

# Unannounced Care Inspection Report 27 September 2018



## Medcom Personnel Ltd

Type of service: Domiciliary Care Agency  
Address: Suite 6-8, Adelaide House, Hawthorn Business Centre,  
1 Falcon Road, Belfast BT12 6SJ  
Tel Nos: 02890387027/07476008973  
Inspector: Caroline Rix  
User Consultation Officer: Clair McConnell

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 Irene Mtisi, staff of 18 provides care services to 96 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 County Antrim area of Northern Ireland. The services provided range from personal care and 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

<b>Organisation/Registered Provider:</b> Medcom Personnel Ltd/Irene Mtisi	<b>Registered Manager:</b> Irene Mtisi
<b>Person in charge at the time of inspection:</b> Irene Mtisi	<b>Date manager registered:</b> 28 August 2015

### 4.0 Inspection summary

An unannounced inspection took place on 27 September 2018 from 09.30 to 16.00 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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

Areas requiring improvement were identified in relation to updating details within the Adult Safeguarding procedure and the monthly monitoring reports to be completed by the registered provider.

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. The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Irene Mtisi registered provider and the 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 22 and 23 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 and 23 November 2017.

## 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 and QIP
- Record of notifiable events for 2017/2018
- All communications with RQIA.

During the inspection the inspector spoke with the registered provider, the manager and three care workers. Their feedback has been included throughout this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received.

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and nine relatives, either in their own home or by telephone, on 12 and 13 September 2018 to obtain their views of the service. The service users interviewed informed the UCO that they receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

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

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Three staff induction records
- Two staff supervision records
- One staff appraisal record
- Four staff training records

- Staff training matrix
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Three service users' records regarding referrals, reviews and quality monitoring
- Annual quality review report for 2017/2018
- Notification and incident records
- Compliments and Complaints records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered provider and the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 and 23 November 2017

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 inspection dated 22 and 23 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (c) and (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 13 January 2018	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that the recruitment procedure had been updated and implement. The inspector confirmed that full and satisfactory information had been obtained	

	and was available for each domiciliary care worker supplied.	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 5.6 <b>Stated:</b> First time <b>To be completed by:</b> 13 January 2018	The registered provider shall review their 'record keeping' procedure to ensure clear guidance is provided to staff in line with minimum standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the updated record keeping procedure which was found to contain appropriate guidance for staff on their role and responsibilities. Records evidenced that the staff had been provided with the information during team meetings and during update training September 2018.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 1.9 <b>Stated:</b> First time <b>To be completed by:</b> 13 January 2018	The registered provider 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency's annual quality review summary report dated September 2017. The inspector noted that the information collated during the annual survey was shared with service users and staff between January and March 2018.	

### 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.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment policy and procedure had been updated since their previous inspection and details their system for ensuring that all the required staff pre-employment

information has been obtained prior to commencement of employment. Documentation viewed by the inspector indicated that a system is in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The inspector examined a sample of three staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with required regulations.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which included an induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and that included a shadowing system.

Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the skills to fulfil the requirements of their job roles.

A staff member commented:

- “My induction was good, but I am learning more from service users every day.”

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 Personnel. One concern raised with the UCO was discussed with the manager and has been resolved. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling skills and management of medication. All 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:

- “They're great.”
- “Couldn't complain about the girls.”
- “All very good.”

Staff training records viewed for 2017/2018 confirmed that care workers had completed the required mandatory update training programme. The training plan for 2018 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users' care needs including, dementia awareness, stoma care and palliative care. Staff spoken with described the value of the additional training received in improving the quality of care they provided.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided information and



guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance. However this document must be updated with the name of their new Adult Safeguarding Champion. The agency's whistleblowing policy and procedure was found to be satisfactory.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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. No safeguarding reports had been received since their previous inspection.

The agency's registered premises include a range of offices and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training and adult safeguarding.

**Areas for improvement**

An area for improvement has been identified in relation to updating their adult safeguarding procedure with the name of their adult safeguarding champion.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

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

The agency's arrangements for appropriately assessing the needs of people who use the service were examined during the inspection.

The care plans reviewed by the inspector were up to date, and detailed the service users' needs and how they wished these to be met.

Service user records viewed in the agency office, included referral information received from the HSC trust. The referrals detailed the services being commissioned and relevant risk assessments. The care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.



The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing service user's care needs.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. New carers are usually introduced to the service users by a regular member of staff and have been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Medcom Personnel were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

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

- "Couldn't find any fault."
- "They're really nice."
- "I'm very happy with them."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users. It was noted that two care plans required to be updated and call times were not being consistently recorded in the agency's log sheets. The manager agreed to update the care plans in service user's home files immediately.

