

Announced Care Inspection Report 22 and 23 November 2017



Medcom Personnel Ltd

Type of service: Domiciliary Care Agency

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Inspector: Caroline Rix

User Consultation Officer: Clair McConnell

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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

Medcom Personnel Ltd is a domiciliary care agency based Belfast. Under the direction of the registered person/manager Irene Mtisi, staff of 11 provides care services to 47 service users in their own homes. These service users are mostly older people but some have physical disabilities, learning disabilities and mental health care needs. The service users live in the Ballymena, Antrim and Ballyclare areas of Northern Ireland. The services provided range from personal care, practical support to sitting services. The majority of services are commissioned by the Northern Health and Social Care Trust (HSC trust) with a number funded privately.

3.0 Service details

Registered organisation/registered person: Medcom Personnel Ltd/Irene Mtisi	Registered manager: Irene Mtisi
Person in charge of the home at the time of inspection: Irene Mtisi	Date manager registered: 28 August 2015

4.0 Inspection summary

An announced inspection took place on 22 November 2017 from 10.30 to 16.30 hours and 23 November 2017 from 09.30 to 13.30 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 care records, reviews, communication between service users and agency staff and other key stakeholders.

Areas requiring improvement were identified in relation to staff pre-employment records, their record keeping practice and the sharing of their annual quality review report.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Medcom Personnel Ltd in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff spoken with during inspection provided valuable feedback in terms of their work within the agency.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Irene Mtisi, registered person/manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 5 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 December 2016.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2016/2017
- All communication with the agency
- User Consultation Officer (UCO) report

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and seven relatives, either in their own home or by telephone, on 25 and 26 October 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Sitting service

The UCO also reviewed the agency's documentation relating to three service users.

During the inspection the inspector spoke with two care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

At the request of the inspector, the registered person/manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was returned.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user records of the agency quality monitoring contacts
- Three staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule and records
- Three staff quality monitoring records
- Complaints log and records
- Compliments log and records
- Record of incidents reportable to RQIA in 2016/2017

- Annual Quality report for 2016
- The agency’s Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. The findings of the inspection were provided to Irene Mtisi registered person/manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 December 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspections dated 30 June 2016 and 05 December 2016

Areas for improvement from the last care inspection – 30 June 2016		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13</p> <p>Stated: First time</p>	<p>The registered provider must expand the staff recruitment procedure to include all information required in line with Regulation 13 Schedule 3.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the recruitment procedure which was further revised on day of inspection. The inspector confirmed the recruitment procedure included all information required in line with Regulation 13 Schedule 3.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13 (c) and (d)</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that no domiciliary care worker is supplied by the agency unless he is physically and mentally fit for the purposes of the work which he is to perform; and full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>	

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector found that the registered provider had not completed full and satisfactory information for each domiciliary care worker supplied by the agency. No statement by the registered person/manager had been completed to confirm each domiciliary care worker had been assessed as physically and mentally fit for the purposes of the work which he is to perform.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p>	<p>The registered provider shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that a system for evaluating the quality of the services they provide has been implemented.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 28 (e)(i)</p> <p>Stated: First time</p>	<p>The registered provider shall give notice in writing to the Regulation and Improvement Authority as soon as practicable to do so if any of the following events takes place or are proposed to take place-</p> <p>(e) (i) the name or address of the organisation is changed.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the registered provider had notified RQIA of their change of address details.</p>	Met
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.19</p> <p>Stated: First time</p>	<p>The registered provider should expand their 'whistleblowing' policy and procedure to include details of how and to whom staff report concerns about poor practice.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the whistleblowing policy and procedure which had been updated. However, the procedure was further updated following inspection. The revised procedure received post inspection was found</p>	Met

	to contain all the information for staff regarding clarification of the roles of their operations manager and the health and social care trust.	
Recommendation 2 Ref: Standard 14.1 Stated: First time	<p>The registered provider shall review their 'Safeguarding' policy and procedure to include information and guidance in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the adult safeguarding policy and procedure which had been updated. However, the procedure was further updated following inspection. The revised adult safeguarding procedure was received post inspection and had been updated with information and guidance as required. The registered person/manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.</p>	Met
Recommendation 3 Ref: Standard 14 Stated: First time	<p>The registered provider should develop a policy and procedure on safeguarding children and young people (separate from their adult Safeguarding policy and procedure) and provide all staff with a copy of this document.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the policy and procedure on safeguarding children and young people which was separate from their adult safeguarding policy and procedure. This document was found to be satisfactory. The records viewed confirmed all staff had been provided with this procedure.</p>	Met
Recommendation 4 Ref: Standard 8.10 Stated: First time	The registered provider/manager is recommended to develop a system to ensure working practices are consistently being maintained in line with their policies and procedures, and action taken when necessary.	Met

