

Inspection Report

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

Provider: Care Plus (N.I.) Ltd

Date of Inspection: 18 November 2024

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 Castlederg. Service users have a range of needs including dementia, learning disability and frailty relating to old age. The services are commissioned by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 18 November 2024, between 10 a.m. and 3 p.m. by a care Inspector.

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

The inspection established that effective and compassionate care was delivered to service users and that the agency was well led. However, an area for improvement identified related to staff recruitment and selection.

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

The inspector would like to thank the manager, relatives, service users and staff team for their help and support in the completion of 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 area for improvement 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 spoke positively about their experience of the support they received from staff. They described being "treated very well" and advised they were "very happy with the care".

Relatives spoke positively about the care and support provided by the agency.

Staff spoke very positively in regard to the care delivery and management support in the agency. Staff said the induction and training they received was "very good".

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. One respondent commented "I am happy with the care." Another respondent stated "I couldn't be more pleased with the carers and the excellent care they give my mum."

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

The information provided indicated that there were 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 16 June 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 16 June 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (2)(a)(b)(c) Stated: First time	The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall— (a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users; (b) specify the service user's needs in respect of which prescribed services are to be provided; (c) specify how those needs are to be met by the provision of prescribed services.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had been met.	

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. Review of two recruitment records identified that not all gaps in employment had been explored. An area for improvement has been identified.

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.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialist 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.

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.

A number of service users had been assessed by the Speech and Language Therapist (SALT) with recommendations provided. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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

Mrs Janette Rolston has been the Registered Manager since 2 January 2019. 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. 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.

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/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	
Area for improvement 1 Ref: Regulation 13 Stated: First time To be completed by: Immediate and ongoing from the date of the inspection	The Registered Person shall ensure that no domiciliary care worker is supplied by the agency unless – (a) he is of integrity and good character; (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3 This refers specifically to obtaining a satisfactory written explanation of any gaps in employment. Ref: 3.4.1
	Response by registered person detailing the actions taken: All persons that interview staff have been made aware of the need to check all gaps in employment and get an explanations for these. This is written in as a prompt for staff on the interview questions. There is a setion on the application form to fill in any gaps in employment.

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



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