

Unannounced Care Inspection Report 11 August 2020



Medcom Personnel Ltd

Type of service: Domiciliary Care Agency

Address: 12 Market Square, Antrim.

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Inspector: Michele Kelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Medcom Personnel Ltd is a domiciliary care agency based in Antrim which provides personal care, practical and social support and sitting services to 103 people living in their own homes. Service users have a range of needs including physical disabilities, learning disabilities, dementia and palliative care.

3.0 Service details

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|--|---|
| <p>Organisation/Registered Provider: Medcom Personnel Ltd</p> | <p>Registered Manager: Irene Mtisi (pending)</p> |
| <p>Responsible Person Irene Mtisi</p> | |

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| Person in charge at the time of inspection: Deputy Manager | Date manager registered: (Pending) |
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4.0 Inspection summary

An unannounced inspection took place on 11 August 2020 from 10.10 to 15.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence received from the:

- agency

Since the last inspection on 27 September 2018 correspondence has included:

- monthly monitoring reports
- notifications
- incident notifications
- variations

Following review of this information, the inspector identified that the information suggested challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an unannounced inspection of the service. To reduce any risk this inspection was carried out using a:

- on-site inspection approach

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and 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.

Concerns were identified in relation to areas of the recruitment process and the monthly quality monitoring processes in accordance with Regulation 13 and Regulation 23.

As a consequence, a meeting was held by teleconference on 27 August 2020 to discuss the inspection findings and to seek assurances that a robust action plan was in place to address the deficits identified. The meeting was attended by Irene Mtisi, responsible person. Mrs Mtisi's application for registered manager is also pending awaiting the submission of some documents.

Areas for improvement were also identified in relation to the agency's complaints management and infection prevention and control policy and procedures.

Evidence of good practice was found in relation to the process for ensuring that Access NI checks were undertaken, before staff commenced employment.

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 | 2 | 2 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Irene Mtisi, responsible person, 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.

The evidence viewed during the inspection in relation to the recruitment processes and monthly quality monitoring raised concerns that the governance and management arrangements were not effective and were below the standard required. The responsible person was invited to attend a teleconference meeting with RQIA on 27 August 2020 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, Mrs Mtisi provided details of the completed and planned actions required to drive improvement and ensure that the concerns raised at the inspection were addressed. Mrs Mtisi also discussed her ongoing application as registered manager and agreed to ensure that outstanding matters would be progressed. At the conclusion of the meeting RQIA agreed that the responsible person had provided sufficient assurances that improvements had been instigated. We advised the responsible person that a further inspection may 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.

Service user comments:

- “I am happy with the service.”
- “They are very helpful.”
- “I couldn’t say a word about them they are good.”

Staff comments:

- “I believe the infection control precautions are sufficient.”
- “Managers are supportive.”
- “There is always a good support from management.”

Relative comments:

- “They are doing as much as they can to minimise cross infection.”
- “Timing was an issue in the past but not now.”
- “Definitely a good service, 100%.”

Professional representative comments:

- “I would consider Medcom to be a very professional company with regards to the standard of care they provide & their communication with myself.”
- “My clients have reported that the staff are always very friendly towards them.”
- “I have also found they are very quick to report concerns /issues to myself should they arise.”

4.2 Action/enforcement taken following the most recent care inspection dated 27 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 September 2018.

5.0 How we inspect

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

The inspector ensured that the appropriate staff checks were in place before staff visited service users. The following records were reviewed:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives. No responses were returned prior to the issue of the report.

During and following the inspection the inspector communicated with two service users, two staff, two visiting professionals and two service users' relatives,' visitors.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, or not met.

The inspector would like to thank the responsible person, deputy manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the responsible person and deputy manager at the conclusion of the inspection.

6.0 Review of areas for improvement from the last care inspection dated 27 September 2018

| 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 |
| <p>Area for improvement 1</p> <p>Ref: Regulation 23(2)(3)and (4)</p> <p>Stated: First time</p> <p>To be completed by: 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</p> | <p>Not met</p> |

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|---|---|---------------------------------|
| | <p>to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> | |
| | <p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that the last monthly monitoring visit had been completed in January 2020. There had been no monitoring visits since then.</p> <p>This matter will be stated for the second time.</p> | |
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2018</p> | <p>The registered provider shall update their Adult Safeguarding policy and procedure with the name of the safeguarding champion.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>The Adult Safeguarding policy and procedure has been updated with the name of the safeguarding champion.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2018</p> | <p>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.</p> | Not Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>There were no reports completed since January 2020 when the last monitoring visit was undertaken. This matter will be restated for the second time.</p> | |

