



The Regulation and  
Quality Improvement  
Authority

Peninsula Care Services  
RQIA ID: 10986  
First Floor  
3 Church Street  
Newtownards  
BT23 4AN

Inspector: Amanda Jackson  
User Consultation Officer: Clair McConnell  
Inspection ID: IN021312

Tel: 02891828921

Email: [Info@peninsulacareservices.co.uk](mailto:Info@peninsulacareservices.co.uk)

---

**Unannounced Care Inspection  
of  
Peninsula Care Services**

**21 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 21 April 2015 from 09.15 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	1

The details of the QIP within this report were discussed with the Registered Person Jonathan Cook and the Registering Manager Doreen Bingham as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Peninsula Care Services/Mr Jonathan Cook	<b>Registering Manager:</b> Ms Doreen Bingham
<b>Person in charge of the agency at the time of Inspection:</b> Mr Jonathan Cook and Ms Doreen Bingham	<b>Date Manager Registered:</b> Manager is currently registering with RQIA
<b>Number of service users in receipt of a service on the day of Inspection:</b> 100	

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1 - The views of service users and their carers / representatives shape the quality of services provided by the agency.

Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and four relatives, either in their own home or by telephone on 20 April 2015, to obtain their views of the service. The service users interviewed live in Newtownards and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO also reviewed the agency's documentation relating to four service users. The findings from the service user feedback have been included within the body of this report.

On the day of inspection the inspector met with four care staff and one senior carer to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of the report.

The following records were examined during the inspection –

Theme one:

- Three service user records in respect of referral, assessment, care plan and review information.
- One service user record in respect of the trust review process.
- Three service user records in respect of the agency monthly telephone quality monitoring.
- Three service user records in respect of twice annual face to face quality monitoring.
- One service user records in respect of a service user guide specific to individual needs.
- Six compliments received by the agency since the previous inspection.
- Three complaints records.
- Four service user records in respect of the agency communication with service users and trust commissioners where changes to services have been identified.
- Agency day books for three locality areas (Newtownards, Bangor and the Peninsula)
- One client change record/communication log which is used to evidence communication with staff members regarding service users changing needs.
- Three staff quality monitoring records.
- One staff information sheet regarding service user changes and general information for staff attention.
- One staff meeting record.
- Three staff's six monthly appraisal records.
- 2014 annual report

The following records were examined during the inspection –

Theme two:

- Procedure/process for management of missed calls,
- One client change record/communication log which is used to evidence communication with staff members regarding service users changing needs.
- Duty log/diary on call record for three service users.
- Five service user records regarding communication with commissioning trust staff via telephone or email.
- One staff and service user record in respect of ongoing monitoring, evaluation and review of processes where issues arise.
- One staff records regarding discussion, supervision and disciplinary process where issues have arisen.
- Three monthly monitoring reports.
- Two incidents reportable to RQIA in 2014

## 5. The Inspection

Peninsula Care Services is a domiciliary care agency based in Newtownards. It provides personal and domestic care to older people and adults with physical or learning disabilities located within the Ards and Peninsula locality. Currently the agency employs thirty five staff and provides services to one hundred service users.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 21 July 2014. The completed QIP was returned and approved by the inspector on 02 September 2014.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 21(2)	The registered person and manager are required to ensure appropriate risk assessment and care plan information is provided by the HSC Trust.  (Minimum standard 3.2)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of three service user files during inspection evidenced care plan and risk assessment information provided by the trust and supported by the agency's own care plan and risk assessment information.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14	The registered person and manager are recommended to ensure staff recruitment records are compliant with Minimum standard 11.4.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of three staff contracts issued since the previous inspection were reviewed as compliant with recommendation 1.	

<b>Recommendation 2</b>  <b>Ref: Standard 13.3</b>	The registered person is recommended to review details contained within manager supervision minutes	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of the registered manager and assistant manager supervision records did not evidenced a more comprehensive process for review regarding day to day management matters and records were not signed off by the staff members or the registered person as their line manager.	

