

Unannounced Care Inspection Report 30 June 2016



Medcom Personnel Ltd

Type of Service: Domiciliary Care Agency
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Tel No: 07476008973
Inspector: Caroline Rix

1.0 Summary

An unannounced inspection of Medcom Personnel Ltd took place on 30 June 2016 from 09.50 to 17.25 hours.

The inspection sought to examine the agency's recruitment arrangements, staff training and monitoring processes in light of some concerning information received by RQIA.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was not found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. However, the staff recruitment system was not found to be adequate. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust.

The following areas for quality improvement were identified:

- The registered provider must review the staff recruitment procedure, and ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.
- 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'.
- The registered provider should develop a policy and procedure on safeguarding children and young people (separate from their adult 'Safeguarding' Policy and Procedure).
- The registered provider should review their Whistleblowing Policy and Procedure to include details of how and to whom staff report concerns about poor practice.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring have been implemented since the service became operational in February 2016 in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

One area for quality improvement was identified. The responsible person is recommended to review their governance arrangements and systematically audit working practices to ensure they are consistent with their documented policies and procedures, and take action when necessary.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified during this inspection.

Is the service well led?

On the day of the inspection the agency was not found to be well led. Three areas for improvement were identified during the inspection. The registered provider is required to establish and maintain a system for evaluating the quality of the services provided. 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. The registered provider/manager is required to provide the RQIA registration department with details of the change to their registered premises address.

However, the management had supportive structures to guide staff. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Irene Mtisi, the registered provider/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. In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was held at RQIA offices on 6 July 2016 to discuss breaches in regulations and the nature of the service provision. At this meeting, the registered provider/manager provided a full account of the actions taken, and the arrangements made, to ensure the improvements necessary to achieve full compliance with the required regulations. RQIA considered the information provided as satisfactory.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization/registered provider: Medcom Personnel Ltd/Irene Mtisi	Registered manager: Medcom Personnel Ltd
Person in charge of the agency at the time of inspection: Irene Mtisi	Date manager registered: 28 August 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Intelligence received from our duty call system

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider/manager
- Examination of records
- File audits
- Evaluation and feedback

The registered provider/manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and they requested their return to RQIA. No staff questionnaires were returned to RQIA which was disappointing.

The inspector met with the registered provider/manager, Irene Mtisi, and examined the following records during the inspection:

- Five staff recruitment and induction records
- Staff training schedule and records
- Notification of incidents log for 2015/16
- Complaints records
- Communication records
- The agency's Statement of Purpose
- One service user's care plan and risk assessment
- Care review, quality monitoring visit records
- One service user daily log for May 2016
- Staff Handbook
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, restraint, recording, quality assurance, incident notification and complaints

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 26 August 2015 (pre-registration care inspection)

There were no requirements or recommendations made as a result of the pre-registration care inspection. The agency became operational from 27 February 2016 with services currently being commissioned by the Northern Health and Social Care Trust.

4.2 Is care safe?

The agency currently provides services to 19 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training.

The agency's policy and procedure on 'Recruitment' dated December 2015 was reviewed and not found to be fully in line with Regulation 13 Schedule 3. This procedure is required to be expanded to include a statement from the registered provider/manager confirming that each candidate was physically and mentally fit for the work he was to perform.

The information reviewed within a sample of four of the 13 staff personnel files indicated that full and satisfactory pre-employment information and documentation had not been received for three of the four staff records sampled. These records did not evidence that the registered manager had evaluated the pre-employment information received. Documentation viewed on the day of inspection relating to one care worker confirmed that a risk assessment and action plan had been carried out; however, this plan had not been followed by the registered provider/manager. This area was discussed with the registered provider/manager on the day of inspection, and subsequently at a meeting on 6 July 2016 at RQIA offices.

The registered provider/manager had delegated part of their staff recruitment practices to another person. However, the registered provider/manager should ensure a suitably skilled and experienced person conducts all domiciliary care worker interviews.

