

Unannounced Care Inspection Report 23 March 2021



Medcom Personnel Ltd

Type of service: Domiciliary Care Agency

Address: 12 Market Square, Antrim.

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Telephone: 028 9433 8833

Inspectors: Aveen Donnelly and Kieran Murray

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Medcom Personnel Ltd is a domiciliary care agency which provides personal care, practical and social support and sitting services to over 110 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 Antrim.

3.0 Service details

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| Organisation/Registered Provider: Medcom Personnel Ltd Responsible Person Mrs Irene Mtisi | Registered Manager: Mrs Irene Mtisi (Acting) |
| Person in charge at the time of inspection: Mrs Irene Mtisi | Date manager registered: Mrs Irene Mtisi – application received 22 July 2020 (pending review) |

4.0 Inspection summary

An unannounced inspection took place on 23 March 2021 from 10.00 to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to services on the basis of risk. Information received by RQIA on 18 March 2021 raised concerns in relation to staff recruitment practices within the agency. The correspondence shared with RQIA indicated that current staff recruitment processes had the potential to impact service users at this time. In response to this information RQIA decided to undertake an inspection.

The following areas were examined during the inspection:

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

The inspection findings substantiated the information received in relation to a number of staff who had been working without the required work permits. Significant concerns were identified during the inspection regarding staff recruitment, care delivery and the governance and management arrangements. In response to the concerns identified, on 13 April 2021 RQIA held a meeting with the manager, who is also the responsible individual, with the intention of issuing three Failure to Comply (FTC) notices under the Domiciliary Care Agencies Regulations (Northern Ireland) 2005, in relation to:

- Regulation 13 (d) relating to staff recruitment
- Regulation 15 (2) (a)(b)(c) relating to care delivery
- Regulation 11(1)(2)(3) relating to the training needs of the registered person.

The meeting was attended, via teleconference, by the manager and an external consultant.

At the meeting, RQIA did not receive the all the necessary assurances that to recruitment practices were robust. It was therefore decided that one FTC notice would be issued in relation to staff recruitment, with the date of compliance to be achieved by 15 July 2021. Actions required to be taken are detailed in the FTC notice. For this reason, this is not included in the Quality Improvement Plan (QIP).

At the meeting, RQIA were assured by the proposed plans by the agency to employ an external consultant to undertake the monthly quality monitoring visits.

Plans were outlined in relation to a programme of mentorship that would be put in place, to support the manager to develop and improve her oversight and governance of the agency. In addition assurances were provided in relation to the monitoring of carer's call times to service users. The agency planned to introduce an electronic records management system, which would monitor carer's call times, to identify that the calls times are in keeping with the time specified in the care plans. The manager agreed to provide RQIA with an action plan in relation to these matters. On this basis, the decision was made not to serve the remaining two FTC notices. Areas for improvement have been made in this regard and are included in the QIP.

On 16 April 2021, the NHSCT issued a Performance Notice to Medcom Personnel Ltd, placing a suspension on all new packages of care with immediate effect. The suspension will be lifted when the Trust is notified by RQIA that all actions listed in the FTC notice have been adequately addressed and compliance with the regulations achieved. The NHSCT also sought and received assurances from Medcom Personnel Ltd that all staff delivering care would be paid employees and not volunteers.

Following review of the action plan submitted by the agency on 20 April 2021, RQIA was not satisfied the information provided would be effective in achieving the outcome required. Additional matters of concern were also identified. Therefore on 22 May 2021, RQIA held a further meeting with the manager, to discuss the concerns. The concerns related to the lack of robustness of the action plan which had been submitted to RQIA, the integrity of information provided by the manager and the lack of evidence that the external consultant was undertaking the quality monitoring visits, as discussed and agreed during the intention meeting held on 13 April 2021. RQIA were also concerned that the identified staff members, who were previously identified as not having the necessary work permits, continued to be supplied by the agency. This was despite assurances provided by the agency to the NHSCT that all staff delivering care were being paid. At the serious concerns meeting, RQIA were assured by the proposed plans and requested resubmission of the action plan by 7 June 2021. Following review of the resubmitted action plan, RQIA was satisfied with the revised plans and assurances given.

An area for improvement previously made in relation to the monthly quality monitoring visits has been stated for the third and final time. Further areas requiring improvement were identified in relation to Northern Ireland Social Care Council (NISCC) registrations, the agency's Statement of Purpose, the service user agreement, shadowing shifts for newly employed staff and monitoring of call times.

As part of the inspection process NHSCT' representatives provided valuable feedback to RQIA in terms of the performance of the agency. Whilst some of the feedback indicated that the service users and relatives were happy with the care and support provided, others were not satisfied in this regard. Whilst no specific concerns were identified, there was evidence that a number of calls had been missed. A number of service users reported that staff turnover was high, that the staff did not consistently stay the full duration of their shift and that carers were not familiar with the care they were tasked with administering.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

4.1 Inspection outcome

| | Regulations | Standards |
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| Total number of areas for improvement | *6 | 0 |

* the total number of areas for improvement includes one that has been stated for the third and final time.