The manager evidenced that team meetings and individual supervisions had included staff guidance on record keeping and the importance of full and accurate records being maintained. The agency has implemented an auditing process where daily logs returned to the office are checked monthly and any issues identified are addressed with the relevant staff member.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure their needs were being met along with regular contacts by phone and during monitoring visits. The manager confirmed that they are usually invited to attend or contribute in writing to the HSC trust arranged care review meetings with service users/relatives. The records evidenced that an amendment form from the HSC trust detailing agreed changes to the original care plan had been provided.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

A staff member commented:

- "The communication from the office to staff has greatly improved with updates provided quickly when changes made."

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

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

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care.

There are processes in place to promote effective engagement with service users; they include the agency's quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Medcom Personnel. Examples of some of the comments made by service users or their relatives are listed below:

- "Can have a laugh with them."
- "Time to have a chat with us."
- "We have a good relationship."

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

- 'They were very dedicated and professional at all times. They brought great humour with them which xxx always enjoyed. Thank you.' (Thank you card from a late service user's family).
- 'During my care review, xxx (the service user) was very complimentary of the service provided.' (Email from a Trust social worker).

Staff spoken with during the inspection demonstrated appropriate knowledge regarding the delivery of compassionate care and described practices supporting individual service user’s wishes, dignity and respect.

One staff member commented during the inspection:

- “I love my job. I feel it is great that the same staff visit the same service users as we know their individual needs, likes and personalities and they trust us as well.”

**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. Discussions with staff 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
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

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

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance have been established and implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The registered provider has recently appointed a manager who has submitted an application to become the registered manager with RQIA and this is currently being processed. The manager is supported by two field coordinators, an administrator and a team of care workers to provide care services.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained in a paper format retained in the office and on an electronic system.

Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency’s staff personnel and service user records were retained securely and in an organised manner.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as quality monitoring, review meetings and the annual quality survey.

The inspector noted the variety of feedback received by the agency following their annual quality review in September 2017. The inspector noted that the information collated during the annual survey was shared with service users and staff between January and March 2018. The agency have commenced their annual review process for 2018, with a number of satisfaction surveys returned from service users and staff currently being collated and commissioner feedback requested.

Monthly quality monitoring reports had not been completed by the registered provider. These reports should evidence that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. The registered provider evidenced that monthly reports are submitted to the commissioning trust containing a variety of information. However she confirmed that monthly quality monitoring reports had not been completed consistently in line with minimum standards. This is an area for improvement and the registered provider is required to submit completed monthly monitoring reports to the inspector at RQIA until further notice as an assurance that quality monitoring is being maintained.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted a small number of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy and each matter had been resolved.

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. No concerns regarding the management of the agency were raised during the interviews.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training equips staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection include: effective communication, service user involvement, advocacy, equal care, and individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The agency has team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team.

A staff member commented during the inspection:

- "I believe that things have improved since the new manager started, communication is much better, staff feel listened to and involved in care planning and reviews now. Training has been great and some of the team are due to start a QCF course in October to learn more."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality reviews and maintaining good working relationships.

## Areas for improvement

Two areas for improvement were identified .The registered provider shall complete monthly quality monitoring reports. The registered provider must submit to RQIA, a copy of each monthly monitoring report for review, until further notice.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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, the registered provider and the manager as part of the inspection process. 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/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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23(2)(3)and (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 November 2018</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: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A Quality Survey was conducted in June/July 2018. A Report was compiled following the excise. This report aims to analyse our clients' insights and comments on our service performed in terms of service reliability and quality. Based on the feedback received, action plans and procedures have been set in place in order to keep satisfying our clients and exceeding their expectations. To do so, an administered questionnaire was sent to clients with prepaid envelopes. A covering letter attached to the questionnaire explained the objective of the survey while assuring the confidentiality of responses. The report has been send to the RQIA Inspector.</p>

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.1</p> <p><b>Stated:</b> First time</p>	<p>The registered provider shall update their Adult Safeguarding policy and procedure with the name of the safeguarding champion.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Adult Safeguarding policy was amended and a copy send to the</p>



<b>To be completed by:</b> 25 November 2018	RQIA Inspector.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.11  <b>Stated:</b> First time	The registered provider shall complete a monitoring report on a monthly basis. This report should summaries any views of service 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.  Ref: 6.7
<b>To be completed by:</b> 25 November 2018	<b>Response by registered person detailing the actions taken:</b> The monitoring report was done for September and October and send to the RQIA Inspector.

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



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