

# Unannounced Care Inspection Report

## 02 June 2016



## Compass Agencies Ltd

**Type of Service: Domiciliary Care Agency - Conventional**

**Address: 49 Cregagh Road, Belfast, BT6 8PX**

**Tel No: 02890457002**

**Inspector: Amanda Jackson**

## 1.0 Summary

An unannounced inspection of Compass Agencies Ltd took place on 02 June 2016 from 11:45 to 15:00.

The focus of the inspection was to review recruitment and induction practices within the agency based on information provided to RQIA by the Belfast Health and Social Care Trust (BHSCT).

This inspection was underpinned by Domiciliary Care Agencies Regulations (Northern Ireland) 2007, and the Domiciliary Care Agencies Minimum Standards, 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	3

Details of the Quality Improvement Plan QIP within this report were discussed with Miss Joanne Kelly registered person and Mrs Leeann Wood registered 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. However the registered person was requested to submit an action plan by 15 June 2016 outlining immediate actions taken to ensure staff recruitment and induction was brought into compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, and the Domiciliary Care Agencies Minimum Standards, 2011.

Submission of the required action plan presented a clear outline of the actions being taken by the agency in reviewing current staff files regarding recruitment and induction training undertaken. Where shortcomings have been identified the action plan stated the steps the agency are taking to bring all staff records into compliance. This includes requesting written references and staff retraining as necessary. Review of the action plan and associated documents provided assurances to RQIA that the agency were proactively addressing the matters reviewed during inspection. A further inspection of the agency will take place during the 2016-17 inspection year to ensure compliance has been maintained.

## 1.2 Actions/enforcement taken following the most recent pre-registration inspection on 01 June 2015

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

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Compass Agencies Ltd/Miss Joanne Kelly	<b>Registered manager:</b> Mrs Leeann Wood
<b>Person in charge of the home at the time of inspection:</b> Miss Joanne Kelly and Mrs Leeann Wood	<b>Date manager registered:</b> 29 June 2015

## 3.0 Methods/processes

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

Prior to inspection the inspector analysed the following records:

- Information/communication received from BHSCT.

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

- Discussion with the agency registered person and manager
- Examination of records
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Eight staff recruitment and induction records

## 4.0 The inspection

### Staff recruitment records

Review of eight staff recruitment records during inspection evidenced a range of areas which were found not to be in compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Regulation 13, Schedule 3 requires the agency to obtain, review and retain information relating to staff members fitness to practice as a domiciliary care worker. The following matters were reviewed as requiring improvement.

- **Proof of identity, including a recent photograph.**  
One staff file had no evidence of photographic identification.

- **Two written references, relating to the person, including a reference from the person's present or most recent employer.**

Evidence reviewed during inspection supported that two references had been sought for staff members however these references had been sought via telephone and recorded on a reference template. The agency had not obtained written references from referees and confirmed on the inspection day that a procedure for obtaining telephone references has been the agency practice.

One staff record evidenced a reference obtained one day after the staff member had commenced employment.

- **A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency.**

Review of one staff record evidenced variations in the dates of employment stated by the applicant and those stated by the referee. The agency had not retained records to confirm this matter had been explored during interview. A second staff record evidenced gaps in employment which had not been reviewed during interview.

- **A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.**
- Review of all eight record evidenced this process had not been implemented by the agency. This was confirmed by the registered person during inspection.

Review of staff records further highlighted one area not in compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

- **Where appropriate, a valid driving licence and insurance cover for business use of car is confirmed.**

Review of one staff file evidenced a drivers licence record had not been obtained.

### Areas for improvement

The agency has been required to review staff recruitment procedures in accordance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, Regulation 13, Schedule 3 and the Domiciliary Care Agencies Minimum Standards, 2011, Standard 11.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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### Staff Induction and training records

Review of eight staff induction and training records during inspection evidenced a range of areas which were found not to be in compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, Regulation 21(1) and Schedule 4.

- **Where the agency is acting otherwise as an employment agency, details of the training undertaken by all employees including, where applicable, induction training.**

Review of all eight records supported a one or two day induction process including company introduction and mandatory training areas. The third day of induction which includes staff shadowing on a rota under the direction of a senior staff member was not available for review during inspection. The registered manager provided for the inspector a

template which has recently been developed for this purpose. Assurances were provided during inspection that implementation of this process for all new staff would take place with immediate effect.

Review of staff records further highlighted one area not in compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

- **Staff are trained for their roles and responsibilities.**

Staff training records reviewed were found to contain minimum detail in accordance with standard 12.7 and 12.9. Records regarding dates were held however supporting training materials, certificates of completion and staff competency sign off were not currently maintained by the agency.

## Areas for improvement

The agency has been required to review staff induction and training procedures in accordance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, 21(1) and Schedule 4 and the Domiciliary Care Agencies Minimum Standards, 2011, Standard 12.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Joanne Kelly , registered person and Mrs Leeann Wood, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 the 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 person/s 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 person(s) may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



Quality Improvement Plan	
Statutory requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13, Schedule 3  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect from the date of inspection	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p><b>Response by registered person detailing the actions taken:</b>            An audit of staff files were completed and updated in respect of Regulation 13, Schedule 3.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 21(1), Schedule 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect from the date of inspection	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <ul style="list-style-type: none"> <li>(a) kept up to date, in good order and in a secure manner;</li> <li>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</li> <li>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</li> </ul> <p><b>Response by registered person detailing the actions taken:</b>            All relevant records specified in schedule 4 have been completed and stored in individual staff files.</p>

<b>Recommendations</b>	
<b>Recommendation 1</b>  Ref: Standard 11.2  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect from the date of inspection	The registered person is recommended to ensure all matters relating to standard 11.2 are complete before making an offer of employment.
	<b>Response by registered person detailing the actions taken:</b> All matters relating to standard 11.2 have been revised, ammended and implemented.
<b>Recommendation 2</b>  Ref: Standard 12.7  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect from the date of inspection	The registered person is recommended to ensure a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes: <ul style="list-style-type: none"> <li>• the names and signatures of those attending the training event;</li> <li>• the date(s) of the training;</li> <li>• the name and qualification of the trainer or the training agency; and</li> <li>• content of the training programme.</li> </ul>
	<b>Response by registered person detailing the actions taken:</b> All staff training files were revised to ensure compliance.



<b>Recommendation 3</b>  <b>Ref:</b> Standard 12.9  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect from the date of inspection	The effects of training on practice and procedures is evaluated as part of quality improvement.  <b>Response by registered person detailing the actions taken:</b> All relevant competencies were carried out and evaluations completed.
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Registered manager completing QIP	J. Kelly	Date completed	20/7/16
Registered person approving QIP	J. Kelly	Date approved	20/7/16
RQIA inspector assessing response		Date approved	

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