Details of the QIP were discussed with Irene Mtisi, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. RQIA were concerned that the staff recruitment, care delivery and the manager's oversight and governance of these areas was below the standard required.

One FTC notice was issued under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 as follows:

FTC Ref: FTC000142 with respect to Regulation 13 (d)

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 11 August 2020

In addition to those actions detailed in the QIP, RQIA held a serious concerns meeting with the manager, to discuss the inspection findings. At the meeting, the manager provided an action plan and details of the actions taken to date and planned to drive improvement and ensure that the concerns raised at the inspection were addressed. Following the meeting RQIA decided to provide the registered person a period of time to demonstrate that the improvements had been made.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, written and verbal communication received since the previous care inspection.

As part of the inspection process we sought feedback from the NHSCT' representatives, in terms of the performance of the agency.

We reviewed the following:

- Recruitment records, including work permits and criminal records checks (AccessNI)
- Completed daily records returned from service users' homes

- Service user agreements
- Staff rota information
- Records pertaining to staff inductions (including details of shadowing shifts)
- Records of Spot check
- Staff supervision records
- Records relating to NISCC registrations
- Complaints records
- Monthly quality monitoring reports

Areas for improvement identified at the last care inspection were reviewed and were assessed as not consistently met.

6.0 What people told us about this agency

The feedback received from the NHSCT supported the inspection findings. Whilst no specific concerns were identified, there was evidence that calls to service users had been missed.

A number of service users reported that staff turnover was high, that the staff did not consistently stay the full duration of their shift and that carers were not familiar with the care they were tasked with administering.

7.0 The inspection

| Areas for improvement from the last care inspection dated 11 August 2020 | | |
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| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Regulation 23(2)(3)and (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</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—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(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.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and</p> | <p>Not met</p> |

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| | <p>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.</p> | |
| | <p>Action taken as confirmed during the inspection:</p> <p>The monthly quality monitoring reports were submitted to RQIA since the date of the last inspection. However, there were concerns identified in relation to the quality of the service and areas for improvement previously identified by RQIA were not all met. The inspector determined that the monthly quality reports not provided assurances that governance systems were robust.</p> <p>This area for improvement was not met and has been stated for the third and final time.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (a) (d)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(a)he is of integrity and good character;</p> <p>(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically but not exclusively to, gaps in employment being explored; recording of full employment histories.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of recruitment records identified continued deficits in relation to the agency’s staff recruitment process. It was therefore decided that one FTC notice would be issued in relation to staff recruitment, with the date of compliance to be achieved by 15 July 2021. Refer to section 7.1.1 for further detail.</p> | <p>Not met</p> |
| <p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 8.11</p> | <p>The registered provider shall complete a monitoring report on a monthly basis. This report should summaries any views of service</p> | <p>Met</p> |

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| Stated: Second time To be completed by: Immediate and ongoing | users and/or their representative's about the quality of the service provided, and any actions taken to ensure that the organisation is being managed in accordance with minimum standards. | |
| | Action taken as confirmed during the inspection: Review of the monthly quality monitoring reports confirmed that the views of service users and their representatives had been included. | |
| Area for improvement 2 Ref: Standard 15.10 Stated: First time To be completed by: Immediate and ongoing | The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any communications and actions taken. | Met |
| | Action taken as confirmed during the inspection: Review of the records confirmed that complaints had been managed appropriately. | |

7.1 Inspection findings

7.1.1 Staff Recruitment

During the inspection we were unable to evidence that required recruitment processes had been adhered to. Review of the recruitment records for two staff evidenced gaps in employment histories and there was no evidence within the records that the reasons for gaps had been explored. There were discrepancies between the information provided on the references and the employment histories recorded on the applications forms. It was identified that the Access NI check for one staff member had been received after they had commenced employment with the agency and been supplied to a service user. As outlined in section 7.0, an area for improvement had previously made in relation to recruitment practices was partially met. It was identified that there were a number of volunteers providing care to service users; they did not have the appropriate work permits, authorising them to work. Failure to ensure robust recruitment practices has the potential to place service users and staff at risk or harm.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 13 (d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. RQIA invited the manager, who is also the responsible individual, to a meeting on 13 April 2021. The meeting was attended, via teleconference, by the manager and an external consultant. At the meeting, RQIA did not receive the necessary assurances required. A failure to comply notice was issued on 14 April 2021 in respect of Regulation 13 (d) and the registered person is required to demonstrate compliance with this regulation on or before 15 July 2021. Actions required to be taken are detailed in the FTC notice. For this reason, this is not included in the QIP.

