

# Inspection Report

3 November 2022



## HCNI Ltd t/a Caremark

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> HCNI Ltd	<b>Registered Manager:</b> Ms Emily Magrath
<b>Responsible Individual:</b> Mr Richard David Magrath	<b>Date registered:</b> 15 July 2014
<b>Person in charge at the time of inspection:</b> Ms Emily Magrath	
<b>Brief description of the accommodation/how the service operates:</b>  HCNI Ltd t/a Caremark is a domiciliary care agency based in Bangor. The agency currently provides care to 664 service users in their own homes, who require care and support due to a physical disability, learning disability, mental health care needs and older people.  The agency has a current staff compliment of 349 staff that provides services commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 3 November 2022 between 12.00 p.m. and 5.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements; the reporting and recording of accidents and incidents; complaints management; whistleblowing arrangements; Deprivation of Liberty Safeguards (DoLS); the use of restrictive practices; and Covid-19 arrangements.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

HCNI Ltd Caremark use the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### 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 for staff for staff.

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

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

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

#### Staff comments:

- "I mostly do one to one client calls and really enjoy my work with the agency. If I'd any concerns about them or any aspect of my work, I'd definitely report and share these with my manager. Management are supportive and responsive and the training is of a high standard."
- "I love working in the community and as part of a team within the agency, they are a good company to work for. There's great support from my colleagues."
- "I enjoy my work and had an in-depth induction, I had shadowing opportunities and the training is good. I've no concerns at the minute and if I had any, I would have no hesitation in reporting them. I have done in the past and they were appropriately dealt with."
- "I feel the clients receive an excellent reliable service from Caremark, we all enjoy our work, work well together as a team. I'm happy working with the company."

A number of staff responded to RQIA's electronic survey. The majority of respondents indicated that they were 'satisfied' or 'very satisfied' that the care provided was safe, effective and

compassionate and that the service was well led. One respondent indicated they were 'neither satisfied nor dissatisfied' however did not complete any written comments. One staff member stated they were very dissatisfied however, had included positive comments regarding the quality of the service and the support they receive from management.

Written comments included:

- "I feel well supported and know that if I have any questions that I can contact the office or on call and get help. I had difficulty with a client who had a stomach bag and phoned through to the office and a supervisor came out immediately to give assistance."
- "Excellent company to work for. Very compassionate towards staff if any work problems arise or in personal lives. Have helped me to complete my level 3 in health and social care and offer other training courses to specialise in specific needs eg dementia. Very happy to be working for them."
- "I feel supported in my role, which enables me to give the best to my clients."
- "I am proud to work for Caremark, I have been with them for nearly 4 years and have always been respected and supported by colleagues, supervisors and managers. The service users I meet are treated with dignity and respect and I believe the level of care they receive is very good. We carers are kept informed of changes in care plans and supervisors do carry out checks to ensure that service users' needs are met. I have appraisals regularly and do feel that I am listened to."
- "I as a member of staff I felt valuable to great team and support from office."
- "Caremark is a fantastic place to work. A very professional and compassionate culture exists throughout the company. Staff and clients are treated very well with respect and dignity."
- "Anytime I have to phone the office to report any changes, in my service users, they action the required changes promptly."
- "I have been with care mark for over 2 years and they go above and beyond for all staff and service users."

No service user questionnaires were returned to RQIA.

## **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 15 January 2021 by a care inspector. No areas for improvement were identified.

## **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 HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents, accidents or significant events in keeping with the regulations. These had all 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 records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Guidance was given that where a service user required the use of more than one piece of specialised equipment, direction on the use of each piece of specialised equipment was to be included in the care plan. Daily records completed by staff must note the type of equipment used on each occasion. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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 DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference. The manager stated bed rails are used with a number of service users to keep them safe in bed and to prevent falls. Assessments pertaining to these have been completed with the relevant professional and this is specified in the service user's care plan which is monitored and reviewed regularly. The agreed outcomes were developed in conjunction with the HSC Trust representative.

### **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 with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **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 (NISCC). 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.

### **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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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. In some circumstances, complaints can be made directly to the

commissioning body about agencies. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

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.

Where staff are unable to gain access to a service users home, the agency has an operational policy and procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. Discussions with staff concluded they were aware and knowledgeable about this procedure.

## **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 Ms Emily Magrath, Registered Manager, as part of the inspection process and can be found in the main body of the report.





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