

Unannounced Care Inspection Report 17 October 2019



Care Plus (N.I.) Ltd

Type of Service: Domiciliary Care Agency
Address: 19-21 Railway Street, Armagh, BT61 7HP
Tel No: 02837526080
Inspector: Aveen Donnelly

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 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 82 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 Responsible Individual: Mrs Jacqueline Mary Maguire	Registered Manager: Mrs Janette Rolston
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 17 October 2019 from 10.00 to 15.15.

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.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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 recruitment, training and development and adult safeguarding. The care records were generally well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, privacy, choice, dignity, confidentiality and service user involvement.

An area for improvement has been made in relation to completing the risk assessments and care plans for the use of bedrails.

Service users and their representatives informed the inspector that they were very 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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent care inspection dated 29 May 2019

No further actions were required to be taken following the most recent inspection on 29 May 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

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

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referred to within the body of 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 provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responses were received prior to the issuing of this report.

The inspector requested that the person in charge 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.

Questionnaires were also provided for distribution to the service users and their representatives; two were returned and are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector spoke with three staff on the day of the inspection. Following the inspection, the inspector spoke with three service users and four relatives, by telephone, on 18 October 2019. Comments received are included within the report.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 29 May 2019

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

6.2 Inspection findings

6.3 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 a senior co-ordinator, a quality control officer and a team of 24 care staff. 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. All those consulted with informed the inspector that there were no concerns regarding the service users' needs not being met. New carers are usually 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.

The manager described their input into the recruitment process and advised that staff were not permitted to commence work until all the required checks had been undertaken. A review of two recruitment records indicated that all pre-employment information had consistently been completed and verified satisfactorily.

There was a process in place to ensure that new employees completed an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures.

There was a rolling programme of supervision, appraisals and training, and these areas were routinely monitored as part of the monthly quality monitoring processes. It was good to note that additional awareness training had been provided to staff in areas such as epilepsy, dementia and parkinsons disease, confidentiality and data protection. A review of two 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.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. 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 organisation’s safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been one incident which had been referred to adult safeguarding since the date of the last inspection. The inspector was satisfied that this matter had been managed appropriately. The manager was aware of her responsibility in relation to completion of the Annual Position Report. This will be reviewed at the next care inspection.

A review of the accidents and incident records confirmed that they had been managed appropriately. The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency’s arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users’ health, welfare and safety. However, a review of two care records identified that bedrail risk assessments were not in place for one service user; and in another care record, the risk assessment had not been updated since November 2014. In addition, the use of the bedrails was not included in either of the care plans reviewed. An area for improvement has been made in this regard.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

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

Areas for improvement

An area for improvement has been made in relation to completing the risk assessments and care plans for the use of bedrails.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

The care records evidenced referral information, risk assessments and care plans. It was noted that the agency undertook an annual assessment of need, in addition to undertaking regular telephone reviews and reviews in the service users’ own homes. The manager advised that when invited, they would attend the service users’ care review with the relevant HSC trust.

The review of the daily logs, returned from service users’ homes, identified that all calls were delivered as planned.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users’ next of kin and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. This also included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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’s principles of care were included in the staff induction workbook. This clearly identified to staff, the agency’s expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality. The service user guide was also noted to include the agency’s commitment to treating service users with respect and dignity, individualised care and upholding their human rights.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. The agency’s commitment to promoting equality and diversity was included in the service user guide. No complaints had been raised in relation to inequality.

Some of the other areas of equality awareness identified during the inspection include:

- service user involvement
- adult safeguarding

- equity of care and support
- individualised person-centred care

Reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders. An annual quality report had been completed and it was noted that the service users had commented positively in relation to the care and support they received. It was good to note that service users were specifically asked if they felt that the staff treated them with respect and dignity; and if they were offered choice.

During the inspection, the inspector spoke with three staff, who indicated that they were satisfied with the service provided by Care Plus. As part of the inspection process the inspector also spoke with three service users and four relatives, by telephone, on 18 October 2019. Some comments received are detailed below:

Staff

- “I love my job, I feel really blessed to have this job. I am well supported and if anything was wrong, I would speak up.”
- “I have no concerns, it is very good and I have no problems at all.”
- “Very good.”

Staff spoken with provided the inspector with examples of how they respected the service users’ dignity, especially in relation to the privacy afforded during personal care. The review of the induction workbooks also provided very compassionate examples of what staff understood human rights to be.

Relatives

- “It’s ok, I have no reason to complain. (My relative) is happy.”
- “They do a good job, the girls are very respectful and I have no complaints.”
- “I have no complaints, everything is working ok.”
- “They are very good, they do what they have to do.”

Service users

- “They are all good, (they) couldn’t do enough for me. (Name of carer) is like a sister to me.”
- “I am very happy with them, they are well mannered, nice and clean.”
- “I am very happy, the girls always come on time. All is satisfactory and they were here this morning and did a fantastic job, the girls are great.”

The returned questionnaires from one relative and one service user indicated that that they were very satisfied that the care was safe, effective and compassionate; and that the service was well led. No written comments were received.

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The inspector reviewed the management and governance systems in place within the agency to meet the assessed needs of the service users. All those consulted with informed the inspector that they felt that management were responsive to any suggestions or concerns raised.

There was a process in place to ensure that all complaints would be managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. The review of the complaints records confirmed that all matters raised had been managed appropriately. It was noted that complaints were reviewed as part of the monthly quality monitoring processes.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). A review of the records confirmed that all staff were currently registered with NISCC. The manager described the system in place which ensured that all staff were reminded when their registration renewal fees were due.

Information was also given to the manager in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The manager welcomed this information and agreed to share this with the staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Advice was given in relation to using unique identifiers in the report, to ensure that there is traceability in relation to care records reviewed and the people consulted with. Discussion also took place in relation to increasing stakeholder input into the quality monitoring process.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in electronic format and in hardcopy format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, privacy, choice, dignity, confidentiality and service user involvement.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janette Rolston, registered manager, 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.

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>Area for improvement 1</p> <p>Ref: Regulation 15 (10)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that relevant risk assessments and care plans are in place with regards to the use of bedrails.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The relevant risk assessments and care plans with regards to the use of bed rails. Have now been received from the trust and are in situ.</p>



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