

Inspection Report

23 April 2024



M Care Ltd

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

Organisation/Registered Provider: M Care Ltd	Registered Manager: Miss Deborah Lynn
Responsible Individual: Hayley Barrett (Applicant)	Date registered: 24/06/2022
Person in charge at the time of inspection: Miss Deborah Lynn	
Brief description of the accommodation/how the service operates: M Care Ltd is a domiciliary care agency currently based in Knockbreda House, 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 23 April 2024 between 9.45 a.m. and 3.00 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, Restrictive practices and Dysphagia management.

No areas for improvement were identified.

There were good governance and management arrangements in place. Good practice was identified in relation to recruitment, supervision / appraisals, complaints management, safeguarding records, retrieval of notes and the management of late / missed calls. The agency have recently introduced a new application (App) which has enhanced the governance systems.

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 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:

- "Carers have been absolutely amazing."
- "I know how to make a complaint, I just have never needed to."
- "The care is excellent."
- The care couldn't be any better
- "I am really grateful for this service."
- "They will always ask how I am."
- "They are always polite and respectful."
- "They are amazing, they do little things for me, like rinsing out my cup without me even asking to save me the discomfort of getting up."

Service users' relatives' comments:

- "The care is very good."
- "The carers are respectful towards our home and our family."
- "The care is excellent. I couldn't do without them"
- "They are a great bunch of people and do a hard job."
- "If they are running late, they will always let us know."

Staff comments:

- “I feel very supported in this job.”
- “They are on the ball when it comes to training to make sure we know when the training is due.”
- “I would like some training on stoma care, I haven’t asked for this training, but it would be very useful.”
- “The office are very quick to respond if you raise any queries.”
- “I would feel listened to if I raised any concerns.”

No completed questionnaires were returned.

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. Written comments included:

- “Excellent company to work for.”
- “Love working for MCare.”
- “Really enjoy working for MCare.”
- “Great team.”

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 30 May 2023 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 had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed 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.

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 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.

All staff had been provided with training in relation to medicines management.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles, the agency maintained a restrictive practice register.

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' care plans contained details about their likes and dislikes and the level of support they may require.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

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.

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).

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, 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, 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.

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 clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

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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