

# Unannounced Care Enforcement Inspection Report 28 July 2020



## Top Class Healthcare

**Type of Service: Domiciliary Care Agency**  
**Address: 1A Bridge Street, Kilkeel, Newry, Co. Down, BT34 4AD**  
**Tel No: 028 4176 1100**  
**Inspectors: Angela Graham and Jim McBride**

[www.rqia.org.uk](http://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

Top Class Healthcare is a domiciliary care agency providing care to three individuals within their own homes within the local area of Kilkeel and Newcastle. Services provided include personal care, meal provision and night sits. All packages of care are commissioned by the Southern Health and Social Care Trust (SHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Top Class Healthcare Ltd  <b>Responsible Individual:</b> Acknowledge Ngwena	<b>Registered Manager:</b> Acknowledge Ngwena
<b>Person in charge at the time of inspection:</b> Acknowledge Ngwena	<b>Date manager registered:</b> 12 March 2019

### 4.0 Inspection summary

An unannounced inspection took place on 28 July 2020 from 9.20 to 12.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to assess the level of compliance achieved in relation to five Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulation were in relation to Regulation 11(1), Regulation 13(a) and (d), Regulation 14(a), (b), (d) and (e), Regulation 21(a) and (c) and Regulation 23 which refer to recruitment, monthly quality monitoring reports, lack of oversight of the responsible individual in to the operation of the agency, the quality of care being delivered to service users, complaints management and the completion and storage of service users' information. The responsible individual lacked oversight into the governance and operation of the agency. The date of compliance with the notice was 27 July 2020.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000096 issued on 15 June 2020  
 FTC ref: FTC000097 issued on 15 June 2020  
 FTC ref: FTC000098 issued on 15 June 2020  
 FTC ref: FTC000099 issued on 15 June 2020  
 FTC ref: FTC000100 issued on 15 June 2020

Evidence was available to validate compliance with the Failure to Comply Notices FTC000096, FTC000098 and FTC000099.

Evidence was not available to validate compliance with the Failure to Comply Notices FTC000097 and FTC000100. However, there was evidence of some improvement and progress made to address the required actions within the notices.

Following the inspection, RQIA senior management held a meeting on 31 July 2020 and a decision was made to extend the compliance for these Notices should be further extended. Compliance with the notices must therefore be achieved by 24 August 2020.

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
<b>Total number of areas for improvement</b>	4	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Acknowledge Ngwena, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action resulted from the findings of this inspection.

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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The requirements as indicated in the failure to comply notices FTC Ref: FTC000096, FTC000097, FTC000098, FTC000099 and FTC000100 .
- All correspondence or information received by RQIA since the previous inspection.
- Returned QIP from the inspection dated 1 June 2020.

During the inspection the inspectors met with the registered person and the administrative officer.

The following records were examined during the inspection:

- complaints records
- four staff recruitment files
- three care records
- one monthly quality monitoring report
- a number of quality assurance audits

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 1 June 2020**

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 1 June 2020**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 11(1)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>This relates to the responsible individual having an oversight into the operation of the agency and maintains a monitoring system to ensure all procedures are followed to ensure the safety of the service users.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors were satisfied following review of quality assurance records that the registered person had implemented robust quality monitoring and governance systems.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(a) and (d)</p> <p><b>Stated:</b> First time</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>	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of four staff records confirmed the availability of requisite information as specified in Schedule 3 for each of the staff listed as available for supply within the agency. No new staff had been recruited since the last inspection.</p> <p>Discussion with registered person confirmed that staff involved in the recruitment process had not received training or refresher training in recruitment and selection.</p> <p>This area for improvement is discussed further under section 6.3.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14(a), (b), (d) and (e)</p> <p><b>Stated:</b> First time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors discussed this area for improvement with the registered person. The registered person confirmed that a robust recruitment process had been implemented. The registered person further confirmed that all staff recruitment files had been audited following the previous inspection to ensure the information retained was in line statutory legalisation and regulations and standards.</p> <p>On the day of inspection all records were maintained and stored in line with statutory legalisation and the General Data Protection Regulation (GDPR).</p>	<p><b>Met</b></p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21(a) and (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>On the day of inspection all records were maintained and stored in line with statutory legislation and the General Data Protection Regulation (GDPR).</p> <p>Records were available for inspection as outlined in Schedule 4.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 23(1), (2)(a), (b)(i) (ii), (c), (3), (4) and (5)</p> <p><b>Stated:</b> First time</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) 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 made 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</p>	<p style="text-align: center;"><b>Partially met</b></p>