On 16 April 2021, the NHSCT issued a performance notice to Medcom Personnel, placing a suspension on all new packages of care with immediate effect. The suspension will be lifted when the Trust is notified by RQIA that they are satisfied that all actions listed in the Failure to Comply notice have been adequately addressed.

Whilst the review of records identified that all employed staff were registered with NISCC, the volunteers referred to above were not registered with NISCC. An area for improvement has been made in this regard.

Furthermore, it was evidenced, that the use of volunteers was not included in the statement of purpose. Following review of the service user agreements, it was identified that service users or their representatives had not been informed that the care was being provided by volunteers. Therefore areas for improvement have also been made in relation to Regulations 5 (1) and 6 (1)(b) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The records pertaining to staff inductions including shadowing shifts were not accurately recorded. Therefore we were not assured that new staff had been accompanied by another care worker, before they are supplied to work on their own. The records reviewed during the inspection identified contradictory dates recorded on a number of records. An area for improvement has been made in this regard.

7.1.2 Care Delivery

During the inspection, the agency's arrangements for providing prescribed services were examined. Concerns were identified in relation to a number of call times overlapping. It was concerning to note that these matters had not been identified in the agency's quality monitoring processes. It was noted that the overlapping call times related to a volunteer who was working as a care worker. Review of the records and the timing of the calls, confirmed that the volunteer had been placed on a run, in addition to carrying out other duties. This was particularly evident on at least three occasions where records indicated that the volunteer had attended three service users on the same day, all at the same time. This indicated that the service users would not have been receiving appropriate care, as outlined in their care plan. As previously discussed, feedback provided by the NHSCT supported these inspection findings. Failure to provide services, as prescribed, by the commissioning trust, has the potential to lead to poor outcomes for service users.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 15 (2) (a)(b)(c) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. RQIA invited the manager, who is also the responsible individual, to a meeting on 13 April 2021. The meeting was attended, via teleconference, by the manager and an external consultant. At the meeting, assurances were provided in relation to the introduction of an electronic records management system, which would monitor the service users' call times, to ensure that they were in keeping with the time specified in the care plans. The manager agreed to provide RQIA with an action plan in relation to these matters. On this basis, the decision was made not to serve the FTC notice and an area for improvement has been included in the quality improvement plan (QIP).

Further information regarding the submission of the action plan is detailed in the following section.

7.1.3 Management, Leadership and Governance Arrangements

During the inspection we examined the agency's arrangements for evaluating the quality of service provision. As detailed in section 7.0, an area for improvement made in relation to the monthly quality monitoring reports had previously been made on two separate occasions. Deficits in recruitment practices have also been identified on two previous occasions. Whilst the monthly monitoring visits had been consistently undertaken, it was concerning to note that they had been ineffective in identifying the shortfalls evidenced during the inspection. This was evident in deficits being identified in records which had previously been audited by the manager. This suggested that the manager did not have the necessary experience and skills required for managing the agency. Failure to establish and maintain effective systems for evaluating the quality of service provision has the potential to lead to poor outcomes for service users.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 11 (1) (2) and (3) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. RQIA invited the manager, who is also the responsible individual, to a meeting on 13 April 2021. The meeting was attended, via teleconference, by the manager and an external consultant. At the meeting, RQIA were assured by the proposed plans to employ an external consultant to undertake the monthly quality monitoring visits. Plans were outlined in relation to a programme of mentorship that would be put in place, to support the manager to improve her oversight of the agency.

The manager agreed to provide RQIA with an action plan in relation to these matters. On this basis, the decision was made not to serve the FTC notices and areas for improvement are detailed in the quality improvement plan (QIP).

Following review of the submitted action plan on 20 April 2021, RQIA was not satisfied that the information provided was robust to address the highlighted concerns. New information was also identified. Therefore on 22 May 2021, RQIA held a meeting with the manager, to discuss the serious concerns. The concerns related to the unsatisfactory action plan which had been submitted to RQIA, the integrity of information provided by the manager and the lack of evidence that the external consultant was undertaking the quality monitoring visits, as discussed during the intention meeting held on 13 April 2021. RQIA were also concerned that the identified staff, who did not have the necessary work permits, continued to work in Medcom Personnel Ltd, despite assurances provided by Medcom Personnel Ltd to the NHSCT that all carers delivering care were being paid. At the serious concerns meeting, RQIA were assured by the proposed plans and requested resubmission of the action plan by 7 June 2021. Following review of the resubmitted action plan, RQIA was satisfied with the revised plans and assurances given.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 6 | 0 |

7.0 Quality improvement plan

The actions required to comply with the regulations pertaining to recruitment practices have been detailed in the Failure to Comply Notice, which was issued on 14 April 2021. Compliance

with this notice is to be achieved by 15 July 2021. For this reason, this is not included in the QIP. Other areas for improvement were discussed with the manager as part of the inspection process and these are detailed in the QIP. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have 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, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