The inspector reviewed the induction training programme records completed with each of the four domiciliary care workers sampled. A competency assessment had been carried out for each new domiciliary care worker and subsequent supervision records maintained. The induction training records relating to the Healthcare Consultant were reviewed and found to have been completed in all areas except for the element of shadowing a suitably qualified and competent colleague. The registered provider/manager explained that the role of Healthcare Consultant was office based and this person would not be providing care to service users.

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Safeguarding' Policy and Procedure provided information and guidance; however, it did not reference 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'. This was discussed with the registered provider/manager who agreed to update the agency's policy and procedure in

line with the DHSSPSNI guidance document. This matter is included within the quality improvement plan to be addressed.

The area of child protection was included within their 'Safeguarding' policy and procedure and is recommended to be developed into a separate policy and procedure.

The agency's 'Whistleblowing' policy and procedure was reviewed and found to contain some guidance for staff. The registered provider/manager is recommended to expand their procedure to include details of how and to whom staff report concerns about poor practice.

The agency's registered premises included 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

Five areas for improvement were identified during the inspection:

- The registered provider must expand the staff recruitment procedure.
- The registered provider must ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.
- 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'.
- The registered provider should develop a policy and procedure on safeguarding children and young people (separate from their adult 'Safeguarding' policy and procedure).
- The registered provider should expand their 'Whistleblowing' policy and procedure to include details of how and to whom staff report concerns about poor practice.

Number of requirements	2	Number of recommendations:	3
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4.3 Is care effective?

Information by RQIA prior to this inspection included a report of a service user being hoisted without dignity. Records were viewed by the inspector within the complaints record and found that this matter had been appropriately managed and action had been taken with the relevant staff.

The staff training records for four of the 13 domiciliary care workers currently employed by Medcom Personnel Ltd were reviewed during inspection. These records evidenced that each had completed an induction training programme which included manual handling and competency assessments signed off as satisfactory by the registered provider/manager.

These files also contained detailed records of staff supervisions and spot checks with no practice issues identified.

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed completed daily log records returned from a service user's home. These records found care workers were not

completing their full signature at each entry; however, records did not evidence that this area had not been audited by the registered provider/manager and identified as a practice issue to be addressed. The registered provider/manager is recommended to develop a system to ensure working practices are consistently being maintained.

Areas for improvement

One area for improvement was identified during the inspection:

- The registered provider 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.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care compassionate?

Views of service users and relatives are sought through home visits and phone calls. One service user's record viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referral detailed the service being commissioned and relevant risk assessments. The agency care plans and risk assessment completed by the registered provider/manager during the initial service visit contained evidence that service user and relatives' views had been obtained, and where possible, incorporated.

The service user record evidenced that the agency carried out a monitoring visit with the service user to obtain feedback on services provided. The service user file also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in an amended care plan.

Areas for improvement

No areas for improvement in relation to compassionate care were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. The registered provider/manager informed RQIA during a meeting on 6 July 2016 of a change to their registered premises address. However, the required written notification had not been submitted to RQIA prior to their office relocation. The registered provider/manager is required to provide the RQIA registration department with details of the change to their registered premises address.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. The agency's complaints procedure was viewed within the Service Users' Guide, and is recommended to be expanded. The registered provider/manager should provide service users with advice on the role and contact details of the Northern Ireland Public Services Ombudsman.

The complaints log was viewed for the period 1 March 2016 to inspection date 30 June 2016 with a range of complaints recorded. The inspector reviewed each of the five complaints records which supported appropriate management and review, and in three cases were resolved to the complainant's satisfaction. Two records indicated that these complaints had not been resolved and services had been moved to another provider.

The agency's 'Quality Assurance' policy and procedure was reviewed which included details of the various processes in place to ascertain and respond to the views of service users and/or their representatives. The agency has been operational for three months; records of service user quality monitoring were reviewed in relation to one service user visit and the agency's complaints log. The quality monitoring process was discussed with the registered provider/manager, and it was agreed that the monthly quality monitoring reports of services provided is carried out by a person not involved in the day to day running of the service. The auditing of staff recruitment records and recording practice on service users' daily logs had not been effective, as identified by the inspector. The registered provider/manager must establish and maintain a system of evaluating the quality of services provided.