	<p>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>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This refers to the monthly quality monitoring reports which are required to be submitted to RQIA by the 5<sup>th</sup> day of every month until further notice. These reports are to contain a robust analysis of the operation of the agency.</p> <p><b>Action taken as confirmed during the inspection:</b>                  The registered person confirmed that an external consultant had been engaged to undertake the agency’s monthly quality monitoring visits with the necessary knowledge and skills to undertake these visits.</p> <p>The inspectors reviewed the monthly quality monitoring report dated 19 July 2020. Review confirmed that the external consultant reviewed the recruitment process and associated records. However, the report had little detail recorded and was not being used effectively to identify and improve service delivery or to improve operational systems and processes that support and drive forward service improvement.</p> <p>This area for improvement is discussed further under section 6.3.</p>	
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16(1)(a), (3), (4), (5)(a)</p> <p><b>Stated:</b> First time</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>The registered person shall take such steps as may be necessary to address any aspect of</p>	<p><b>Carried forward to the next care inspection</b></p>



	<p>the performance of a domiciliary care worker which is found to be unsatisfactory.</p> <p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that a new domiciliary carer worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days.</p>	
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 22(6), (7), (8) and (9)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within a period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p>The registered person shall supply to the Regulation and Improvement Authority at its request a statement containing a summary of the complaints made during the preceding twelve months ending on the date of the request and the action taken in response.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors reviewed the agency’s record of complaints and the review confirmed that details of all communication with</p>	

	complainants, the result of any investigations, the action taken, whether or not the complainant was satisfied was recorded.	
<b>Area for improvement 8</b> <b>Ref:</b> Regulation 5 (1) <b>Stated:</b> First time	<p>The registered person shall ensure the statement of purpose is reviewed and includes the information listed in schedule 1 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p><b>Action taken as confirmed during the inspection:</b>            Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p>	<b>Carried forward to the next care inspection</b>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 2.2 <b>Stated:</b> First time	<p>The registered person shall ensure the service user's guide is reviewed and includes the information listed in standard 2.2 of the Domiciliary Care Agencies Minimum Standards.</p> <p><b>Action taken as confirmed during the inspection:</b>            Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p>	<b>Carried forward to the next care inspection</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 14.1 <b>Stated:</b> First time	<p>The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.</p> <p><b>Action taken as confirmed during the inspection:</b>            Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p>	<b>Carried forward to the next care inspection</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> First time	<p>The registered person shall ensure there are written procedures for safeguarding children and young people, consistent regional policies and procedures.</p>	<b>Carried forward to the next care inspection</b>

	<p><b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p>	
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This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 15 June 2020.

The areas for improvement from the last care inspection on 1 June 2020 were not reviewed as part of the inspection and are carried forward to the next care inspection.

### 6.3 Inspection findings

FTC Ref: FTC000096

#### *The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*

##### **Regulation 11(1).—**

***The registered providers and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.***

During the inspection undertaken on 1 June 2020, the inspectors identified deficits in the oversight, monitoring and governance arrangements in the agency.

The process for the management of complaints was inadequate and failed to ensure that complaints were dealt with effectively. Discussion with the Registered Person and two relatives confirmed a number of complaints had been made however there were no records of these complaints maintained within the agency. The inspectors were not provided with any evidence or assurance of how these complaints were managed, what action was taken and if the complainant was satisfied with the outcome.

The governance systems including the monthly quality monitoring visits completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 were not effective in reviewing the quality of the service delivered and driving the required improvements.

The process for the recruitment of staff was inadequate and there was insufficient evidence of robust recruitment practices.

