

# Inspection Report

30 May 2023



## M Care Ltd

Type of service: Domiciliary Care Agency  
Address: Graham House, Knockbracken Healthcare Park,  
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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> M Care Ltd	<b>Registered Manager:</b> Miss Deborah Lynn
<b>Responsible Individual:</b> Mr Patrick Miskelly	<b>Date registered:</b> 24/06/2022
<b>Person in charge at the time of inspection:</b> The inspection was facilitated by Audrey Murphy, Head of Health and Social Care.	
<b>Brief description of how the service operates:</b>  M Care Ltd is a domiciliary care agency currently based in Knockbracken Healthcare Park, Belfast. The agency provides domiciliary care provision to service users living in their own homes. The agency offers services which includes both personal care and domestic support. The services are commissioned by the Belfast Health and Social Care Trust (BHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 30 May 2023 between 09.50 a.m. and 5.00 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, and Dysphagia management was also reviewed.

No areas for improvement were identified.

## 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 the 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 staff survey.

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

During the inspection we spoke with a number of 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 carers are very good."
- "I love to see them coming."
- "I don't have any complaints."

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

- "There is good communication from the office."
- "I have no concerns about the service."
- "I have seen improvements to my mother's health since the care started."

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

- "I really enjoy my job."
- "The new App is good- so far."
- "A manager is always available any time of the day, if you need advice."
- "The training team are really good."
- "I have raised concerns in the past, I felt listened to, and am confident that any issues raised are dealt with in confidence and that I am kept informed."

**HSC Trust representatives' comments:**

- “I have had numerous interactions with Mcare manager and care workers over the past number of years. I would like to highlight that in general my experience with the agency has been positive. When there are issues or problems they are generally addressed quickly.”
- “Their communication and services have had a notable improvement over the past year.”
- “There were some issues in relation to quality of care highlighted by the client’s family. There were addressed quickly and improvements made.”
- “Mcare were of great assistance going above and beyond on numerous occasions to keep a client safe and well looked after.”
- “I do not have any issues with this provider and find them responsive and helpful with any issues raised in a timely and courteous manner.”

There were no returned questionnaires.

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. A comment was included:

- “ Love working for M Care.”

## 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 26 September 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 26 September 2022		
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 22 (8) <b>Stated:</b> First time <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall establish a procedure for considering complaints made by a service user or a service user’s representative, every complaint is fully investigated and a record is maintained of each complaint, including details of the investigation, the outcome and any action taken.  Ref: 5.2.6	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>On inspection, records viewed in relation to complaints included details of the complaint, investigation, actions taken and outcome.</p>	
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## 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 following inspection and found to be satisfactory.

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 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date. There was a clear procedure for staff to follow in the event of deterioration in a service user's ability to bear weight.

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 person in charge advised that no service users required their medicine to be administered with a syringe.

The Mental Capacity Act (MCA) (2016) 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 person in charge reported that none of the service users were subject to DoLS. Advice was given in relation to developing a register in relation to restrictive practice.

### **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 service 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 modifying 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 with recommendations provided and some required their food and fluids to be of a specific consistency. Staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

### **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 Northern Ireland Social Care Council. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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, three day induction programme which also included shadowing of a more experienced staff member.

### **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 and HSC Trust representatives. The reports are undergoing a review and a number of improvements have been identified by the agency, this will be reviewed in future inspections.

The Annual Quality Report was reviewed and was satisfactory.

RQIA is aware of two Serious Adverse Incidents (SAIs) that are being investigated by the Belfast HSC Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI reports which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

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.

There is a system in place that directs staff as to what actions they should take if they are unable to gain access to a service user's home. The agency will review this document and ensure that all staff are appropriately trained. This will be reviewed in future inspections.

## **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 Audrey Murphy, Head of Health and Social Care, Hayley Barrett, Responsible Individual (Applicant), and Deborah Lynn, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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