	<p>Action taken as confirmed during the inspection: The inspector reviewed the staff supervision policy and procedure which includes their induction, supervision and on-going direct observation processes. Records viewed confirmed a system was in place to monitor working practices.</p>	
<p>Recommendation 5 Ref: Standard 15.6 Stated: First time</p>	<p>The registered provider should expand their complaints procedure within their service users' guide to include information of the role and contact details of the Northern Ireland Public Services Ombudsman.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector confirmed that the service users' guide complaints section had been updated. This guide includes information on the role and contact details of the Northern Ireland Public Services Ombudsman. The registered provider confirmed all service users had been provided with this updated information.</p>	

Areas for improvement from the last care inspection – 05 December 2016

Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Recommendation 1 Ref: Standard 10.3 Stated: First time To be completed by: immediately and on-going</p>	<p>The registered provider should review their records management system to ensure that the required records are available in the agency for inspection at all times.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector confirmed that the records management system had been reviewed. The inspector found that the required records were available for inspection.</p>	

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 UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Medcom. Some of the relatives raised concerns regarding consistency of the carers; however new carers are usually introduced to the service user by a regular member of staff. No issues regarding the carers' training were raised with the UCO by the service users or relatives; one relative felt it would be beneficial for carers to receive awareness training about different conditions.

The majority of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "All very nice. Have got to know them."
- "Couldn't do without them."
- "There seems to be high turnover of staff which puts the other carers under pressure."

A range of policies and procedures was reviewed relating to staff recruitment, induction and training.

The inspector found the staff recruitment policy and procedure had not been updated as required following their inspection 30 June 2016. The registered person/manager revised this document during this inspection and the inspector confirmed it to be compliant with Regulation 13.

Three staff files were sampled relating to recently appointed care workers. The inspector found that the registered person/manager had not completed full and satisfactory information for each domiciliary care worker supplied by the agency.

No statement by the registered person/manager had been completed to confirm each domiciliary care worker had been assessed as physically and mentally fit for the purposes of the work which he is to perform. This area was discussed with the registered person/manager who provided evidence that their health questionnaire had been revised; however, it still did not contain the statement required. The registered person/manager revised this document on the inspection day which was found to be satisfactory.

The registered person/manager is required to complete an audit of all 11 staff files and ensure a statement is completed to confirm each domiciliary care worker had been assessed as physically and mentally fit for the purposes of the work which he is to perform.

Records reviewed evidenced all staff members' were registered or had applied for registration with The Northern Ireland Social Care Council (NISCC) and a system was in place to review staff renewal of registration.

Records evidenced that an induction programme had been completed with each of the three staff members files sampled, this included competency assessments and subsequent supervision records maintained.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The adult safeguarding policy and procedure had been updated since their previous inspection, however, the procedure required to be further updated. The revised adult safeguarding procedure was received post inspection, reviewed by inspector and found to contain information and guidance as required. The registered person/manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The inspector reviewed the whistleblowing policy and procedure which had been updated following 30 June 2016 inspection. However, the procedure required to be further updated following inspection. The revised procedure received post inspection was found to contain all the information for staff regarding clarification of the roles of their operations manager and the health and social care trust.

The staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2017 confirmed care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of service users. There was evidence that some staff have attended training additional to that stated in the Minimum Standards including; dementia awareness.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

The registered person/manager must ensure that full and satisfactory information is completed for each domiciliary care worker supplied by the agency.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had experienced a small number of missed calls by the agency. Some of the relatives raised concerns regarding consistency of the carers; however new carers are usually introduced to the service user by a regular member of staff.

Communication had been an issue between the service users, relatives and staff from Medcom but the UCO was advised that it has recently improved. Some of the service users and relatives interviewed were able to advise that home visits or phone calls have taken place to obtain their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- "They don't look very professional in their uniform."
- "Quite happy with them."
- "I had concerns but communication has improved."

As part of the home visits the UCO reviewed the agency's documentation in relation to three service users and it was noted that staff are not signing the log sheets appropriately.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained information and evidenced that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone or during monitoring visits. The registered person/manager confirmed that they are not always invited to contribute to the HSC trust arranged care review meetings with service users/relatives. The records evidenced that an amendment form from the trust detailing any agreed change to the original care plan had been provided.

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

The agency's policies and procedures on 'record keeping' and 'confidentiality' were viewed and found to contain guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the registered person/manager, with no practice issues identified. However, the UCO and inspector found that staff were not signing the log sheets appropriately, this was discussed during inspection.