The process for the management of records was inadequate and raised concerns in relation to the storage and retrieval of confidential records.

There was limited assurance that the Registered Person was aware of the failings of the operation and management of the agency as there did not appear to be any oversight in relation to the recruitment process, management of complaints or management of records.

This failure to ensure the appropriate processes are implemented has the potential to place service users at risk of harm.

In relation to this notice the following FTC000096 actions were required to comply with this regulation.

- The Registered Person must ensure that a record of all complaints is held in the agency and include details of all communication with complainants, the result of any investigations, the action taken, whether or not the complainant is satisfied and how this level of satisfaction was determined.
- The Registered Person must ensure that the monthly quality monitoring reports are completed in accordance with regulations, contain clear, time-bound action plans, detailing all areas of improvement required and ensure all actions are addressed in a timely manner.
- The Registered Person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legislation and regulations and standards.
- The Registered Person must ensure all records are maintained and stored in line with statutory legislation and the General Data Protection Regulation (GDPR).

Evidence was available to validate compliance with the Failure to Comply Notice.

The inspectors spoke with the registered person regarding the implementation of robust quality monitoring and governance systems. The registered person confirmed that robust quality monitoring and governance systems had been implemented since the previous inspection such as recruitment audits and care records audits.

The inspectors reviewed the agency's record of complaints and the review confirmed that details of all communication with complainants, the result of any investigations, the action taken, whether or not the complainant was satisfied was recorded.

The registered person confirmed that all staff recruitment files had been audited following the previous inspection to ensure the information retained was in line with statutory legislation and regulations and standards. The inspection of four recruitment files confirmed the availability of requisite information as specified in Schedule 3 for each of the staff listed as available for supply within the agency. No new staff had been recruited since the last inspection.

The registered person confirmed that a monthly quality monitoring visit was undertaken on 19 July 2020. A copy of the report was provided to the inspectors. Monthly quality monitoring reports are discussed further under FTC000100.

On the day of inspection all records were maintained and stored in line with statutory legislation and the General Data Protection Regulation (GDPR).

**FTC Ref: FTC000097**

***The Domiciliary Care Agencies Regulations (Northern Ireland) 2007***

***Regulation 13(a) and (d)***

***The registered manager shall ensure that no domiciliary care worker is supplied by the agency unless –***

***(a) he is of integrity and good character;***

***(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.***

During the inspection undertaken on 1 June 2020, the agency's arrangements for the recruitment of staff were examined. There was insufficient evidence of robust recruitment practices.

The inspectors reviewed six recruitment files and partially reviewed a further three. Upon reviewing these files, there were significant failings in respect of the recruitment process. There were gaps in employment for five staff members and the organisation requested employment background for a five year period, this does not meet the criteria specified in Schedule 3, where a full employment history is required.

Three members of staff commenced employment prior to their AccessNI check being completed and one AccessNI check was not applied for in relation to another member of staff. The inspectors did not observe induction records for four members of staff, nor any interview notes completed or reviewed by the registered person.

There were also concerns in relation to the references. It was noted that the previous employer was not contacted for a reference for three members of staff and two members of staff commenced employment prior to their references being received.

This raises significant concern that the relevant pre-employment checks were not completed prior to these members of staff providing care and support to vulnerable service users, which could potentially place them at risk of harm.

In relation to this notice the following FTC000097 actions were required to comply with this regulation.

- The Registered Person must ensure that, at all times, staff are recruited and employed in accordance with statutory legalisation and mandatory requirements. This includes the receipt of a satisfactory AccessNI Enhanced Disclosure check prior to the commencement of employment and full and satisfactory information is available in relation to them in respect of each of the matters specified in Schedule 3. Records must be kept of all documentation relating to the recruitment process.
- The Registered Person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legalisation and mandatory requirements.
- The Registered Person must ensure that all staff undertake a formal structured induction lasting a minimum of three full working days and records are maintained in this regard.
- The Registered Person must ensure that all staff involved in the recruitment process receive training or refresher training in recruitment and selection and a record maintained.
- The Registered Person must ensure that an audit is undertaken of staff recruitment records to ensure that any identified shortfalls are addressed in accordance with this regulation, the minimum standards and the agency's policies and procedures.
- A weekly action plan to be submitted to RQIA detailing the Registered Person's actions to ensure compliance.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000097. However, there was evidence of some improvement and progress made to address the required actions within the notices.

