

# Inspection Report

## 14 December 2021



## Medcom Personnel Ltd

**Type of service: Domiciliary Care Agency**  
**Address: 10 Cheston St, Carrickfergus, BT38 7BH**  
**Telephone: 028 9433 8833**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Medcom Personnel Ltd</p> <p><b>Responsible Individual:</b> Mrs Irene Mtisi</p>	<p><b>Registered Manager:</b> Mrs Irene Mtisi (Registration pending)</p> <p><b>Date registered:</b> Mrs Irene Mtisi – application received - pending review</p>
<p><b>Person in charge at the time of inspection:</b> Ms Ashley Campbell, Service Manager</p>	
<p><b>Brief description of the accommodation/how the service operates:</b> Medcom Personnel Ltd is a domiciliary care agency which provides personal care, practical and social support and sitting services to over 91 people living in their own homes. Service users have a range of needs including physical disabilities, learning disabilities, dementia and palliative care. The agency's office is located in Carrickfergus.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 14 December 2021 from 9.30 a.m. to 5.30 p.m. Information received by RQIA prior to the inspection raised concerns in relation to the care practices of recently recruited staff which may pose a risk to service users. In response to this information RQIA decided to undertake an inspection.

Areas for improvement were identified in relation to staff recruitment, the availability of records and the quality of staff induction, shadowing and training. Improvements were also required in relation to the accuracy of the staffing rotas and in relation to staff signing the daily care records.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. There were auditing processes in place which had identified a number of areas for improvement which the agency had begun to address.

Service users and relatives said that they were generally satisfied with the standard of care and support provided.

### 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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), records of notifiable incidents and written and verbal communication received since the last care inspection.

The inspection focused on:

- staff recruitment records
- staff induction and training records
- records pertaining to the delivery of care
- current management, leadership and governance arrangements.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

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

### 4.0 What people told us about the service

The feedback received from the Northern Health and Social Care Trust (NHSCT) identified that there were a number of concerns which had been referred to the Adult Protection Gateway Service (APGS). No further concerns were raised through the NHSCT consultation process with service users.

During the inspection we spoke with a number of service users and relatives, who commented positively in relation to the care and support provided.

## 5.0 The inspection

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

The last inspection to Medcom Personnel Ltd was undertaken on 20 July 2021 by a care inspector. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 20 July 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (a)(b)(c)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall monitor carer's call times, to ensure that the calls times are in accordance with the time specified in the individual service users' care plans.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and review of auditing records confirmed that this had been addressed.	

## 5.2 Inspection findings

### 5.2.1 Are there robust systems in place for staff recruitment and training?

A review of recruitment records confirmed that recruitment had been managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.

The recruitment records relating to an identified relief staff member were not available for inspection. An area for improvement has been identified in relation to ensuring all records are available for inspection.

It was established that some international staff had been recruited. Whilst there was evidence that the staff had the required work permits, it could not be established whether these staff had complied with the Covid-19 Regulations, which were in effect at the time of entry into the UK, as no records were available for inspection. An area for improvement has been identified in relation to the records pertaining to international staff compliance with Covid-19 Regulations.

A review of the induction records identified that whilst international staff had completed the induction programme, the majority of induction had been provided both remotely and online and there were limited records available of the content of the induction training. In addition, RQIA was not assured that there was sufficient practical training provided to staff before they commenced providing direct care to service users. It was also identified that a number of international staff had shadowed other care staff, who may not have been sufficiently experienced. An area for improvement has been identified in this regard.

It was identified that the induction records for two staff members, one of whom had been promoted and another relief staff member, were not available for inspection. The person in charge was unable to confirm if these inductions had been undertaken. An area for improvement has been identified in this regard.

The training records of one identified staff member were not available for inspection. An area for improvement has been identified in this regard.

Discussion with the person in charge and a review of training records identified that whilst new staff had undertaken a number of training modules, some items of training had been duplicated and delivered by different training bodies and including the agency's own training. Given that the content of the training was not available for inspection, RQIA was not assured of the quality and consistency of the training. Aspects of practical training provided by Medcom Personnel Ltd, for example moving and handling training, were also not available for inspection. This was significant, given that the potential consequences for the safety and dignity of service users. An area for improvements has been identified in this regard.

Records pertaining to training in the use of specialised equipment, for example over-head hoists, were not available for inspection. RQIA could not be sufficiently assured that staff had received the correct training in this area. An area for improvements has been identified in this regard.

A review of records confirmed that all staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Advice was given in relation to the timeliness of NISCC registration application to ensure that staff are registered within the specified timeframe.

### **5.2.2 Are there robust governance processes in place?**

This inspection identified a number of areas in need of improvement. RQIA is of the opinion that recruiting multiple international staff, who commenced work in the agency in and around the same time, may have impacted on the agency's ability to provide staff with sufficient induction and training. This is clearly a matter for the registered persons to address. An area for improvement is therefore stated that the registered persons must ensure that staff recruitment, induction and training is completed in a manner that can be safely supported within the existing staff team.

