

Inspection Report

Name of Service: First Choice Selection Services Ltd

Provider: First Choice Selection Services Ltd

Date of Inspection: 29 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:	First Choice Selection Services Ltd
Responsible Individual/Responsible Person:	Mr Paul Crean
Registered Manager:	Ms Lauren Quaddouhi (Acting)
Service Profile First Choice Selection Services Ltd is an employment agency located at Church Street, Belfast; they supply staff to other domiciliary care agencies.	

2.0 Inspection summary

An announced inspection took place on 29 May 2025, between 9.20 am and 2.20 pm. The inspection was conducted by a care inspector.

The last care inspection of the agency was undertaken on 7 August 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that the support workers provided safe, effective and compassionate care in the settings they were supplied to work in. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment practices and the retention of records. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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

A service user said that they were very satisfied with the standard of support workers supplied.

We would like to thank the area manager, service users and staff team for their support and co-operation during 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 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.

Throughout the inspection process inspectors seek the views of the service users, who use the support workers supplied by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

A services user told us that the standard of the support workers provided by the agency was 'very good'. One comment described the support workers as being 'well trained, experienced and work well with colleagues' and that management were 'very responsive'.

Staff told us that they were satisfied that the training provided was of a good standard and they are provided with annual refresher training. Staff spoke very positively in regard to management support in the agency. One told us that they have no concerns about that senior staff and the manager are supportive and approachable.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to the induction process, regular training and continued supervision and support.

Review of the agency's recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before support workers commenced employment.

Recruitment records were examined for three recently recruited support workers. Two of these records did not contain a statement of physical and mental fitness for the work which they perform. An area for improvement has been identified.

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.

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.

Procedures were in place for supervising the support workers and appraising their performance. However, review of records and discussion with the person in charge confirmed that the agency did not maintain the date of previous supervisions and appraisals or previous supervision and appraisal records. An area for improvement has been identified.

Review of records confirmed that the agency sought feedback on the support workers' practice on a regular basis.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection.

Review of a sample of records evidenced that there was a robust system for reviewing the quality of the service, including support worker' practice. This included monthly quality monitoring reports. A review of the reports of the agency's quality monitoring established that there was engagement with service users, and staff.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The area manager and manager were identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

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. Review of the complaints record and discussion with the person in charge evidenced that no complaints had been recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the Person in Charge, 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 (c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The Registered Person shall ensure that no domiciliary care worker is supplied by the agency unless a statement of physical and mental fitness is completed.</p> <p>Ref: 3.3.1</p> <p>Response by Registered Person detailing the actions taken: Each person prior to commencement of work must be signed off as fit to work by Manager, this form now contains the following statement - "The Manager below is signing to confirm that this person is physically and mentally fit for the work they have applied for and will undertake." This will be signed prior to a person commencing employment to state physical fitness. This has commenced immediately</p>
Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The Registered Person shall ensure that records are maintained for a period of eight years beginning on the date of the last entry.</p> <p>Ref: 3.3.1</p> <p>Response by Registered Person detailing the actions taken: All expired documentation will now be stored in each employees personel file for a period of 8 years. All other documentation was being stored already. This has commened immediately</p>

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