The inspection of four staff recruitment files confirmed the availability of requisite information as specified in Schedule 3 for each of the staff listed as available for supply within the agency. No new staff had been recruited since the last inspection.

Discussion with the registered person confirmed that a recruitment checklist had been introduced to ensure that the recruitment process is compliant with statutory legalisation and mandatory requirements. Evidence was provided in this regard.

Discussion with registered person confirmed staff involved in the recruitment process had not received training or refresher training in recruitment and selection.

The registered person confirmed that a detailed audit of all recruitment records had been undertaken since the last inspection and all outstanding information had been obtained. Audit records were provided to the inspectors.

A weekly action plan was submitted to RQIA detailing the registered person's actions to ensure compliance.

#### **FTC Ref: FTC000098**

##### ***The Domiciliary Care Agencies Regulations (Northern Ireland) 2007***

##### ***Regulation 14(a), (b), (d) and (e)***

***Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-***

- (a) so as to ensure the safety and well-being of service users;***
- (b) so as to safeguard service users against abuse or neglect;***
- (d) so as to ensure the safety and security of service users' property, including their homes;***
- (e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;***

Concerns were raised by a whistleblower on 22 May 2020 via RQIA's duty system and an unannounced inspection was undertaken to the service on 1 June 2020.

The concerns raised related to the registered person/registered manager not attending calls as a second carer and requesting family members to undertake care, moving and handling care and support tasks. This was substantiated upon reviewing the duty roster as well as through discussion with service users' relatives.

Through consultation with the Southern Health and Social Care Trust (SHSCT) it was noted there was an issue of falsification of records as it was alleged that another care worker signed the daily logs despite not being in attendance for the care call and a further concern that pages were ripped out of a service user's daily log book. This raises concern in relation to the safety of the care of the service users as there is a potential risk of harm if two care workers are not attending to their assessed needs.



Further concern was raised regarding a care worker who was transported to care calls by her partner and on at least one occasion with a third party in the vehicle. It also came to light during inspection that another person working in the service was also transporting a care worker to and from service users' homes. Background checks have not been completed on any of these individuals which presents as a potential risk to vulnerable service users. This is a breach of confidentiality as well as a breach of the service users' human right to privacy. The registered person was aware of this however did provide any explanation or rationale for this practice and did not appear to understand the risk this posed to the service users when discussed during the inspection.

It was also raised that a particular care worker would present as significantly tired during care calls, after working a long day, a night sit and a further care call the following morning. It was also reported that another care worker disclosed they worked seven long days for a couple of months without a break. This raises concern as to the safety of the care being provided to the service users.

There was limited assurance from the registered person that she was aware of these practices nor assurance given in relation to her understanding of the risk of safety of the service users as well as the breach of confidentiality and the human rights of the service users.

In relation to this notice the following FTC000098 actions were required to comply with this regulation.

- The Registered Person is to ensure that all calls to the service users are in accordance with their care plans and assessed needs.
- The Registered Person must undertake audits of the service users' daily logs to ensure all records are completed appropriately and maintained.
- The Registered Person is to ensure that no one transports a care worker to a service user's home without a satisfactory AccessNI check being obtained and that person is an employee of the organisation.
- The Registered Person is to ensure the care workers get an appropriate period of rest between shifts to ensure safe and effective care is being provided to the service users.
- A weekly action plan to be submitted to RQIA detailing the Registered Person's actions to ensure compliance.

Evidence was available to validate compliance with the Failure to Comply Notice.

Discussion with the registered person confirmed that all calls to the service users were in accordance with their care plans and assessed needs. Review of three service users' care plans and a sample of staff duty rosters evidenced this to be the case.

The registered person confirmed that audits of the service users' daily logs were undertaken to ensure all records were completed appropriately and maintained. Evidence was provided in this regard.