## 5.2 Theme 1 - The views of service users and their carers / representatives shape the quality of services provided by the agency.

### Is Care Safe?

Service user referral information received from HSC Trust commissioners contained a reasonable level of information regarding service user and/or representative's views. The referrals detailed a care plan and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated where possible and this was confirmed during the UCO visits with service users and their relatives. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user.

It was good to note that service users or their representatives spoken to by the UCO are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

The documentation relating to four service users were reviewed by the UCO during the home visits. All of the files reviewed contained care plans and risk assessments, however two contain out of date information and require to be amended.

Examples of some of the comments made by service users or their relatives are listed below:

“Couldn't complain about any of the girls.”

Staff interviewed on day of inspection were able to describe aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Overall on the day of the inspection we found the care to be safe.

## Is Care Effective?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Peninsula Care Services. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

Service user and relative communication regarding service delivery was reviewed during inspection through care reviews, service user quality monitoring processes, daily contact with the agency via telephone and on call arrangements which maintain open channels of communication. Where communication difficulties arise due to service users individual needs the agency endeavour to adapt appropriate means of communication and this was evidenced within one case reviewed during inspection. The agency responsible person and registering manager discussed how adaptations to the service user guide would be undertaken as necessary for individual service user's needs.

Compliments received by the agency supported effective care whilst complaints received evidenced appropriate actions taken when matters arise. Ongoing staff quality monitoring is a key process to ensuring effective care delivery and although processes were in place during inspection, matters arising in respect of four staff members had not been appropriately follow up and this has been required for attention.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. They provided examples to demonstrate how they promote service user independence, choices and respect.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping. Two relatives informed the UCO that there can be an issue with calls being missed when regular carers are on annual leave or sick; the matter was discussed with the registered person and registering manager during the inspection.

Examples of some of the comments made by service users or their relatives are listed below:

"It was our preference to have a male carer which has been accommodated."

"My carer has similar interests as me; I really enjoy our time together."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included an understanding of dementia, and working with service users with limited verbal communication and mobility.

Overall on the day of the inspection we found the care to be effective.

## Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Peninsula Care Services. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

“It was our preference to have a male carer which has been accommodated.”

“All friendly and chatty.”

“My carer has similar interests as me; I really enjoy our time together.”

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered.

Overall on the day of the inspection we found the care to be compassionate.

## Areas for Improvement

The agency has met the required standards in respect of theme one for most areas reviewed however the area of staff quality monitoring in compliance with the agency policy and procedure and follow up to quality matters raised are required for attention. Sharing service user information and changes through staff meetings is required to be provided consistently to all staff members. Staff recording in service user’s homes has been highlighted during UCO visits for review.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------



### **5.3 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

#### **Is Care Safe?**

A range of management systems, policies and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed calls. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection. The agency does not currently hold a formal procedure in respect of missed calls despite evidencing a process for this during inspection. Feedback from service users during UCO visits highlighted that matters raised regarding service quality and missed calls are not always appropriately addressed and these matters were discussed during the inspection with the registered person and registering manager.

The inspector communication with a group of staff highlighted high volumes of new referrals at certain times which led to staff feeling under pressure to meet all current service user needs alongside new service users. This matter highlighted the need for the agency to have good processes in place for reviewing service users and staff needs during such times of frequent change and good management of missed or delayed calls. Both matters were discussed with the registered person and registering manager and have been required within the QIP.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping. Two relatives informed the UCO that there can be an issue with calls being missed when regular carers are on annual leave or sick; the matter was discussed with the registered person and registering manager during the inspection.

Overall on the day of the inspection we found the care to be safe.

#### **Is Care Effective?**

Management of missed calls and changes to service user needs were reviewed during inspection as taking place and had been evidenced as appropriately managed within a number of cases reviewed, however the process of satisfactory review and resolution was not consistently applied and was discussed during inspection for review.

