

Unannounced Care Inspection Report 6 November 2020



Care Plus (N.I.) Ltd

Type of Service: Domiciliary Care Agency
Address: 19-21 Railway Street, Armagh, BT61 7HP
Tel No: 028 3752 6080
Inspector: Angela Graham

www.rqia.org.uk

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 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 65 individuals living in their own homes whose care and services are commissioned by the Southern Health and Social Care (HSC) Trust.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 6 November 2020 from 10.15 to 14.55.

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.

Since the last inspection on 17 October 2019, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Care Plus (N.I.) Ltd a decision was made to undertake an on-site inspection adhering to social distancing guidance.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager, service users and service users' representatives. We also reviewed the list of all Covid-related information, disseminated to staff.

All those spoken with indicated that they were happy with the care and support provided.

No areas for improvement were identified during this inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control, the use of personal protective equipment (PPE) and Covid-19 education.

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.

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, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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 Mrs Janette Rolston, 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 17 October 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 October 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, the returned QIP 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 Health and Social Care (HSC) professionals to obtain their views on the service. We spoke with two service users, two service users' representatives, four HSC professionals and four staff post inspection.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

The manager advised that there had been no safeguarding incidents since the date of the last inspection. The manager confirmed that a number of complaints were received since the date of the last inspection. We discussed the complaints that the agency had received and deemed that they had been managed appropriately. The manager confirmed that local resolution had been achieved in relation to these complaints. No complaints or concerns were raised by service users or relatives during post inspection telephone calls. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

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

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

We would like to thank the manager, service users, service users' representatives, staff and HSC professionals for their support and co-operation throughout the inspection process.

6.0 The inspection

Area for improvement from the last care inspection dated 17 October 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (10) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that relevant risk assessments and care plans are in place with regards to the use of bedrails.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. We reviewed two service users' care records and bedrail risk assessments and care plans were available.	

6.1 Inspection findings

Staff recruitment records

Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 which relate to AccessNI. We reviewed documentation in three staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Discussion with staff confirmed that they were registered with NISCC.

Care records

We reviewed elements of three service users' care files. Review confirmed there was referral information and that risk assessments and care plans were in place. Discussion with the manager confirmed that care records are kept under review and a copy is retained in the service user's home as well as the copy held in the office.

Complaints and compliments record

A complaints and compliments record was maintained in the agency. The manager confirmed that a number of complaints were received since the date of the last inspection. We discussed the complaints that the agency had received and deemed that they had been managed appropriately. The manager confirmed that local resolution had been achieved in relation to these complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Monthly Quality Monitoring

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 August to October 2020 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.

Adult safeguarding

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager advised that no adult safeguarding referrals were made since the previous inspection.

Stakeholders' Views

Discussion with service users, service users' representatives, HSC professionals and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Comments from service users' included:

- "Care Plus is a great company and they have great staff."
- "The care I get is second to none and the staff are kind and helpful."
- "Staff always wear their PPE and they told me it keeps me safe."
- "I am very happy with the service and care I get."
- "Staff always wash their hands and put on their gloves, masks and aprons."
- "Brilliant, is all I can say about the staff."

Comments from service users' representatives included:

- "Excellent service, very happy with the care provided."
- "When I am in the house staff always wear their PPE and I am of the understanding that they always wear it; gloves, aprons and masks."
- "All staff are kind and caring."
- "No missed calls."
- "I have never had any problems with the service, everything runs smoothly."

- “My husband is treated with respect and the care and attention he gets is good.”
- “Staff arrive on time and I have no issues.”

Comments from HSC professionals included:

- “I find Care Plus to be reliable and offer a good service to my clients.”
- “They are good about reporting back any concerns about the clients and I feel communication from the agency has always been good.”
- “Clients speak very highly of staff.”
- “I am not aware of any missed or late calls.”
- “They recognise the importance of continuity of care for the clients particularly dementia clients.”
- “I would have confidence in the agency and they are good at letting us know if there are any changes in the clients.”

Comments from staff included:

- “I have had all the mandatory training and the training offered is very good and relevant.”
- “Lots of PPE available to us and of good quality.”
- “My IPC training included donning and doffing PPE and Covid-19.”
- “All records are left in the house for us when a new client starts.”
- “I have had IPC training recently and the training included information about Covid-19.”
- “I have had adult safeguarding training and know the types of abuse and how to report them: this is all part of our mandatory training.”
- “I have had spot checks previously and there were always unannounced.”

Covid-19

We spoke with the manager and to four staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE. The staff members spoken with reported that there was an appropriate supply of PPE.

Service users and service users’ representatives spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the Public Health Agency and the Department of Health.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE was provided to staff. Staff confirmed they had completed training in relation to infection, prevention and control. This included training on the donning (putting on) and doffing (taking off) of PPE.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practices, staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including infection prevention and control measures.

Areas for improvement

No areas for improvement were identified 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.



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