

Inspection Report

24 August 2022



First Choice Selection Services Ltd

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: First Choice Selection Services Ltd	Registered Manager: Ms. Lauren Quaddouhi.(Acting manager)
Responsible Individual: Mr. Paul Crean	Date registered: Acting manager
Person in charge at the time of inspection: Senior Healthcare Manager	
Brief description of the accommodation/how the service operates: First Choice is an employment agency located at Church Street, Belfast; they supply staff to other domiciliary care agencies.	

2.0 Inspection summary

An unannounced inspection took place on the 22 August 2022 09.30 a.m. and 1.30 p.m. 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, Service user involvement (Clients).

An area for improvement identified related to quality monitoring Reg 23.

Good practice was identified in relation to client involvement, staff recruitment, induction and training. There were effective governance arrangements in place.

For the purposes of the inspection report, the term 'service user' (Clients) describes the settings the agency staff are supplied to work in.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and

any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to staff on how they could provide feedback on the quality of services. This included an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of clients and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Staff comments:

- "I had a good comprehensive induction and help from other staff."
- "I'm aware of my responsibilities to NISCC as a care worker."
- "Great communication with office and other staff."
- "All my training is up to date."
- "I really enjoy my work and the agency."
- "It's a good place to work."

Client comments:

- "We have two very reliable staff that have fitted in well."
- "The staff are well trained and can assist our service users effectively."
- "Good staff communication."
- "Once we provided our induction the staff felt at home."
- "The staff shadowed our own staff until they could support the service users independently."
- "Great staff very supportive and reliable."
- "An excellent agency who's supply is reliable."

No staff responded to the electronic survey prior to the issue of this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 inspection years, due to the impact of the first surge of Covid-19. The last care inspection of the agency was undertaken on 27 March 2019 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

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 when required.

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

Staff were provided with training appropriate to the requirements of their role.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

5.2.2 What are the arrangements for promoting service user involvement? (Clients)

The agency provides staff to a number of other registered care services. These services are regularly asked to assess the quality of staff provision, we have highlighted some of the comments received:

- “My contact with the agency has been positive.”
- “Service provided has been of great help especially at short notice.”
- “We would use first choice as a provider in future.”
- “Communication is good and we receive weekly calls from the agency.”
- “Both agency workers have been inducted into our service and have been a great addition to our team.”
- “I am happy with the two staff who are working in the centre.”
- “Our worker is a credit to the agency.”
- “I’m very happy and would recommend the service to any of my colleagues.”

5.2.3 What are the systems in place for identifying service users’ Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with the manager evidenced that staff had completed food safety training as part of their mandatory training. Dysphagia training for staff is covered during dementia training as well as first aid training.

5.2.4 What systems are in place for staff recruitment and are they robust?

The review of the agency’s staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members are supplied for direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored weekly by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

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, three day 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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies. The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

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.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

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, and staff. One area for improvement was identified and discussed relating to a review of the documentation currently in place for monitoring. This was provided to the RQIA prior to the issue of this report and was satisfactory.

No incidents had occurred that required investigation.

The alphabetical list of staff employed by the agency was up to date.

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.

The content of the Adult Safeguarding policy and training was reviewed and was noted to reflect the regional guidance in Northern Ireland. Advice was given in relation to improvements to the annual safeguarding report.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with the Responsible individual and the Senior Healthcare 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 23 Stated: First To be completed by: From the inspection date	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (2)</p> <p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. (3)</p> <p>The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Response by registered person detailing the actions taken: OUR ACTIONS First Choice has developed new monthly monitoring report forms, submitted these to RQIA and received approval for the use of these. First Choice has implemented a plan of action and scheduled dates for reviewing at appropriate intervals the quality of services provided by the agency and to complete the monthly monitoring reports. First Choice submitted, in a timely manner, the monthly monitoring reports for August 2022 and received approval for these. First Choice will continue to submit reports to RQIA until further notice.</p>

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