



Announced Care Inspection Report 23 January 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
User Consultation officer: Clair McConnell

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 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 85 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: Janette Rolston
Responsible Individual: Mrs Jacqueline Mary Maguire	
Person in charge at the time of inspection: Janette Rolston	Date manager registered: 28/07/2011

4.0 Inspection summary

An announced inspection took place on 23 January 2019 from 10.45 to 16.00.

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 the 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 21 December 2017

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)
- two 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 six relatives, by telephone, on 17 and 18 January 2019 to obtain their views of the service. The service users interviewed receive assistance with personal care, meal provision and management of medication.

As part of the inspection process the inspector also spoke with the manager and five 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 21 December 2017

There were no areas for improvement made as a result of the last care inspection undertaken on 21 December 2017.

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, two co-ordinators 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. However, service user consultation indicated that there were less staff assigned to work at weekends and as a result, calls could often be later than planned. Although there were no other concerns in relation to potential impact on service users' needs not being met, the manager agreed to keep this matter under review. The manager also advised that she would discuss this matter with the commissioning trust at an upcoming annual review meeting.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Care Plus. 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.

A review of recruitment records indicated that all pre-employment information had generally been completed and verified satisfactorily; however the review identified that gaps in employment histories were not consistently explored and there were also issues relating to the employee references not being from their last employers. This was discussed with the manager who provided a reasonable explanation as to the reasons for these deficits. The manager updated the recruitment checklist on the day of the inspection, reflecting the advice given. The inspector was also satisfied that this was being addressed, given that compliance with staff recruitment had been recently included in the new monthly monitoring processes.

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. A 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, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Have got to know them."
- "Peace of mind that someone checks on (service user's name) when I'm not there."
- "Everything's going fine."

The manager advised that relevant staff had received additional training in epilepsy 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.

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.

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. Discussion took place with regards to the annual position report and the manager agreed to include this matter in 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. Advice was given in relation to the analysis of the accidents and incidents, that may help identify trends by geographical area.

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. The manager acknowledged that the current storage arrangements were due to be reviewed, as the amount of records held had increased.

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. Care was not felt to be rushed and there were no reports that calls had been missed by the agency. Care is provided by a regular team of carers and new carers are usually introduced to the service users by a regular member of staff.

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 or phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were 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:

- "Been a great help. (service user's name) has improved since it started."
- "The office staff are very helpful if I need to ring them."
- "No issues with changing the package to suit us."

The inspector examined four service users' care records and found these to be detailed and generally reflective of the service users' needs. 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.

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. 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.

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. One comment included praise from a relative, who stated that their loved one 'was always greeted with a smile and (was) looked after with kindness, dignity and respect'. Another compliment the agency received was from a relative who described a particular staff member, as being a 'beacon of light, with her bubbly personality and infectious humour'.

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. All respondents indicated that they had been treated with respect and dignity and all respondents indicated that they received all the required care, as outlined in their care plans. This should be commended.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and that the care had not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls 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:

- “Couldn’t say a bad word about any of them.”
- “Very friendly and nice.”
- “Very happy with them.”

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

Staff

- “It is good, I really like it.”
- “It is good.”
- “I love it, much better than nursing home care.”
- “It is excellent, I love it here.”
- “Everything is fantastic.”

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 by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews. The staff members consulted with described the manager in positive terms and all were confident that the manager would respond appropriately, were they to have any concerns.

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 review of incidents and complaints records identified that notifiable events were reported to RQIA in line with the regulations.

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.



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