

Inspection Report

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

Provider: Care Plus (N.I.) Ltd

Date of Inspection: 15 April 2025

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 (N.I.) Ltd |
| Responsible Individual/Responsible Person: | Mrs Jacqueline Mary Maguire |
| Registered Manager: | Mrs Janette Rolston |
| <p>Service Profile Care Plus (N.I.) Ltd is a domiciliary care agency which is based in Enniskillen. The agency provides care and support to 301 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.</p> | |

2.0 Inspection summary

An unannounced inspection was undertaken on 15 April 2025, between 10.35 am and 5.10pm. by 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 examined.

As a result of this inspection, an area of improvement arising from the previous inspection has been addressed by the provider (see section 4.6). There were no new areas for improvement identified during this inspection.

Good practice was identified in relation staff training and development. There were good governance and management arrangements in place.

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 will seek the views of those working and receiving a service from the agency and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards. 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

Through actively listening to service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports.

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

Service users who spoke with the inspector said that overall they were happy with the care and support provided. Two comments from service users included the following statements; "I am definitely happy with them - they know what to do and it is automatic with them". And; "First class – they do whatever is needed".

Relatives who spoke with the inspector said they were satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included: "I have no problem at all with them. I am very happy with every one of my carers and never have to complain- they are the best". And; "My relative is happy and their duty of care is good".

Staff who spoke with the inspector spoke positively in regard to the care delivery and management support within the agency. Two comments included the following statements; "I have been with Care Plus for two years and I love it. The service users get good care and the training was useful." And; "I have been caring for over twenty years. The service users get a good service and the support we get is good. I can ring the manager with anything". One response from the staff electronic survey received indicated that the staff member felt satisfied that the care was safe, compassionate, effective and well led.

One HSC staff member who provided feedback about the service commented that the agency was reliable, dependable and that service user's needs were met safely.

4.0 Inspection findings

4.1 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 also retained records of all accidents and incidents that had occurred. A review of these records indicated that all of those recorded had been managed appropriately. Advice was given to the manager in respect of adding an additional column to the existing tracking record so that any trends arising from accidents and incidents can be easily identified. This has since been implemented by the manager and will be reviewed at a future inspection.

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

4.2 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 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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

There were no recording arrangements in place to identify service users who were subject to restrictive practices for example, through use of bed rails or locked medication boxes. Advice was given to the manager about the need to consider any restrictions on liberty and to develop a way of monitoring such practices. This will ensure that these are kept under regular review so they are not used disproportionately. This will be reviewed at a future inspection.

4.3 Staff Selection, Recruitment and Induction

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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; 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.

To ensure compliance with regulations a full employment history of all potential employees must be obtained. On inspection the most recently recruited staff however, it was noted that a proportion of application forms did not detail all of the employees' work histories from the age of 18. Following on from this there was discussion with the manager around how Regulation 13 Schedule 3 had been interpreted. In order to clarify any misinterpretation of the Regulations, it was confirmed with the manager that a full work history must be provided of potential employees from the age of 18. This will ensure more robust recruitment practices and compliance with the Regulations. This will be reviewed at a future inspection.

There were no volunteers deployed within the agency.

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. Written records were retained by the agency of all training, including induction and professional development activities undertaken.

4.4 Staff Training and Development

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular refresher training to ensure the agency safely and continually meets the needs of service users.

The agency maintained an electronic record of all training and development activities undertaken. A review of staff training records confirmed that all staff had been provided with adequate training commensurate with their role on commencement of their employment. It was positive to note that the agency required all staff to complete a refresher course for all mandatory training on a yearly basis. On review of the electronic training matrix, it was identified

that several staff were due to complete their yearly refresher training in respect of manual handling, medication and dysphagia and arrangements had been made for those identified staff to attend face to face refresher training.

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 care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of specialised equipment, directions for use were included in the care plan.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified the agency were able to provide assistance in relation to administering liquid medicines. The manager confirmed that all staff receive a separate competency assessment prior to assisting with the task of administering medication in liquid form.

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. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

4.5 Care Records and Service User Input

A sample of service users' care records were examined and contained sufficient information about the level of support required and service users had an input into devising their own plan of care. Care plans reflected the multi-disciplinary input and 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 that these interventions were proactive, timely and appropriate.

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.

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. Staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note.

4.6 Governance & 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.

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

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

During the previous inspection, an area for improvement was identified in respect of the complaints procedure. The complaints policy and process was examined during this inspection and found to be satisfactory. A review of the complaints which had been received since the last inspection found that the complaints procedure had been followed appropriately and therefore the area for improvement had been addressed. Advice was given to the registered manager in respect of creating a learning log which could be shared with all carers in respect of any changes in practice that may arise from a complaint.

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 user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Responsible Individual Jacqueline Maguire as part of the inspection process and can be found in the main body of the report.



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