The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Peninsula Care Services

Provider: Peninsula Care Services Ltd

Date of Inspection: 10 March 2025

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

1.0 Service information

Organisation/Registered Provider:	Peninsula Care Services Ltd
Responsible Individual/Responsible Person:	Mr Jonathan Cook
Registered Manager:	Mr Matthew Wylie
Service Profile Peninsula Care Services is a domiciliary care agency which provides a range of personal care and support to service users living in their own homes. Services are provided across the Ards Peninsula and North Down areas. The South Eastern Health and Social Care Trust (SEHSCT) commission the services.	

2.0 Inspection summary

An unannounced inspection took place on 10 March 2025 between 9.10 am and 3.15 pm. This was conducted by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards and to determine if the agency is delivering safe, effective and compassionate care and is well led.

There were no areas for improvement identified as a result of the previous inspection on 18 September 2023.

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 were also reviewed.

There were good governance and oversight arrangements in place, which included the maintenance of a training matrix, training compliance; checking of professional registrations and maintenance of recruitment records.

One area for improvement was identified during this inspection in relation to the annual quality report.

Service users spoke positively about their experience of the care and support they received from staff. Refer to Section 3.2 for more details.

We would like to thank the manager, service users, relatives, the representatives from the commissioning Trust and staff team for their support and co-operation during the inspection.

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 service 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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.

3.2 What people told us about the service and their quality of life

Service users/relatives indicated that they were happy with the care and support provided and that staff were kind and supportive.

Staff spoke positively in regard to care delivery, communication, training and managerial support. Trust representatives were staff were approachable, communication was good and stated the agency was "brilliant".

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employer's liability insurance.

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 accident/incidents; staff training, supervision and appraisals and professional registrations.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed. Whilst this report contained information relating to the views of service users, staff and stakeholders, it did not contain a comprehensive overview of all relevant quality indicators. The report would benefit from the inclusion of an evaluation of other quality indicators such as incidents/accidents, training, complaints and any follow-up actions taken to address these matter. An area for improvement was identified.

The agency's Statement of Purpose required updating to ensure it contained all the information as outlined in the minimum standards. This update was completed during the inspection and assessed as satisfactory.

Staff had managed incidents appropriately and reported to RQIA within appropriate timeframes in keeping with the regulations.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure. A register of complaints was retained by the service. Details relating to the complaints process was included in the Statement of Purpose (SOP) and Service Users Guide (SUG). The SUG required updating to include the current address for RQIA and contact details for the Trust's complaints department. There was evidence of a system to ensure oversight of complaints, this included a review of complaints during the monthly quality monitoring visits. The updated SUG will be viewed at the next inspection.

3.3.2 Staffing (recruitment and selection, induction and training).

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.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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 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 NISCC and there was a system in place for professional registrations to be monitored by the manager.

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. Staff received an opportunity to discuss their post registration training requirements during supervision and appraisal meetings.

Records of all staff training were retained in a comprehensive matrix and the manager maintained oversight of the training matrix to ensure compliance. Staff were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge during supervisions and appraisals.

There was a selection of policies and a staff handbook available to direct staff in care delivery and support planning based on individual risk assessments. The hand book required updating in relation to complaints and whistleblowing. Following the inspection, the manager confirmed all relevant documents discussed at feedback have been updated. They will be reviewed at the next inspection.

There were no volunteers deployed within the agency.

3.3.3 Care Records

From reviewing service users' care records and through discussions with service users, 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. An annual review of care is not currently completed by the agency; the was evidence the agency attend review meeting if and when invited by the Trust. The agency's review of the care is generally when changes occur. Currently each service user receives two monitoring visits per year. The manager confirmed they plan to develop a care review template for completion during one of these visits and share the information with the service user's Trust key worker. This will be reviewed at the next inspection.

The manager reported that a number of the service user currently required the use of specialised equipment. Staff had received training in the use of the various pieces of equipment currently in use.

The manager also advised that no service users required their oral medicine to be administered with a syringe. They were aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

A 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.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. Staff implemented the specific recommendations of the SALT to ensure the care received was safe and effective. Care records included a copy of the SALT recommendations. It was noted that one SALT assessment dated back to 2021, confirmation was sought by the manager from the SALT following the inspection to ensure the most recent recommendations were available to staff. The SALT informed the manager they do not routinely complete annual reviews. They confirmed they complete reviews in response to concerns raised by families and/or providers.

There was evidence of regular contact with service users and their representatives.

3.3.4 Safeguarding

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 and children's safeguarding training during induction and every two years thereafter. Review of training records evidenced good compliance.

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 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).

3.3.5 Deprivation of Liberty Safeguards (DoLS)

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.
The manager 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, but some restrictive practices were in place and these were reviewed annually. The manager was advised the maintenance of a restrictive practices register would strengthen their oversight arrangements. The manager agreed maintain a register of restrictive practices going forward to ensure that all restrictive practices are logged and reviewed. This will be assessed at the next inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

This inspection resulted in one areas for improvement being identified. Findings of the inspection were discussed with Mr Matthew Wylie, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards (updated August 2011)	
Area for improvement 1 **Ref:** Standard 8.12 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered manager shall ensure the annual quality report contains an evaluation of the quality of services provided in addition to the information relating to service users/their representatives and stakeholders' engagement. Ref: 3.3.1
	Response by Registered Person detailing the actions taken: The next annual quality report will contain not only the views of the service users, staff and stakeholders but also an overview of other quality indicators including incidents/ accidents, training, complaints and actions taken to address these.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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