

# Inspection Report

## 11 November 2022



## 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 their services.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 November 2022 between 10 a.m. and 4 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.

Area for improvement identified related to training.

Good practice was identified in relation to staff recruitment, adult safeguarding and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

## 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, 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 survey.

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

During the inspection we spoke with service users, relatives and staff members.

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

Comments received included:

##### **Service users' comments:**

- "The staff are very friendly, without being overly familiar. I was involved in the care plan. My care plan was reviewed. The girls look after my dignity. I would report any concerns to Peninsula and my care manager. I have never had a late call. I couldn't say a bad word about any of the girls that come in."

##### **Service users' relatives/representatives' comments:**

- "I couldn't complain about Peninsula Care. They do everything and they are great. All the carers are great. If I had a concern I would report it to Peninsula and they would resolved any issue immediately. I have no complaints at all."

##### **Staff comments:**

- "This is a great place to work. The training is great. There is opportunity for career progression and additional training. You can come in as a care worker and work your way up to coordinator. The management is great."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

## 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 21 October 2021 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 21 October 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13(d)  <b>Stated:</b> First time	The registered person shall ensure that no domiciliary care worker is supplied to the agency unless full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the recruitment records, the inspector confirmed compliance with Regulation 13(d).	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 23(1)(2)(a)(b)(i)(ii)(4)  <b>Stated:</b> First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.  At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency- <ul style="list-style-type: none"> <li>(a) arranges the provision of good quality services for service users;</li> <li>(b) takes the views of service users and their representatives into account in deciding-               <ul style="list-style-type: none"> <li>(i) what services to offer to them, and</li> <li>(ii) the manner in which such services are to be provided;</li> </ul> </li> </ul>	<b>Met</b>

	<p>The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Following a review of the monthly quality monitoring records, the inspector confirmed compliance with Regulation 23(1)(2)(a)(b)(i)(ii)(4).</p>	
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12.3 and 12.4  <b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the training matrix identified that a number of staff had not completed training in Dysphagia.</p>	<p><b>Not Met</b></p>

## 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.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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

Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan.

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 (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 MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

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

From reviewing service users' care records, 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 services 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)?**

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT staff with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that a number of staff had not completed training in Dysphagia. An area for improvement has been identified in this regard.

### **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 with the NISCC; there was a robust system in place for professional registrations to be monitored by the manager.

There were no volunteers working in 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, 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.

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) or Significant Event Audits (SEAs) 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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

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.

## 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
<b>Total number of Areas for Improvement</b>	0*	1*

\* the total number of areas for improvement includes one that has been stated for a second time.

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



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.3 and 12.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>During inspection the area of Dysphagia training as a training need not being met was discussed. Since inspection all new recruits complete this area of training as part of their induction process. Existing care staff have knowledge in this area as it was covered as part of their induction however we have begun the process of ensuring each existing employee will have an update of this training session and same recorded. We will continue to review the needs of our service users and ensure carers have the appropriate training to best meet their needs.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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