

Inspection Report

18 May 2023



Medcom Personnel

Type of service: Domiciliary Care Agency
Address: 10 Cheston Street, Carrickfergus, Co. Antrim, BT38 7BH
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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: 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 18 May 2023 between 9.15 a.m. and 11.00 a.m. The inspection was conducted by a care inspector.

RQIA held a Serious Concerns meeting on 24 March 2023 in relation to the presence of the manager, safeguarding, review of Statement of Purpose and Service User Guides, the annual report of feedback from service users, the quality monitoring reports and the absence of a specified personnel file. The agency was able to provide assurance at the Serious Concerns meeting that actions were taken to address the concerns and to prevent reoccurrence.

This inspection was a focused inspection to ensure compliance and focused solely on the areas of concern discussed at the Serious Concerns Meeting.

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 the 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.

4.0 What did people tell us about the service?

Due to the inspection being a focused, follow up inspection, staff and service users were not contacted for feedback.

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 7 March 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

RQIA held a Serious Concerns meeting on 24 March 2023 in relation to the findings of the previous inspection, which were related to the presence of the manager, safeguarding, review of Statement of Purpose and Service User Guides, the Annual Report of feedback from service users, the absence of a specified personnel file and the quality monitoring reports.

Areas for improvement from the last inspection on 7 March 2023		
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: Second time To be completed by:	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	Met

Immediately from the date of inspection	Action taken as confirmed during the inspection: Inspector confirmed personnel file of specified staff member was available for review	
Area for improvement 2 Ref: Regulation 20 (1)(3) Stated: First time To be completed by: Immediately from the date of inspection	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. Ref: 5.2.6 Action taken as confirmed during the inspection: Quality monitoring reports viewed at inspection were robust.	Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 10.3 Stated: First time To be completed by: Immediately from the date of inspection	Reports summarising comments made by people who use the service and the action taken by the agency are made available. Ref: 5.2.6 Action taken as confirmed during the inspection: Annual report viewed which contained feedback from service users and their representatives and the actions taken by the agency is robust.	Met

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 reviewed and found to be satisfactory. Certificates for ASC training were available and up-to-date.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

5.2.2 What are the arrangements for promoting service user involvement?

A report was available that contained feedback on the service from service users and their representatives. This report detailed the response from the agency to the comments.

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

The requested personnel file for a named staff member was available for review. This file contained evidence that AccessNI checks were completed.

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 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.

A monitoring log of the manager's presence in the office was established. The maintenance of this log will be reviewed in future inspections.

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

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ashley Campbell, Regional Manager, as part of the inspection process and can be found in the main body of the report.



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