The agency's policy and procedure on 'Supervision and Staff Support' was reviewed which was found to be in line with minimum standards. Records viewed within three of the four domiciliary care worker files confirmed that supervision and spot checks had been carried out by the registered provider/manager. The fourth domiciliary care worker had commenced employment within the last month and was in the process of completing the induction programme; therefore, on-going supervision records had not yet been completed.

The agency's Staff Handbook was reviewed, which contained a variety of relevant policies, procedures and guidance documents for domiciliary care workers. The agency's policy and procedure manuals were viewed in the agency office. Staff files reviewed contained evidence that they had each been provided with a copy of the Staff Handbook as part of their induction programme.

Areas for improvement

Three areas area for improvement were identified during the inspection:

- The registered provider is required to give notice in writing of the registered premises' change of address.
- The registered provider is required to establish and maintain a system for evaluating the quality of the services provided.
- 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.

Number of requirements	2	Number of recommendations:	1
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5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of

the registered provider to ensure that all requirements and recommendations contained 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 your premises. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 13</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</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>Response by registered provider detailing the actions taken: All new candidates are requested to complete a medical questionnaire form which is part of the staff recruitment process. The form is completed before the interview and The Registered Manager will go through the form and make an assessment as to the suitability of the candidates to work.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (c) and (d)</p> <p>Stated: First time</p> <p>To be completed by: immediately and on-going</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>Response by registered provider detailing the actions taken: All Carers who had not completed the medical questionnaire have done so. As part of our recruitment policy all new candidates are requested to complete the medical questionnaire.</p>
<p>Requirement 3</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</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>Response by registered provider detailing the actions taken: Audit Tasks done by Medcom Personnel:</p> <ul style="list-style-type: none"> - We carry out the following Audits: - Monthly Care Plan Audits - Monthly Medication Audits - Staff Supervision- at least 4 times a year for each staff member (these are ongoing according to the period the Carer has been with the company). - Staff Quality survey- once a year and did one in June - Quality Assurance Survey for all Service Users- twice a year (June & December) We carried out the first one in June. - Complaints Audits – Monthly- Quarterly-Yearly. - Accidents/Incidents Audits- Yearly. - The Team Leader and Registered Manager have made personal visits to clients to have an idea how the care provided is going on?

<p>Requirement 4</p> <p>Ref: Regulation 28 (e)(i)</p> <p>Stated: First time</p> <p>To be completed by: immediately</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>Response by registered provider detailing the actions taken: Application For Variation Of Registration form (change of address) has been completed and posted.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 8.19</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</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>Response by registered provider detailing the actions taken: The policy has been updated.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<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>Response by registered provider detailing the actions taken: The document has been updated and will be amended annually/ as and when there are additional changes.</p>
<p>Recommendation 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<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>Response by registered provider detailing the actions taken: The policy has been developed and will be amended annually/ as and when there are additional changes.</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: The organisation continues to follow the Induction 3 days training to meet the standards of NISCC. Every Carer is shadowed by a senior Carer before they are allowed to work alone. Supervision is an ongoing process and to meet the requirements of the Health and Social Care- at least 4 supervisions are conducted for each Carer per year. This exercise is currently being conducted by the Registered Manager.</p>

	<p>In between spot checks are also conducted by the Registered Manager and Team leaders (they have received training to carry out such task)</p> <p>Disciplinary Policy- this is given to all Carers and part of the key policies to all new Carers. During Induction the procedure is also explained at length.</p> <p>Emphasis is put across that any breach of the company policies will result is a warning or dismissal depending on the nature of the offence.</p>
<p>Recommendation 5</p> <p>Ref: Standard 15.6</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</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>Response by registered provider detailing the actions taken: The policy has been updated to include details of Northern Ireland Public Services Ombudsman</p>

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