

Inspection Report

8 August 2023



Care Plus (N.I.) Ltd

Type of service: Domiciliary Care Agency
Address: 23 College Street, Armagh, BT61 9BT
Telephone number: 028 3752 6080

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Care Plus (N.I.) Ltd	Registered Manager: Mrs Janette Rolston
Responsible Individual: Mrs Jacqueline Mary Maguire	Date registered: 28 July 2011
Person in charge at the time of inspection: Mrs Janette Rolston	
Brief description of the accommodation/how the service operates: 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 28 individuals living in their own homes whose care and services are commissioned by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 8 August 2023 between 9.55 a.m. and 2.40 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, dysphagia management and Covid-19 guidance was also reviewed.

An area for improvement identified related to record keeping.

Service users and relatives consulted with spoke in positive terms about the care and support provided.

Good practice was identified in relation to the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and staff training. There were good governance and management arrangements in place.

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

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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 seek 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

As part of the inspection process we spoke with a number of service users, relatives, HSC Trust representatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I could not tell you how good they (staff) are to me and I would be lost without them. They are always so pleasant and cheerful. They have never missed a call and they are always within five minutes of the time of the call."
- "I am treated brilliantly and I am very happy with the service. I have no complaints only good things to say about the girls (staff)."
- "The care I get is very good and the carers treat me really well. They are respectful and kind. All my records are in the house and the carers write in them when they are here. I have no problems with the agency and I have two numbers if I need to contact the office, one is an out of hours number. I am happy with all."

Service users' relatives/representatives' comments:

- "My wife gets care from the agency. The care is very good and we are pleased with all. The girls (staff) greet me and my wife every time they come into the house. They are very friendly. I have no problems with the service."
- "I find the girls a great help coming in and they always take time to talk to me. If they are running late due to an issues somewhere else, they will always ring me and let me know. I have two numbers I can contact the office on. They have never missed a call."

Staff comments:

- "This is a good agency to work for. Good training provided. I have done all the mandatory training including DoLS and Dysphagia. I have no clients with a DoLS or speech and language recommendations. Moving and handling training includes the use of hoists and sliding sheets."
- "Very supportive management team and they are approachable. They will always listen to what you have to say."
- "I got a very good induction with two days training and two days shadowing an experienced staff member."
- "All care records are available in the service user's home."
- "The service users are well cared for in my opinion."

HSC Trust representatives' comments:

- "Care Plus is a good agency. I have no concerns regarding the agency. There is good communication from agency staff. I am informed, in a timely manner, of any deterioration or changes in clients."
- "The agency staff are always willing to contribute to the client's care review if we request information. I have had no complaints or matters raised by clients or their families about the agency. I'm not aware of any recent missed calls."

Returned service users' questionnaires indicated that the respondents were satisfied or very satisfied with the care and support provided.

No staff returned questionnaires prior to the issue of this report.

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 15 February 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

No concerns were raised with the manager under the whistleblowing policy.

Review of accident and incident records identified a number of shortfalls in record keeping. A number of records did not include comprehensive details of the accident/incident nor did these records contain the date and time and by whom other parties were informed. An area for improvement has been identified.

Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Whilst none of the service users had swallowing difficulties, it was positive to note that staff had completed training in dysphagia and the management of a choking incident.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered NISCC; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers deployed within the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the person in charge or the person in charge. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Mrs Janette Rolston, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 5.6 Stated: First time	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Ref: 5.2.1</p>
To be completed by: Immediate and ongoing from the date of inspection	<p>Response by registered person detailing the actions taken:</p> <p>This has been passed onto all office staff. Has been implemented moving forward.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

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

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