The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: HCNI Ltd t/a Caremark

Provider: HCNI Ltd

Date of Inspection: 9 April 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:	HCNI Ltd
Responsible Individual/Responsible Person:	Mr Richard David Magrath
Registered Manager:	Ms Emily Margaret Magrath

Service Profile –

HCNI Ltd t/a Caremark is a domiciliary care agency based in Bangor. The agency currently provides care to 802 service users in their own homes, who require care and support due to a physical disability, learning disability, mental health care needs and older people.

The agency has a current staff compliment of 392 staff that provides services commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT).

2.0 Inspection summary

An unannounced inspection took place on 9 April 2025, from 9 am to 3.45pm by care Inspector.

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

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.

Good practice was identified in relation to service user involvement, complaints management and the completion of annual reviews of service users' risk assessments and care plans. There were robust governance and oversight arrangements in place. Training compliance was excellent with all staff recorded as being up to date with all aspects of mandatory training.

HCNI Ltd t/a Caremark uses the term "clients" to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

The last care inspection of the agency was undertaken on 2 October 2023 by a care Inspector. No areas for improvement were identified.

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

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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

Throughout the inspection the RQIA inspector will seek to engage with service users, their relatives and staff for their opinions on the quality of the care and support and their experiences of working in this agency.

Returned questionnaires indicated that the respondents were very satisfied with the agency. Staff comments were very positive and indicated they enjoyed working for the agency.

Trust representatives stated they had no concerns in relation to the care delivered by the agency and communication was good. The details of the feedback provided was shared with the agency for consideration.

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 employers' 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 service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

The agency's Statement of Purpose (SOP) and Service Users' Guide (SUG) required updating to include the change to the organisational structure following the recent appointment of a complaint's manager and the current RQIA address. The SOP and SUG will be reviewed at the next inspection.

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

One incident had occurred that required investigation under the Serious Adverse Incidents (SAIs). The agency participated fully in this investigation and actioned appropriately. There was evidence the learning was shared with staff.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The complaints policy required updating to reflect the current address for RQIA. It was good to note that the agency recently hosted an event that the Northern Ireland Public Services Ombudsman (NIPSO) participated in. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. A register of complaints was retained by the service. Details relating to the complaints process was included in the statement of purpose and service users guide. There was evidence of a system to ensure oversight of complaints, this included a review of complaints during the monthly quality monitoring visits.

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,

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 person in charge.

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 and the person in charge maintained oversight of the training matrix to ensure compliance. Staff were provided with opportunities to complete training commensurate with their role.

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, in the review of the care provided on an annual basis or when changes occur.

The person in charge 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.

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 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 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 and person in charge had a system in place to ensure good governance and oversight of these.

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.

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 person in charge 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 person in charge 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 person in charge reported that none of the service users were subject to DoLS, however some restrictive practices were in place and these were reviewed annually. The person in charge advised they maintained a restrictive practices register, which supported their oversight arrangements.

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 person in charge, as part of the inspection process and can be found in the main body of the report.

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