The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Potens Domiciliary Care Agency

Provider: Potensial Limited

Date of Inspection: 2 May 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:	Potensial Limited
Responsible Person:	Miss Nicki Stadames
Registered Manager:	Mr Chris Carr
Service Profile – Potens Domiciliary Care Agency provides care and support to service users who have a learning difficulty. Service users are living in their own homes or with their families in County Fermanagh and Derry/Londonderry localities.	

2.0 Inspection summary

An unannounced inspection was undertaken on 02 May between 11 am and 5.25.pm. 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, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

There were no new areas for improvement identified during this inspection.

Good practice was identified in relation to service user involvement and range of activities to avail of. 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 the service. 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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

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

Throughout the inspection process inspectors will seek the views of those who receive support, those working within and those visiting the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

We spoke to a service user during the inspection who commented as follows: “I am happy and I like going on holiday with staff”. One relative contacted for their views on the agency indicated that the staff were caring and understanding of service user’s needs; and that they were very happy with the care and support provided.

We provided a number of easy read questionnaires for those supported to comment on the quality of care provided and their lived experiences. Survey responses returned from service users indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. One service user’s comment on the responses received included the following statement; “I like living here and I like to go out with staff for my time away”.

Staff spoke positively in regard to the care delivery and management support in the agency. One staff member who spoke with the inspector made the following comments; “The training is good and service users are treated well - it is all about them”. Four staff members completed the staff electronic survey. The information provided indicated that staff had no concerns in relation to the agency and that were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. The following statement was noted; “In my experience the service is run in a professional manner the staff are mindful of the needs of the residents and do provide care in an enabling and compassionate way”.

We contacted a number of HSC staff to obtain their views on the service. The feedback received was positive and indicated that the service provided was person centred and caring towards its service users.

3.3 Inspection findings

The last care inspection of the agency was undertaken on 24 August 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 (see section 3.3.3 & 3.3.5).

3.3.1 Adult Safeguarding and Incident Reporting

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).

Discussions with staff 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. A review of adult safeguarding records identified that all safeguarding concerns raised since the last inspection had been managed appropriately.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. A review of training records identified that all staff members had completed their adult safeguarding training. Service users who spoke with the inspector said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

3.3.2 Mental Capacity and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 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.

The manager reported that any service users subjected to Deprivation of Liberty Safeguards (DoLS) had the relevant documentation recorded within a DoLS reference file which was available for staff to refer to. This was reviewed on inspection and found to include requisite information around service user's DoLS. Where there was use of restrictive practices such as locked medication boxes, this was clearly documented within service user's records. The person in charge advised that this was reviewed regularly to ensure that all restrictions noted were proportionate and necessary for service user's safety.

A review of the training matrix, noted that all members of staff had completed appropriate (DoLS) training appropriate to their job roles.

3.3.3 Staff Recruitment, 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. 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.

A quality improvement plan had been issued during the previous inspection which identified that all gaps of employment had not been fully explored with respect to newly recruited employees. On review of the recruitment process during this inspection, it was evidenced that satisfactory explanations for any gaps in employment of the most recently recruited staff had been given and verified by the recruitment team before staff members commenced employment with the agency. This has area for improvement has therefore been deemed as met.

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.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. This included shadowing of a more experienced staff member.

A review of training records of the most recently appointed staff concluded staff had received mandatory and other training relevant to their roles and responsibilities to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There were no volunteers deployed within the agency.

A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents. The manager advised that no service users required their medicine to be administered with an oral syringe. The person in charge was aware that should this be required, a competency assessment would be completed before staff undertook this task.

3.3.4 Care Records and Service User Input

The person in charge advised that care records were in the process of being transferred over to an electronic care recording system and that until this transition was complete, staff were continuing to utilise and update their current system of hard copy records. From reviewing a sample of these service users' care records and through discussions with service users, it was positive to note that service users had an input into devising their own plan of care and were provided with easy read reports which supported them to fully participate in all aspects of their 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, in the review of the care provided on an annual basis, or when changes occur.

On reviewing one care record from the new care record system, it was apparent that some key information regarding a service users' medical condition, was not recorded under physical health but under another diet-related section. A discussion took place with the person in charge around the importance of having oversight of the transfer of all relevant information from current care plans and risk assessments to the new recording system so that key information is easily accessed in the relevant care tabs. This will be reviewed when the full transition of care records has taken place at a future inspection.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Where there was input from SALT, staff were familiar with how food and fluids should be modified as per the specific recommendations of the SALT which were recorded within care plans along with associated SALT dietary requirements to ensure the care received in the setting was safe and effective. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

The person in charge reported that none of the service users currently required the use of specialised equipment for manual handling. They were aware of how to source such training should it be required in the future. Care records identified that moving and handling risk assessments and care plans were up to date.

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.

3.3.5 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards. During the previous inspection an area for improvement was identified in relation to the availability of quality monitoring reports. A review of the reports during this inspection established that these had been completed on a monthly basis and 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. This area of improvement has been deemed to have been addressed during this inspection.

The Annual Quality Report was reviewed and was satisfactory.

The agency's registration certificate was up to date and displayed appropriately.

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

There was a system in place to ensure that complaints and compliments were documented. The person in charge confirmed that no complaints had been received since the last inspection.

Where staff are unable to gain access to a service users home, there is a system in place that ensures that the service has 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 Mr Chris Carr, Registered Manager as part of the inspection process and can be found in the main body of the report.

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