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| <p>Area for improvement 1</p> <p>Ref: Regulation 23(2)(3)and (4)</p> <p>Stated: Third and final time</p> <p>To be completed by: Immediate from the date of the inspection</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—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(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.</p> <p>(3) 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.</p> <p>Ref: 7.0 and 7.1.3</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>A draft action plan was completed and submitted to RQIA on 14.05.21 and a final action plan was submitted to RQIA on 07.06.21.</p> <p>When new service users commence with Medcom care and support plans are completed in the service users' home and must identify any relevant history, preferences and choice, to ensure person centred care and are reviewed/updated as required and are to be recorded in both home and office files. These are reviewed and updated every time an amendment is required and is recorded in both home and office files.</p> <p>Service user spreadsheet completed to record: Environmental risk assessment/ service user monitoring and annual review. 3 monthly telephone and in person service user monitoring will be completed to ensure delivery of quality service. This will be evidenced in the monthly reports.</p> <p>Regular 3 monthly spot checks on staff</p> <p>The Daily record sheets have been reviewed and improved to ensure the information recorded is accurate and relevant. This has been</p> |

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| | <p>effective from 1st June 2021. Daily record and medication sheets are collected monthly to enable a minimum of 10 percent of all areas to be audited to identify any overlapping of calls, document recording errors etc.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p> | <p>The registered person shall ensure that ensure that all staff are registered with NISCC.</p> <p>Ref: 7.1.1</p> <p>Response by registered person detailing the actions taken: A spreadsheet has been implemented which stores all staff information including NISCC registration details/start date/ shadowing /spot checks/appraisals/ supervisions team meetings/ car insurance/access NI. As part of our new recruitment process all office staff have been trained in recruitment and selection. All office staff must adhere to the new recruitment folder protocol which is verified by two managers to ensure full compliance and receipt of satisfactory information i.e: references/full work history /Access NI/NISCC registration/ID documentation. There is a training matrix to ensure staff compliance in all mandatory training. An audit of all staff folders was completed to ensure compliance and satisfactory information is held on all staff.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p> | <p>The registered person shall further develop the statement of purpose to ensure that it clearly includes details relating to the agency's use of volunteers in the provision of personal care.</p> <p>Ref: 7.1.1</p> <p>Response by registered person detailing the actions taken: All the voluntary workers who were previously volunteering in Medcom were stopped with immediate effect and have not nor will not be engaging in any work with Medcom in the future. Statement of purpose is not require to be updated.</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 6 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p> | <p>The registered person must review the service user guide (service user agreement) to ensure that it includes the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate.</p> <p>This refers specifically to the agency's use of volunteers in the provision of personal care. New service user agreements, with this information, must be issued to all existing service users, whose personal care is provided by volunteers.</p> |

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| | <p>Ref: Ref: 7.1.1</p> <p>Response by registered person detailing the actions taken: All the voluntary workers who were previously volunteering in Medcom were stopped with immediate effect and have not or will not be engaging in any work with Medcom in the future.</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 16 (5)(b)(i)(ii)(iv)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p> | <p>The registered person shall ensure that new domiciliary care workers (“the new worker”) are provided with appropriately structured induction training lasting a minimum of three full working days; and during that induction training, the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person.</p> <p>Records of shadowing shifts for new staff employed must be clearly retained.</p> <p>Ref: 7.1.1</p> <p>Response by registered person detailing the actions taken: All new care staff must complete a full induction training program. Before commencing any care provision to service users all new domiciliary care staff are accompanied by a qualified competent care worker for shadowing on shifts. A spreadsheet has been implemented which stores all staff information and this records details and dates of shadowing alongside shadowing forms which are completed for all staff.</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 15 (2) (a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p> | <p>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.</p> <p>Ref: 7.1.2</p> <p>Response by registered person detailing the actions taken: A new system has been now been implemented where staff scan in and out of each call via a tag within each service users folder. This system will alert management of any late calls in order to aim to prevent any possible missed calls or emergency incidents.</p> <p>Service users care and support plans are completed in the service users’ home and must identify any relevant history, preferences and choice, to ensure person centred care and are reviewed/updated as required and are recorded in both home and office files. These are reviewed and updated every time an amendment is required and is recorded in both home and office files.</p> <p>Regular 3 monthly spot checks on staff are completed.</p> |

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| | <p>3 monthly telephone and in person service user monitoring is completed to ensure delivery of quality services.</p> <p>The Daily record sheets ensure the information recorded is accurate and relevant. Daily record and medication sheets are collected monthly to enable a minimum of 10 percent of all areas to be audited to identify any overlapping of calls, document recording errors etc.</p> |
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****Please ensure this document is completed in full and returned via Web Portal****



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