



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Care Plus (N.I) Ltd

Provider: Care Plus (N.I.) Ltd

Date of Inspection: 16 January 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:	Care Plus (N.I.) Ltd
Responsible Individual/Responsible Person:	Mrs Jacqueline Mary Maguire
Registered Manager:	Mrs Janette Rolston
Service Profile Care Plus (N.I.) Ltd is a domiciliary care agency which is based in Armagh and supplies staff to people living in the Armagh and Portadown areas. Service users have a range of needs including dementia, learning disability and frailty relating to old age. The agency provides care and support to service users living in their own homes whose care and services are commissioned by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2025 between 10.25 a.m. and 1.40 p.m. This 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 were also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards and to assess progress with the area for improvement identified during the last care inspection on 8 August 2023.

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider.

An area for improvement identified during this inspection related to the reporting of incidents.

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 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 the previous Quality Improvement Plan (QIP) issued, 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.

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

We spoke to a range of service users, relatives and staff to seek their views of the agency.

Service users said that they were happy with the care and support provided and that staff were kind and helpful. Two comments included the following statements; "An invaluable service to me and I am grateful to all" and "The carers never miss a call and always turn when they are meant to".

Relatives were keen to express praise and gratitude for the care provided and the kindness and support received from staff. Two comments included the following statements; "The carers are magnificent and you could not get better" and "My husband is very well looked after and the carers are excellent".

Staff spoke positively in regard to care delivery, training and managerial support.

One service user questionnaire was returned. The respondent indicated they were very satisfied that the care and support provided was safe, effective, compassionate and well led.

We did not receive any responses from the staff electronic survey.

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

3.3 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 8 August 2023 by a care inspector. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the skill of staff 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 manager. 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 which was recorded on a matrix outlining the date of training, frequency and when training needed to be refreshed. The training information was retained electronically in a well organised manner.

3.4.2 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known to the staff team. 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.

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's governance arrangements for the management of accidents/incidents was reviewed. Review of records identified that an incident reported to the Police Service of Northern Ireland (PSNI) had not been reported to RQIA in line with the Regulations. An area for improvement has been identified.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialist equipment.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their liquid medicine to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

Staff had completed DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

The manager advised that none of the service users had swallowing difficulties or had been assessed by a Speech and Language Therapist with recommendations. A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents.

3.4.3 The arrangements for promoting service user involvement

From reviewing service users' care records and through discussions with service users and relatives, it was positive to note that service users had an input into devising their own plan of care. 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.

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

3.4.4 The arrangements to ensure robust managerial oversight and governance

The manager had been registered since 28 July 2011. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

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 staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; missed and late calls and staff recruitment and training.

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. Records reviewed and discussion with the manager indicated that no complaints were recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

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.

Review of records and consultation with staff identified that there was a system in place for reporting any instance where staff were unable to gain access to a service user’s home.

4.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

An area for improvement and details of the Quality Improvement Plan were discussed with Mrs Janette Rolston, 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 Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (12) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person—</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police.</p> <p>Ref: 3.4.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Everyone has been made aware to inform registered manager if any incidents have been reported to police and the registered manager will ensure that this is reported to RQIA within the time frame.</p>

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews