

Inspection Report

07 March 2023



Medcom Personnel Ltd

Type of service: Domiciliary Care Agency
Address: 10 Cheston Street, Carrickfergus, Co. Antrim, BT38 7BH
Telephone number: 028 9433 8838

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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

2.0 Inspection summary

An unannounced inspection took place on 07 March 2023 between 10.30 a.m. and 17.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, and whistleblowing was also examined.

Concerns were identified in relation to safeguarding records, quality of the Service User Guide, Statement of Purpose and Monthly Monitoring Reports and the absence of an annual quality report. These deficits had the potential to impact negatively on service users.

As a consequence, a serious concerns meeting was held on 24 March 2023 in RQIA offices to discuss the inspection findings and seek assurances that a robust action plan was in place to address the deficits identified. The meeting was attended by Irene Mtisi, Responsible Individual, and Ashley Campbell, Regional Manager.

Areas for improvement identified were in relation to availability of records for inspection, quality monitoring reports and the completion of the Annual Quality Report.

There was evidence of good practice found throughout the inspection in relation to staff supervision and training.

Those consulted with spoke positively of the care and support provided. The feedback received from service users and their representatives indicated that they had been treated with respect and dignity.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Carers are all very nice."
- "Very happy with the service."
- "I could not fault the staff."
- "Carers always on time."
- "Carers are brilliant."

Service users' relatives'/representatives' comments:

- "My dad is very happy with the carers."
- "Family all happy with care."
- "Carers are brilliant and very professional - no issues."

HSC Trust representatives' comments:

"My client finds all the carers very pleasant and helpful."

13 staff members responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "I enjoy working for Medcom we have a great team and we all give 100% in our roles. We receive great support from management."
- "The management team is well organised and professional. They put the clients and employees at heart."
- "They have an open door policy which makes it easy for staff to be comfortable to put across any issues through."
- "I really enjoy my job as I have a great work life balance, I also have a fantastic management team who are very supportive."

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 14 December 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 14 December 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1)(c) Stated: First time	The registered person shall ensure that records are at all times available for inspection at the agency premises; these records should include, but are not limited to, personnel records of all staff. Ref: 5.2.1	Not met

	<p>Action taken as confirmed during the inspection: Personnel record was not available for the person referred to in the previous report. Records for safeguarding position were not available on the day of inspection</p>	
<p>Area for Improvement 2</p> <p>Ref: Regulation 21 (1)(c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the personnel records pertaining to international staff are at all times available for inspection at the agency premises; this relates particularly to staff compliance, upon entry into the UK, with any Covid-19 Regulations which may be in effect at the time of entry, namely, evidence of vaccination status, negative Covid-19 tests and any required quarantine period.</p> <p>Ref: 5.2.1</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that records for international staff were available for inspection.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (5)(a)(b)(i)</p> <p>Stated: First time</p>	<p>The registered person shall review the current staff induction programme to ensure that it is appropriately structured and lasting a minimum of three full working days. During the induction training the new worker must not be supplied to a service user unless accompanied by another domiciliary care worker who is suitably qualified, competent and experienced.</p> <p>Ref: 5.2.1</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the current staff induction programme was appropriately structured and lasting at least 3 working days and included shadowing by another suitably experienced domiciliary worker.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (5)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff, including those who have been appointed to more senior roles and relief staff, receive an appropriate induction and records of the induction programme are retained.</p> <p>Ref: 5.2.1</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed evidence was available and up to date at the time of inspection of induction for staff member appointed to more senior roles.</p>	<p style="text-align: center;">Met</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: First time</p>		<p>The registered person shall ensure that staff training records are available for inspection.</p> <p>Ref: 5.2.1</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed training records were available and up to date at the time of inspection.</p>	<p>Area for improvement 6</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: First time</p>	
<p>The registered person shall further review the staff training programme to ensure that each employee of the agency receives training which is appropriate to the work they are to undertake; content of all training must be retained, including the content of training provided from external sources.</p> <p>Ref: 5.2.1</p>	<p style="text-align: center;">Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed content of all training was retained.</p>		