The registered person/manager provided the inspector with a copy of a staff memo sent 14 September 2017 reminding all staff of the importance of accurate, timely record keeping. The staff supervision records viewed also contained confirmation that recording practice was being monitored during August and September 2017 home visits. The registered person/manager should review their 'record keeping' procedure to ensure clear guidance is provided to staff in line with minimum standards.

Staff members interviewed on the day of inspection demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

The registered person/manager should review their 'record keeping' procedure to ensure clear guidance is provided to staff in line with minimum standards.

	Regulations	Standards
Total number of areas for improvement	0	1

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 majority of the service users and relatives interviewed by the UCO felt that care was compassionate; however some felt that care can be rushed. Views of service users and relatives have been sought through home visits or phone calls to ensure satisfaction with the care that has been provided by Medcom.

Examples of some of the comments made by service users or their relatives are listed below:

- "Caring and thoughtful."
- "Well mannered."
- "Invaluable help."

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs. The registered person/manager confirmed that she regularly works as part of the hands-on care team. This was described as valuable in obtaining service users views about the care being provided and reviewing the planned care needs of the service user can be met in the time allocated.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency's compliments records were viewed; these contained positive feedback from service users' /relatives which had been shared with staff individually.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'I am very happy with the service. I like all the carers.' (Verbal thank you received during care review meeting from a service user).
- 'Thank you for the reassuring and encouraging presence in our home on xxx return from hospital.' (Thank you card from family of a service user).
- 'Thank you to the staff who were so caring, dedicated and very professional at all times. They also brought great humour which xxx enjoyed.' (Thank you card from a late service user's family).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

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.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The UCO was informed that concerns have been raised with management and that they had mixed satisfaction with the outcomes.

The organisational and management structure of the agency are outlined in the Statement of Purpose; it details lines of accountability.

Discussion with the registered person/manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities. The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards.

The agency's complaints procedure viewed was found to be in line with regulations and standards. The inspector confirmed that the service users' guide complaints section had been updated. This guide includes information on the role and contact details of the Northern Ireland Public Services Ombudsman. The registered provider confirmed all service users had been provided with this updated information. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner. The complaints log was viewed for the period 1 April 2016 to inspection dates 22 and 23 November 2017 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and in most cases resolution of each complaint. However, one complaint was not resolved and the service user moved to another care provider.

Discussion with the registered person/manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. The agency has had a number of incident reports that had been appropriately managed. A sample of records reviewed by the inspector indicated relevant measures had been taken with staff where performance issues had been reported.

The annual quality review report for 2017 viewed had been completed with a detailed summary of feedback recorded. However, the contents of this report were difficult to follow and the inspector suggested this be reviewed. A summary of this report had not been shared with service users/relatives following their annual review in September 2017. The registered person/manager is recommended to develop a summary report with key findings and develop a system to verify all service users/representatives have been provided with a copy of same.

The staff interviewed indicated that they felt supported by the field coordinator who was described as approachable and helpful, however staff felt that management support was not effective. This area was discussed with the registered person/manager who agreed to review the communication processes with staff. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and maintaining good working relationships with all key stakeholders.

Areas for improvement

The registered person/manager should develop a summary of their annual quality review report with key findings and develop a system to verify all service users/representatives have been provided with a copy of same.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene Mtisi, registered person/manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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/or 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	
Area for improvement 1 Ref: Regulation 13 (c) and (d) Stated: Second time To be completed by: 13 January 2018	<p>The registered provider shall ensure that no domiciliary care worker is supplied by the agency unless he is physically and mentally fit for the purposes of the work which he is to perform; and full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Response by registered person detailing the actions taken: A Statement of Fitness form was designed and is signed by the Registered Manager. The supporting information is the following: Health Questionnaire/ Interview Forms and at least 2 references. The Registered Manager signs the form to confirm that the candidate is physically and mentally fit to carry out the work as a Carer in the community.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 5.6 Stated: First time To be completed by: 13 January 2018	<p>The registered person shall review their 'record keeping' procedure to ensure clear guidance is provided to staff in line with minimum standards.</p> <p>Response by registered person detailing the actions taken: All staff have signed samples of their signatures and these are kept at the office.</p>
Area for improvement 2 Ref: Standard 1.9 Stated: First time To be completed by: 13 January 2018	<p>The registered person shall prepare a summary report with key findings and develop a system to verify all service users/representatives have been provided with a copy of same.</p> <p>Response by registered person detailing the actions taken: We value the views and opinions of anyone who uses our services and as part of quality assurance we carry such an exercise. After the exercise a summary report of the findings is send out to all service users/representatives. We have designed a method to record every report send out to make sure every service user/representative receives a copy. A full report is available on request and that is stated on the summary.</p>

Please ensure this document is completed in full and returned via Web Portal



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