



Announced Care Inspection Report 27 March 2019



First Choice Selection Services Ltd

Type of Service: Domiciliary Care Agency
Address: 23 Church Street, Belfast, BT1 1PG
Tel No: 02890 313693
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

First Choice is an employment agency located at Church Street, Belfast; they supply staff to other domiciliary care agencies.

3.0 Service details

Organisation/Registered Provider: First Choice Selection Services Ltd Responsible Individual: Mr Paul Crean	Registered Manager: Ms Lauren Crean– application not yet submitted
Person in charge at the time of inspection: Branch Manager	Date manager registered: Ms Lauren Crean – application not yet submitted

4.0 Inspection summary

An announced inspection took place on 27 March 2019 from 12.30 to 15.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with relevant stakeholders.
- Staff induction, training and supervision.
- Management of Adult Protection matters and incidents.

This was supported through review of records at inspection and discussions with the person in charge.

No areas for improvement were identified during the inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities and enhance practice.

The inspector would like to thank the registered person and branch manager for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 9 January 2018

No further actions were required to be taken following the most recent inspection on 9 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the registered person and the branch manager
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- Staff induction records
- Staff training records
- Records relating to staff supervision/appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Statement of Purpose
- Service User Guide

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 January 2018

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 January 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

From records viewed it was identified that the agency ensures that required staff pre-employment checks are completed prior to commencement of employment. The person in charge stated that staff are not provided for work until all required checks have been satisfactorily completed. The inspector viewed the recruitment records for two staff which evidenced that the required pre-employment checks had been completed prior to the commencement of employment.

It was identified that the agency's induction programme provided to staff is in accordance with the timescales as required within the domiciliary care agencies regulations. The inspector viewed a number of individual staff induction records retained by the agency; they contained details of the information provided to staff during their induction period.

The agency maintains details of all staff induction, training, supervision and registration status with relevant regulatory bodies. The person in charge stated that all staff are required to complete the full induction programme prior to being supplied for work and stated that staff are not accessed from other domiciliary care agencies. It was noted that staff are provided with a job description and the agency's staff handbook during their induction programme.

It was noted that staff receive annual supervision/appraisal; the records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's procedures.

The person in charge could describe the process for identifying training needs of staff and their responsibility for ensuring that staff complete required training updates. Staff were required to complete annual updates in a range of mandatory areas. The agency has an electronic system for recording staff training; information viewed indicated that the staff had completed the required training.

The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). The person in charge stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Electronic records viewed by the inspector indicated that staff were appropriately registered.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and details the procedure for staff in reporting concerns. The branch manager is the identified Adult Safeguarding Champion (ASC).

It was identified from discussions with the person in charge and training records viewed that staff are required to complete safeguarding training during their induction programme and in addition an annual training update. Records viewed indicated that staff had completed required training updates.

Discussions with the person in charge evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) adult protection team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that the agency retains comprehensive records in relation to referrals made and record clearly the actions taken by the agency.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. It was identified that prior to supplying staff the agency matches staff to the requirements of the agency requesting staff. It was noted that a number of staff have been placed on long term contracts.

The agency's office accommodation is located in Belfast. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, records were stored securely and in a well organised manner and that computers were password protected.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, training, supervision/appraisal and the agency's management of adult safeguarding matters.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed that agency's arrangements for appropriately responding to, assessing and meeting the needs of service users. It was noted that the agency do not supply staff directly to service users but to other domiciliary care agencies. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

Records presented to the inspector during the inspection were noted to be retained in an organised and secure manner.

The agency has arrangements in place to monitor the effectiveness and quality of the service provided; this includes a process for completing quality audits.

The inspector viewed the agency's quality monitoring information and discussed with the branch manager the benefit of collating the information to one central report. Following the inspection provider guidance relating to quality monitoring was provided to the person in charge and assurances provided that the template would be adapted for use by the agency.

The person in charge could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders were appropriate.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion. It was identified that staff receive training relating to confidentiality during their induction programme.

Discussions with the person in charge indicated that the promotion of values such as dignity, equality and choice were embedded in the ethos of the agency.

The inspector discussed arrangements in place relating to the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. The person in charge could describe how the agency's induction and training programme equips staff to engage with a diverse range of service users.

Records viewed and discussions with the person in charge indicated that the agency has a process for obtaining and recording comments made by service users and/or their representatives. The agency retains a record of feedback received from the agencies where staff are supplied.

Additional processes for engaging with and responding to the comments of service users are maintained through the agency's complaints/compliments process, quality monitoring process and regular telephone contact.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the ongoing engagement with relevant stakeholders with the aim of improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the branch manager supported by a team of administrative staff. The person in charge could describe the process for staff and stakeholders to obtain support and guidance at any time including out of hour arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are due to be reviewed and updated. The inspector discussed with the person in charge the need to include details of the updated RQIA contact details and assurances were provided that this would be actioned immediately following the inspection.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the person in charge indicated that they have a good understanding of the actions to be taken in the event of a complaint being received.

It was noted from records viewed and discussions with the person in charge that the agency had received no complaints since the previous inspection.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Systems include the provision of required policies and procedures, monitoring of staff practice, monitoring of complaints, accidents, safeguarding incidents and incidents notifiable to RQIA.

From records viewed it was identified that the agency has in place systems to monitor and improve the quality of the service; these include processes for monitoring incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training and supervision/appraisal. The person in charge could describe the rationale for regularly reviewing the quality of the services provided.

It was noted that staff are provided with a job description at the commencement of employment and that they receive support and guidance during supervision or as requested.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The service user guide provided details of tasks staff are permitted to provide.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the engagement with staff and other relevant stakeholders, and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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