The registered person confirmed that currently no member of staff requires transportation to a service user's home. AccessNI checks had been undertaken for all employees.

The registered person confirmed that all care workers get an appropriate period of rest between shifts to ensure safe and effective care is being provided to the service users. A review of a sample of staff duty rosters confirmed this to be the case.

A weekly action plan was submitted to RQIA detailing the registered person's actions to ensure compliance.

**FTC Ref: FTC000099**

***The Domiciliary Care Agencies Regulations (Northern Ireland) 2007***

***Regulation 21 1(a) and (c)***

***The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-***

***(a) kept up to date, in good order and in a secure manner;***

***(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.***

Following concerns raised by a whistleblower, an unannounced inspection was undertaken to Top Class Healthcare on 1 June 2020.

There were a number of documents not available for review following request by the inspectors. Concerns were raised in relation to the location of one care file as it was not provided to the inspectors and could not be located during the seven hour inspection. This raised significant concern as to the storage of confidential information. This file was subsequently retrieved the following day as advised to the inspectors.

The inspectors requested the daily logs for service users for review however these were not provided. Following the inspection and upon consultation with the Southern Health and Social Care Trust, concerns were raised as to the falsification of records by daily logs being signed by a second care worker who did not attend the care call. There was also a concern that pages were ripped out of care records as raised by a relative of a service user.

From consultations with service users' relatives, it became evident that complaints had been made to the registered person; however there was no written record of these matters or actions taken to review the matters. This raises concern as to the management of complaints by the registered person.

There was limited assurance provided by the registered person during inspection that any complaint had been managed appropriately and feedback provided to the complainants.

In relation to this notice the following FTC000099 actions were required to comply with this regulation.

- The Registered Person must ensure that all records are available for review by RQIA in accordance with regulations.
- The Registered Person must ensure that all confidential information in relation to service users and staff are stored securely within the premises and no unauthorised access to these documents should be given.
- The Registered Person must undertake audits of the service users' daily logs to ensure all records are completed appropriately and maintained.

- The Registered Person is to ensure that a record of all complaints is held in the agency and include details of the management of the complaint and feedback provided to the complainant.
- A weekly action plan to be submitted to RQIA detailing the Registered Person's actions to ensure compliance.

Evidence was available to validate compliance with the Failure to Comply Notice.

On the day of inspection all records were available to the inspectors in line with Schedule 4. Service users and staff records were stored securely within locked filing cabinets.

The registered person confirmed that audits of the service users' daily logs were undertaken to ensure all records were completed appropriately and maintained. Evidence was provided in this regard.

The inspectors reviewed the agency's record of complaints and the review confirmed that details of all communication with complainants, the result of any investigations, the action taken, whether or not the complainant was satisfied was recorded.

A weekly action plan was submitted to RQIA detailing the registered person's actions to ensure compliance.

**FTC Ref: FTC000100**

***The Domiciliary Care Agencies Regulations (Northern Ireland) 2007***

***Regulation 23 1, 2(a) and (b) i and ii, (c), 3, 4, 5***

- (1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.***
- (2) 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-***
  - (a) arranges the provision of good quality services for service users;***
  - (b) takes the views of service users and their representatives into account in deciding-***
    - (i) what services to offer to them, and***
    - (ii) the manner in which such services are to be provided; and***
  - (c) has responded to recommendations made or requirements made imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.***
- (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.***
- (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.***
- (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.***

During an unannounced inspection undertaken on 1 June 2020 the agency's arrangements for evaluating the quality of the services provided were examined. Monthly quality monitoring reports were not completed in accordance with regulations to reflect the quality of the services provided. There was no evidence that service users, relatives or visiting professionals' views had been sought. There was no evidence that the areas for improvement previously required by RQIA at the pre-registration inspection had been reviewed. Failure to effectively evaluate the provision of good quality services has the potential to place service users and staff at risk or harm.

In relation to this notice the following FTC000100 actions were required to comply with this regulation.