<p>Area for improvement 7</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of training in the use of specialised equipment, for example over-head hoists, are retained and made available for inspection.</p> <p>Ref: 5.2.1</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed training records for specialised equipment were available and up to date at the time of inspection.</p>		
<p>Area for improvement 8</p> <p>Ref: Regulation 16 (1)(a)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that staff recruitment, induction and training is completed in a manner that can be safely supported within the existing staff team; consideration should be given to staggered approach to starting new staff, to ensure they are inducted and trained appropriately.</p> <p>Ref: 5.2.2</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed a staggered approach to the induction of new staff was evident.</p>		
<p>Area for improvement 9</p> <p>Ref: Regulation 21 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff rotas detail the supply of all domiciliary care workers to service users; including new staff who are shadowing and relief staff.</p> <p>Ref: 5.2.2</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed staff rotas were available and up to date at the time of inspection.</p>		
<p>Area for improvement 10</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure a robust system of auditing is in place in respect of staffing rotas, specifically that signatures on the staffing rotas match the signatures in the daily care records; and that the daily records signed by care staff are accurately signed.</p> <p>Ref: 5.2.2</p>	<p style="text-align: center;">Met</p>

	<p>Action taken as confirmed during the inspection: Inspector confirmed that there is a robust system in place that has replaced the former system, which will limit the possibility of staffing rotas being changed.</p>	
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5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was not available for review. An up to date training certificate for the ASC was not available on the date of inspection. These documents were made available at the serious concerns meeting.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The personnel file that was not available for a specific staff member on the last inspection was also not available during this inspection. The area for improvement will be restated for a second time.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, at least three-day induction programme which also included shadowing of a more experienced staff member.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was a lack of recording of engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The monthly monitoring reports did not contain any details relating to missed calls and did not refer to the ongoing Quality Improvement Plan. An area for improvement has been identified in relation to this finding.

The Annual Quality Report was not available for review. An area for improvement has been identified in relation to this finding.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

The Statement of Purpose and Service User Guide contained inaccurate details, lacked sufficient detail and were in part, unsuited to the provision of service within Northern Ireland. These documents were amended and approved following the serious concerns meeting.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Inspection Outcome

Enforcement action resulted from the findings of this inspection. The evidence seen during the inspection in relation to manager presence, safeguarding records, quality of Service User Guide, Statement of Purpose and Monthly Monitoring Reports and the absence of an annual quality report, were below the standard expected. The registered person was invited to attend a meeting in RQIA on 24 March 2023 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, the senior management team provided an action plan and details of the completed/planned actions to drive improvement and ensure that the concerns raised at the inspection were addressed. Following the meeting RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the registered person that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

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

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

Three areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	2*	1

* the total number of areas for improvement includes one that has been stated for a second time.

The areas for improvement and details of the QIP were discussed with Ms Ashley Campbell, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1)(c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that records are at all times available for inspection at the agency premises; these records should include, but are not limited to, personnel records of all staff.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Records are available for all staff employed by Medcom Personnel in Northern Ireland. Person in question Operations Director has completed a personnel file and completed Access NI</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1)(3)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall maintain a system for reviewing the quality of services which will provide for consultation with service users and persons acting on their behalf.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Monthly monitoring arrangements continue to be sufficiently robust and drive any necessary improvements as and when required. Since the inspection of 7th March monthly monitoring reports are now very detailed and contain all of the required information i.e. feedback from service users, relatives and staff; summary of comments from professionals; reference is made to those areas for improvement identified by RQIA during the last inspection; action plans are in place so as to address areas for improvement in an effective and sustained manner so as to identify shortfalls and drive necessary improvements</p>

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<p>Area for improvement 3</p> <p>Ref: Standard 10.3</p> <p>Stated: First time</p>	<p>Reports summarising comments made by people who use the service and the action taken by the agency are made available.</p> <p>Ref: 5.2.6</p>
<p>To be completed by: Immediately from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>A more detailed comprehensive report summarising views and comments by service users was completed in March 2023 from The annual quality survey which was carried out with service users in October 2022. This report is now available and has been sent to RQIA.</p>



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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