE every visit.”

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

- “A very good agency to work for and good communication.”
- “We are always told of any changes to the clients.”
- “Good training provided and training done every year. I have recently done DoLS and dysphagia.”
- “Lots of PPE available.”
- “Manager and supervisor supportive and approachable.”
- “If a new client comes on the run the care records are always in the client’s home.”
- “I have had spot checks, always unannounced.”
- “No restrictions in place for any service users on my run.”

#### **Comments from HSCT representatives:**

- “I find this agency very effective and service is very good.”
- “I have one service user that is complex and presents with challenges and staff are very supportive and understanding with the service user and her relative.”
- “I find the staff in the agency professional.”
- “I am not aware of any missed calls, nothing reported to me.”
- “I think the standard of care is good; staff adhere to the care plan.”

## **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 6 November 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 reflected information contained within the Department of Health’s (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). An Adult Safeguarding Champion Position Report had been completed.

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 could describe the process for reporting concerns including out of hours

arrangements. There had been no concerns raised to the manager under the whistleblowing procedures.

The agency had a system for retaining a record of referrals made in relation to adult safeguarding. Records viewed and discussions with the manager indicated that one referral had been made with regard to adult safeguarding since the last inspection. Review confirmed that this referral had been managed appropriately. Adult safeguarding matters were reviewed as part of the quality monitoring process.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

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 service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

A review of a sample of these records and discussion with the manager evidenced that incident and accidents had been managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date. This included DoLS training.

The manager demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager stated that there were no restrictive practices in place at the time of the inspection.

The manager confirmed the agency does not manage individual service users' monies or valuables.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff stated that they receive regular updates with regards to changes in guidance relating to Covid-19 and had access to PPE.

### **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 no service users had been assessed by SALT in relation to dysphagia needs. The manager was aware of the reporting procedures to SALT.

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

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

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards. Records viewed evidenced that criminal record checks (AccessNI) had been completed before staff commence direct engagement with service users.

A review of the records confirmed that all staff are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager.

Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

The manager told us that the domiciliary care 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 recruitment and 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 is a process for recording complaints in accordance with the agency's policy and procedures. Records view and discussion with the manager confirmed that complaints received since the last inspection had been managed in accordance with the agency's policy and procedures.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

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 (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

## 6.0 Conclusion

Based on the inspection findings and discussions held with service users, relatives, HSCT representatives 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.

There were no areas for improvement identified during this inspection.

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

## 6.0 Quality Improvement Plan/Areas for Improvement

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



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