The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Care Plus (NI) Ltd

**Provider:** Care Plus (NI) Ltd

**Date of Inspection:** 27 April 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:** | Care Plus (NI) Ltd |
| **Responsible Individual/Responsible Person:** | Mrs Jacqueline Maguire |
| **Registered Manager:** | Mrs Catrina Maguire – not registered |
| **Service Profile –**<br>Care Plus (N.I.) Ltd is a domiciliary care agency which is based in Enniskillen. The agency provides care and support to 388 individuals living in their own homes whose care and services are commissioned by the Western Health and Social Care (HSC) Trust. Service users have a range of needs including dementia, learning disability and frailty relating to old age. | |

## 2.0 Inspection summary

An unannounced inspection was undertaken on 27 April 2026 between 10.00 am and 3.00 pm by a care Inspector.

The last care inspection of the agency was undertaken on 15 April 2025. No areas for improvement were identified. This inspection was undertaken to assess how the agency is performing in relation to the regulations and standards and to determine if it is delivering safe, effective and compassionate care; and if the service is well led.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users.

There were no new areas for improvement identified during this inspection. The findings of the inspection are discussed within the body of this report.

## 3.0 The inspection

## 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our

inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process Inspectors seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency and Health and Social Care (HSC) staff. A review of a sample of records is also undertaken to evidence how the agency is performing in relation to the regulations and standards.

## 3.2 What people told us about the service

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users who spoke with the Inspector advised that they were satisfied with the care and support they received by the agency. One service user made the following comments “They are very good, I am happy with them and would recommend them”.

A relative who spoke with the Inspector said that they were satisfied with the standard of care provided to their loved one and they felt they understood how best to care for them.

Staff who spoke with the Inspector felt satisfied with the training and managerial support provided and that the service users receive a good service.

## 3.3 Inspection findings

### 3.3.1 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 required amendment to reference the Department of Health’s (DoH) regional policy. The policy 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 that the date in which it was completed was incorrect. This was addressed by the person in charge during the inspection.

Discussions with the person in charge 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. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). 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.

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 raising concerns in the public interest (Whistleblowing).

The agency retained records of all accidents/incidents and a review of these records indicated that they had been managed appropriately. It was positive to note that a centralised tracking system was in place to aid in the identification of any trends arising. The person in charge advised that this was reviewed on a monthly basis. Medication incidents involving staff errors were addressed through a performance evaluation with the identified staff member and further training and assessment was arranged to ensure competency in completing medication tasks. A review of records relating to medication errors identified that the follow up with one staff member in the form of a spot check had not been undertaken. This was discussed with the person in charge who agreed to review and action this immediately to ensure staff competence in assisting with this task.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

### 3.3.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge confirmed that there was two service users who were subject to DoLS within the agency. Documentation pertaining to this was held within the service user's care records and also recorded on a central register. From a review of these records it was evident that the DoLS authorisation for one service user had lapsed and required review. The person in charge agreed to action this immediately through discussion with the relevant Trust representatives. RQIA will keep this matter under review.

The person in charge advised that other restrictive practices such as the use of bed rails were applied only under the direction of the multidisciplinary team. Documentation pertaining to such practices was held within care records and on a centralised register which was subject to regular review to ensure necessity and proportionality in line with best practice guidance.

### 3.3.3 Staff Recruitment, Induction and Training Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

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 person in charge. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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.

Staff were provided with training appropriate to the requirements of their role as part of induction to the agency. This included training for staff in the use of specialised equipment for service users who required equipment to assist them with mobility/ transfers. This was refreshed yearly thereafter with all staff attending in-person refresher training.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents. All staff had been provided with training in relation to medicines management and were required to complete a competency assessment prior to undertaking this task.

### 3.3.4 Care Records and Service User Input

A sample of service users' care records examined confirmed that these contained sufficient information about the level of support required and that moving and handling risk assessments and care plans were up to date. 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.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided in respect of the consistency of their food and fluids. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded within the service user's care records.

### 3.3.5 Governance and Managerial Oversight

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 (SAI) procedure.

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. The person in charge advised that no complaints had been received since the last inspection.

We discussed the acting management arrangements which have been ongoing since 1April 2026; RQIA will keep this matter under review.

## 5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Catrina Maguire (Acting Manager) as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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