6.1 Inspection findings

Recruitment records:

The inspector reviewed four staff recruitment files and noted that the application form only allowed for the last three years employment history to be outlined by applicants, meaning full employment histories were not always captured. On one file examined there was a gap noted and no explanation provided in the form or interview notes to substantiate where or if the staff member had been employed or unemployed during this period. The other three files reviewed did not contain gaps in employment. Recruitment practices had been identified as an area of improvement at inspections on 30 June 2016 and again on 22 November 2017. This matter was discussed during a serious concerns meeting on 27 August 2020 and assurances provided that an audit of recruitment files was underway. In addition evidence was provided since inspection that the application form has been amended to ensure full employment histories are captured. This matter will be restated as an area for improvement.

The inspector noted checks are undertaken in accordance with Regulation 13 and Schedule 3 and Standard 11 in respect of Access NI. A system is also in place to ensure all staff are registered with the Northern Ireland Social Care Council (NISCC) and that registration of each staff member is maintained.

Quality Monitoring

The inspector noted that no reports of monthly monitoring were available since January 2020. Ms Mtisi confirmed by telephone on the day of inspection she had been out of the country since March 2020 as a result of the pandemic. This matter was also identified as an area for improvement at previous inspections on 30 June 2016 and 27 September 2018. RQIA was concerned that Medcom Personnel Ltd is not regularly monitoring the systems in place to ensure that they are operating safely and effectively and checking if there are any areas that require improvement. This matter was also discussed at the serious concerns meeting on 27 August 2020 where Ms Mtisi provided a full account of the actions taken and planned to ensure the minimum required improvements necessary to achieve compliance with the regulations identified. At the request of the inspector Ms Mtisi also submitted by email a Regulation 23 report for August 2020; advice has been provided to Ms Mtisi regarding the detail required on such reports and this matter has been outlined as an area for improvement.

The inspector also identified that two complaints were received by the agency but not logged appropriately. The inspector was concerned that there was a lack of oversight in respect of this matter and the absence of monthly monitoring over the time of the complaints being made contributed to this. This matter has also been stated as an area for improvement.

Areas of good practice

Evidence of good practice was found in relation to the process for ensuring that Access NI checks were undertaken before staff commenced employment.

Areas for improvement

Areas for improvement were identified in relation to areas of the recruitment process, complaints management and the monthly quality monitoring processes in accordance with Regulation 13, Standard 15 and Regulation 23.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 2 |

Covid-19:

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff spoken to on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The agency's policy in respect of infection prevention and control had not been updated to include Covid -19 procedures. This matter has since been actioned and an updated policy has been received by the inspector. Covid -19 procedures have also been added to the agency's service user guide and statement of purpose.

The deputy manager explained to the inspector on the day of inspection that monitoring of staff practices took place when observing and doing spot checks with staff during shifts.

The deputy manager and staff spoken to advised the inspector that information was disseminated to staff via a variety of methods including electronic messaging and word of mouth. The inspector discussed concerns regarding the lack of robust evidence that all staff had been fully appraised and trained in respect of their responsibilities regarding Covid-19. During the meeting on 27 August 2020 and via email Ms Mtisi confirmed that all staff had attended updates in respect of Infection prevention and control since the inspection on 11 August 2020. These matters will be reviewed again at the next inspection.

Areas for improvement

Areas for improvement were identified during the inspection in relation to Infection Prevention and Control policy and Covid-19 procedures dissemination. These areas have been actioned by the responsible person.

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

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, responsible person and the deputy 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 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>Area for improvement 1</p> <p>Ref: Regulation 23(2)(3)and (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p> | <p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and 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: 6.1</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The monthly Monitoring reports has been commenced aagain for August 2020 has been submitted to the Inspector.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (a) (d)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(a)he is of integrity and good character;</p> <p>(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically but not exclusively to, gaps in employment being explored; recording of full employment histories.</p> <p>Ref:6.1</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Carers application has been amended to full history and an Audit took kit has been implemented, inorder to audit staff files.</p> |

| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | |
|---|--|
| Area for improvement 1 Ref: Standard 8.11 Stated: Second time To be completed by: Immediate and ongoing | 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: 6.1 |
| | Response by registered person detailing the actions taken: The Monthly Monitoring Reports have been submitted to RQIA since August 2020. |
| Area for improvement 2 Ref: Standard 15.10 Stated: First time To be completed by: Immediate and ongoing | The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any communications and actions taken Ref: 6.1 |
| | Response by registered person detailing the actions taken: There is a complaint process according to our policy and every complaint has to be log in and actioned according to our policy and procedure. Every office staff has been reminded to log in every complaint and the manager will action. |

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



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