

Inspection Report

21 October 2021



Peninsula Care Services

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Peninsula Care Services Ltd	Registered Manager: Mrs Doreen Bingham
Responsible Individual: Mr Johnathan Cooke	Date registered: 1 June 2015
Person in charge at the time of inspection: Mrs Doreen Bingham	
Brief description of the accommodation/how the service operates: Peninsula Care Services is a domiciliary care agency based in Newtownards. The agency provides personal care, social support, domestic help and sitting services to people living in their own homes in the Ards Peninsula and North Down areas. The services are provided to mostly older people along with those who have physical disabilities and mental health care needs. The South Eastern Health and Social Care Trust (SEHSCT) commissions the majority of these services with a small number of self-funded services provided.	

2.0 Inspection summary

An unannounced inspection was undertaken on 21 October 2021 between 10.45am and 1.30pm by the care inspector.

This inspection focused on staff recruitment and the agency's governance and management arrangements, as well as staffs' registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was found in relation to the management of complaints and adult safeguarding. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

Three areas for improvement were identified in relation to the monthly monitoring reports, recruitment and training of staff.

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.

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.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to obtain their views of the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user, one relative and one member of staff. In addition, feedback was received from four HSCT representatives.

One service user/relative questionnaire was returned to RQIA and one staff response was received. The questionnaire indicated that the respondent was neither satisfied nor unsatisfied that the care being delivered was safe, effective and compassionate. The respondent was unsatisfied that the care was well led, however no comments were provided in relation to this.

The respondent staff member indicated they were very satisfied with every aspect in working for Peninsula Care Services.

Service users' comments:

- "I am happy with my care."
- "I get on well with them all."
- "They are great."

Service users' relatives' comments:

- "They are very friendly and respectful."
- "The care is quite good."

Staff comments:

- "All my training is up to date."
- "Swallowing awareness is done at the induction and further training online."
- "I am amazed by the agency, they are brilliant."

- “If I have any problems, I can lift the phone or go to the office and there is always someone to talk to.”
- “PPE is always available and we pick it up every week.”
- “They are a very good company.”

H SCT representatives’ comments

- “I have no concerns or issues with Peninsula Care. Any time I email change, requests or concerns they always respond in a timely manner.”
- “Any of my clients that have Peninsula services are extremely happy with their care at present.”
- “I feel Peninsula has always been a very professional company and have delivered a good standard of care.”
- “Where possible a representative of the company has attended care reviews.”
- “Overall they are a company I enjoy working with as there are rarely any concerns and feedback from my service user is almost always positive in relation to their staff and level of care.”
- “Peninsula care staff are dependable and provide a good standard of care.”
- “Peninsula Care are very consistent in their delivery of care. Care staff, over the past year, in particular, have went over and above to ensure they provide the best possible care for their service users and families. The office staff are always friendly and helpful.”
- “My service users and their relatives talk very positively about the staff and how pleasant they are.”

5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 13 December 2018 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed and was found to be appropriate.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made to the SEHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that two adult safeguarding referrals had been made since the last inspection. It was noted that the referrals had been managed in accordance with the agency's policy and procedures.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to their safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff training was reviewed and it was found that a number were overdue, including safeguarding, medication, food hygiene, manual handling and infection prevention and control. An area for improvement has been identified in this regard.

It was positive to note, however, that the majority of staff had completed DoLS training and the manager gave an assurance that remaining staff will undertake this training before the next inspection. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager stated that there were no service users who were subject to DoLS.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Are their robust systems in place for staff recruitment?

Three staff recruitment files were reviewed and it was noted that they were not compliant with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that there were gaps in employment in two recruitment files and no evidence of any discussion of this prior to or during the interview process. It was further noted that full employment history for two staff members was not evident. An area for improvement has been identified in this regard.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff had completed training in relation to dysphagia and had made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.4 Are there robust governance processes in place?

The agency's governance and management arrangements were reviewed and it was noted that the system in place was not compliant with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports were not robust and did not include an action plan therefore any areas for improvement were not identified or the progress made was not monitored on a regular basis. The monthly quality monitoring reports are to ensure that the service is providing a good quality of care and should identify any deficits in staff records, service user records and training for staff. An area for improvement has been identified in this regard.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that a number of complaints had been received since the last inspection. It was noted that complaints had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainant.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, three areas for improvement were identified in relation to the monthly monitoring reports, recruitment of staff and staff training. Despite this, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/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 and The Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Doreen Bingham, registered manager, and the assistant 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 Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing.</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: We have carried out a review of all staff recruited since last inspection to ensure we have gained a full employment history right back until the candidate applying was 18 years of age. We are checking this on an ongoing basis when new candidates are applying. We are recording on our recruitment checklist any gaps of employment and the reasons for this.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23(1)(2)(a)(b)(i)(ii)(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing.</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>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-</p> <ul style="list-style-type: none"> (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) what services to offer to them, and (ii) the manner in which such services are to be provided; <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>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The registered person currently completes a monthly inspection to the agency unannounced and seeks the views of staff members and those that use our service. On the recommendation of our inspector the registered person has now</p>

	<p>began to use the new template supplied by RQIA in completing these visits and reporting on same.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.3 and 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing.</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: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A full training audit has now taken place following our inspection and updates have been completed by a number of staff, others have dates booked for updates.</p>

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