

# Inspection Report

18 September 2023



## Peninsula Care Services

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> Peninsula Care Services Ltd	<b>Registered Manager:</b> Mr Matthew Wylie
<b>Responsible Individual:</b> Mr Jonathan Cook	<b>Date registered:</b> 24 April 2022
<b>Person in charge at the time of inspection:</b> Mr Matthew Wylie	
<b>Brief description of the accommodation/how the service operates:</b> Peninsula Care Services is a domiciliary care agency which provides a range of personal care and support to service users living in their own homes. Services are provided across the Ards Peninsula and North Down areas. The South Eastern Health and Social Care Trust (SEHSCT) commission the services.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 September 2023 between 9.00 a.m. and 12.30 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. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, Deprivation of Liberty Safeguards (Dols) and dysphagia were also reviewed.

No areas for improvement were identified.

Good practice was identified in relation to client involvement, staff recruitment, induction, quality monitoring and training.

We noted some of the compliments received by the agency from various sources:

- "Please continue to do what you are doing; it is very much appreciated."
- "You helped me keep my relative at home, that helped us."
- "Thanks for the excellent care and attention."

We would like to thank the staff and service users for their help and cooperation during the inspection, it was much appreciated.

### 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 any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, staff or the commissioning trusts.

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 staff and service users on how they could provide feedback on the quality of services. This included an electronic staff survey and service user questionnaires.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

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

Comments received included:

#### Staff comments:

- "I had a good comprehensive induction and shadowed other staff."
- "Good communication within the team"
- "All my training is up to date."
- "I'm a member of NISCC and I'm aware of my role as a care worker."
- "A person centred service."
- "We have a good relationship with both service users and relatives."
- "I have one to one supervision."
- "The manager has an open door policy to all."
- "Good care and support is provided."
- "We feel appreciated."
- "I know how to handle any complaints."

**Service users' comments:**

- “\*\*\*\*\* (staff member) is an excellent girl.”
- “Staff always come on time.”
- “They treat me well.”
- “I’m very satisfied and have no complaints.”
- “They treat me with dignity and respect at all times.”
- “I have no problem having them in my home.”
- “Very professional.”
- “My staff are very caring.”

A number of service users responded to their questionnaires and stated they were satisfied with the service. We noted the comments received:

- “The carers are all lovely and go out of their way to help me.”
- “My relative’s carers are really kind to her.”
- “Both myself and my family are really grateful for the care Peninsula provide.”

A number of staff responded positively to their electronic survey and we have noted some of the comments received:

- “I have worked for the company for over 3 years now and I feel it is well lead and have good support within the team with any concerns raised with regards to service users.”
- “I have worked for this company since January 2022 and it always thrills me to see how much the management care for their staff and service users. Their continued support enables me to give my clients the very best I can give all the time.”
- “Lovely company to work for, encourages staff to complete training to further their career and understand the clients’ needs.”
- “Overall a great company to work for and complaints from service users are rare.”
- “I’m very satisfied to work with my clients, the management and co-ordinators because they all respect my rights as an employee.”
- “Peninsula Care are a great provider of care to the service users.”
- “Great company to work for, always willing to listen to ideas from front line staff to help make caring for service users more effective.”
- “I have been with Peninsula care for three years and they look after their staff. They also take care to make sure their clients are cared for to the highest standards.”
- “As a member of staff I’m satisfied with my job and service users are getting good services.”
- “I have worked here a few years now and really enjoy my job. My work colleagues are all great to work with.”

## 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 11 November 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 11 November 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.3 and 12.4  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	Mandatory training requirements are met. The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.  Ref: 5.2.3	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Documents in place and reviewed were satisfactory and meet the standard. Records indicated that staff had completed required training.		

## 5.2 Inspection findings

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

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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these are managed appropriately when required.

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

Staff were provided with training appropriate to the requirements of their role. We reviewed a number of individual staffs training records that were noted to be satisfactory.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager advised that no service users are subject to DoLS.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

### **5.2.2 What are the arrangements for promoting service user involvement?**

Service users are regularly asked to assess the quality of staff provision as part of the agencies own quality management.

We noted some of the comments received:

- “Lovely girls.”
- “Everything is good.”
- “I’m very happy with the service.”
- “All calls good.”
- “My relative is very happy.”
- “I have no issues with carers.”

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

A number of service users were assessed by SALT or required modified diets; care plans viewed reflected the recommendations made by SALT. A review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

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

The review of the agency’s staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members are supplied for direct engagement with service users. Records reviewed evidenced that criminal record checks (Access NI) had been completed for staff.

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

### **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 induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

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.

### **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, staff and HSC Trust staff. A review of the quality monitoring indicated that all those spoken with were happy with the service provided.

The alphabetical list of staff employed by the agency was up to date.

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. When complaints were received these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a protocol in place for reporting any instances where staff are unable to gain access to a service user's home. In addition to written direction, it is essential that all staff (including management) are fully trained and competent in this area.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. The agency do have a procedure in place that includes the review of incidents.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Registered Manager and the Responsible Individual, as part of the inspection process and can be found in the main body of the report.





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