Procedures in place for staff supervision were reviewed during inspection and disciplinary processes were reviewed during inspection as recently being implemented as necessary

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping. Two relatives informed the UCO that there can be an issue with calls being missed when regular carers are on annual leave or sick; the matter was discussed with the registered manager during the inspection.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

Overall on the day of the inspection we found the care to be effective.

## Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

Overall on the day of the inspection we found the care to be compassionate.

## Areas for Improvement

The agency has met the required standards in respect of theme two for most areas reviewed however the area of follow up to missed calls requires review to ensure consistency in all matters. Sharing service user information and changes through staff meetings is required to be provided consistently to all staff members. Staff recording in service user's homes has been highlighted during UCO visits for review.

<b>Number of Requirements</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

## 5.2 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with two reports received during the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA within appropriate timeframes.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered person Jonathan Cook and Registering Manager Doreen Bingham as part of the inspection process. The timescales commence from the date of inspection.

The registered person and manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person and manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 21 June 2015</p>	<p>The registered person and registering manager is required to ensure staff supervision/quality monitoring is carried out in compliance with the agency policy and procedure and full and accurate records are maintained of matters arising and action taken to address such matters. As discussed within theme one.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> Staff supervision/quality monitoring is being carried out as per Agency policy and procedures. Records are maintained and if any issues or training deficits arise action is taken.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16(b)(i)(ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 21 June 2015</p>	<p>The registered person and registering manager is required to ensure all staff are kept informed regarding changes to service user's needs through staff meetings and where staff are unable to attend information is appropriate disseminated. As discussed within theme one.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> A change of policy/procedure has been introduced to ensure staff are kept informed regarding changes to service users needs. Communication times have been set up twice per day, text messages are sent out to staff re changes and followed up with a phone call at communication time to ensure text messages have been received. Staff meetings are now being arranged on a 4-5 weekly basis with the minutes being distributed to staff unable to attend.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 21(1)(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 21 May 2015</p>	<p>The registered person and registering manager is required to ensure service users home records are maintained up to date and staff recording is compliant with Regulation 21(1)(2) . As discussed within theme one.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> To ensure service users Home Records are maintained and up to date and staff recording is compliant more home visits and spot checks on staff are being carried out. A new Acting Senior Community Care Worker has been employed to increase the spot checks by 10 per week. The Registered Managers hours have been increased and will allow extra time for Home visits to be carried out.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 14(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b></p>	<p>The registered person and registering manager is required to develop a policy, procedure and clearly demonstrated processes for management of missed calls. As discussed within theme two.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> A policy/procedure for the management of missed calls has been developed and</p>

21 May 2015	introduced. Calls are logged in a designated Missed Call Book,an investigation and the outcome recorded. Apology given to client/relative,staff member spoken to leading to a warning or Disciplinary Procedure with feedback given to the Care Manager.
-------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Recommendations</b>			
<b>Recommendation 1</b>	The registered person and registering manager is recommended to review details contained within manager supervision minutes. As discussed within recommendation two of section 5.2 above.		
<b>Ref:</b> Standard 13.3			
<b>Stated:</b> Second time	<b>Response by Registered Manager Detailing the Actions Taken:</b> Manager supervision minutes have been reviewed and any issues or training deficits are dealt with in a timely manner		
<b>To be Completed by:</b> 21 May 2015			
<b>Registered Manager Completing QIP</b>	Doreen Bingham	<b>Date Completed</b>	29/05/2015
<b>Registered Person Approving QIP</b>	Jonathan Cook	<b>Date Approved</b>	29/05/2015
<b>RQIA Inspector Assessing Response</b>	Amanda Jackson	<b>Date Approved</b>	08/06/15

*\*Please ensure the QIP is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Doreen Bingham	<b>Date Completed</b>	29/05/2015
<b>Registered Person</b>	Jonathan Cook	<b>Date Approved</b>	29/05/2015
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to RQIA [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**