A review of the daily care records identified that the staff signatures did not consistently correlate with the names recorded on the staffing rotas. Staff who were shadowing as part of their induction did not consistently sign the daily care records. There was evidence that one identified staff member had consistently provided staffing cover from July 2021 and their name

was not recorded on the staffing rota. This meant that we could not be assured in relation to who had delivered the care. An area for improvement has been identified in this regard.

The inspection findings indicate that improvements are required to the auditing processes, specifically relating to ensuring that signatures on the staffing rotas match the signatures in the daily care records; and that the daily records signed by care staff are accurately signed by all staff attending. An area for improvement has been identified in this regard.

## 6.0 Conclusion

Based on the inspection findings a number of areas for improvement were identified. Given that they related to the provision of safe care, it was evident that the agency was not well led and required improvement.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations, 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	10	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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date the inspection</p>	<p>The registered person shall ensure that records are at all times available for inspection at the agency premises; these records should include, but are not limited to, personnel records of all staff.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Records are available for all staff employed by Medcom Personnel in Northern Ireland. Person in question is not a staff member and does not have service user engagement.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 (1)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date the inspection</p>	<p>The registered person shall ensure that the personnel records pertaining to international staff are at all times available for inspection at the agency premises; this relates particularly to staff compliance, upon entry into the UK, with any Covid-19 Regulations which may be in effect at the time of entry, namely, evidence of vaccination status, negative Covid-19 tests and any required quarantine period.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Personnel records pertaining to current international staff are fully compliant in respect of Covid. All Vaccination certificates, pre-departure covid test results and day two covid test results as required are evidenced and filed in international staff personnel files.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (5)(a)(b)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>The registered person shall review the current staff induction programme to ensure that it is appropriately structured and lasting a minimum of three full working days. During the induction training the new worker must not be supplied to a service user unless accompanied by another domiciliary care worker who is suitably qualified, competent and experienced.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> There is a robust training and induction process in place which all new staff are subject to. Staff must complete 3 days training and induction with a combination of face to face training and</p>

	<p>online training. An external trainer has now been secured and has completed face to face mandatory training with all new and some current staff whose training was due for renewal. All new staff must complete shadowing over a minimum of two or more days with suitably experienced staff members prior to commencement of completing any care of clients on their own. When all training and shadowing has been completed new staff are required to meet with the Team Leader to ensure the new staff member is both confident and competent in all aspects of the role prior to commencing care of clients on their own.</p>
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<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (5)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>The registered person shall ensure that all staff, including those who have been appointed to more senior roles and relief staff, receive an appropriate induction and records of the induction programme are retained.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p><b>Response by registered person detailing the actions taken:</b> Staff who are appointed to more senior roles receive an indepth induction and training program supported by the management team in all aspects of their new role. Any relief staff are subject to the same recruitment and training process as all other staff.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>The registered person shall ensure that staff training records are available for inspection.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p><b>Response by registered person detailing the actions taken:</b> Training records are available for all staff on their personnel files and the training matrix is continually reviewed to ensure all staff are compliant with their training requirements/renewal</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>The registered person shall further review the staff training programme to ensure that each employee of the agency receives training which is appropriate to the work they are to undertake; content of all training must be retained, including the content of training provided from external sources.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p><b>Response by registered person detailing the actions taken:</b> The staff training programme has been reviewed. An external trainer has been utilised to provide mandatory face to face training with both new and current staff. Online training for all staff will be completed on the Atlas Citation platform.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>The registered person shall ensure that records of training in the use of specialised equipment, for example over-head hoists, are retained and made available for inspection.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> A manual handling competency record is completed for staff either during shadowing or after by a team leader/ manager who are certified train the trainers to ensure staff are competent with any equipment they will be using that is not available during in house training in the clients home eg steady, standing hoist etc.</p>

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<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 16 (1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2022</p>	<p>The registered persons must ensure that staff recruitment, induction and training is completed in a manner that can be safely supported within the existing staff team; consideration should be given to staggered approach to starting new staff, to ensure they are inducted and trained appropriately.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 21 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date the inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> Recruitment of new International staff is now staggered and they are inducted and trained appropriately allowing adequate time to ensure this is completed effectively and safely supported within the existing staff team and supervised regularly by the team leaders and management team.</p> <p>The registered person shall ensure that staff rotas detail the supply of all domiciliary care workers to service users; including new staff who are shadowing and relief staff.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff shadowing is put onto the system to reflect which runs they have shadowed and with whom. There is also a shadowing form to be completed to document shadowing completed which is available in the staff personnel file.</p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date the inspection</p>	<p>The registered person shall ensure a robust system of auditing is in place in respect of staffing rotas, specifically that signatures on the staffing rotas match the signatures in the daily care records; and that the daily records signed by care staff are accurately signed.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff work the shifts they are allocated on rota for, any staff who pick up a calls for one another must immediately inform the office so that rotas can be amended to accurately reflect and record who completed the call and this in turn is checked via the monthly auditing of records. Auditing of daily records is already in place and continues to be completed on a monthly basis. The office hold a copy of staff signatures to check against the signatures on daily records to ensure accuracy.</p>

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