- The Registered Person must identify an external person to undertake the quality monitoring visits.
- The Registered Person should ensure that the person identified has the knowledge and skills to undertake the visits.
- The person identified should include in their report any areas for improvement in the RQIA quality improvement plan.
- The person with the responsibility of undertaking the monthly quality monitoring visits must specifically review the recruitment process and associated records.
- The Registered Person must ensure that there is follow up action taken in respect of areas for improvement identified in previous monthly quality monitoring reports.
- The Registered Person must ensure that the monthly quality reports are submitted to RQIA on a monthly basis, until further notice. This should be with RQIA no later than 5 days after the last day of the month.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000100. However, there was evidence of some improvement and progress made to address the required actions within the notices.

The registered person confirmed that an external consultant had been engaged to undertake the agency's monthly quality monitoring visits. The registered person further confirmed that the external consultant had the knowledge and skills to undertake these visits as they managed a domiciliary care agency.

The inspectors reviewed the monthly quality monitoring report dated 19 July 2020. Review confirmed that the external consultant reviewed the recruitment process and associated records. However, the report had little detail recorded and was not being used effectively to identify and improve service delivery or to improve operational systems and processes that support and drive forward service improvement. During feedback the inspectors explained the deficits within the report to the registered person who acknowledged the feedback as helpful.

The monthly quality monitoring report dated 19 July 2020 was submitted to RQIA as requested.

## 6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices FTC000096, FTC000098 and FTC000099.

Evidence was not available to validate compliance with the Failure to Comply Notices FTC000097 and FTC000100. However, there was evidence of some improvement and progress made to address the required actions within the notices.

Following the inspection, RQIA senior management held a meeting on 31 July 2020 and a decision was made to extend the compliance for these Notices should be further extended. Compliance with the notices must therefore be achieved by 24 August 2020.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Acknowledge Ngwena, registered person, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16(1)(a), (3), (4), (5)(a)</p> <p><b>Stated:</b> First time</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>The registered person shall take such steps as may be necessary to address any aspect of the performance of a domiciliary care worker which is found to be unsatisfactory.</p> <p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that a new domiciliary carer worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The manager will be having on going recruitment to make sure that we have enough staff to cover the needs of the service users the agency have in their books, and these staff members will be fully trained and having experience of doing care work.</p> <p>Any misconduct done by the staff members will be dealt with immediately, where disciplinary action will be taken.</p> <p>The registered manager will do 3 supervisions per year on each and every staff member; The 2 supervisions will be one to one and the third one can be a group supervision where a topic will be discussed as a where of improving the service carried out by the agency. The manager will be organising staff meetings regularly as a way of addressing any issues arising or new developments in the company.</p> <p>All newly employed domiciliary staff are receiving 3 fully induction in the field and if the manager notice that the staff is not confident enough to do the job, the staff will continue to be supervised closely with any experienced staff until that person is suitable for the job.</p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(a) and (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 August 2020</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; (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All recruited staff are going to be interviewed by 2 people, thus the manager and the administrator and they have completed the interview skills course. They will be taking interview notes and also checking any employment gaps on the applications forms, Full employment history will be requested from the candidates. Any suspensions from work must be explained well, The cause of the suspension will be discussed. 2 references are going to be obtained before the new staff starts their employment - one professional reference and one character reference. These staff will be registered with NISCC and AccessNI will be applied for before they start their employment. All staff will be doing practical training in Moving and Handling and Basic Life Support and followed by online training of different subjects such as Safeguarding Adults and Children, food hygiene, infection control, DOLS, dementia, medication training and many more.</p> <p>For registered nurses NMC registration status will be checked on NMC data base. If there is some restriction on their registration no employment will be given to that staff nurse. Expiry dates of their NMC registration will be monitored closely, also the manager will be doing file auditing of staff members every month to see if there is anything lacking in those files or trainings need to be updated. The manager will be maintaining good communication with the service users and their families to make sure that everything is flowing smoothly.</p> <p>Above all the agency is not going to employ anyone who does not have the right to work in the United Kingdom.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 23(1), (2)(a), (b)(i) (ii), (c), (3), (4) and (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 August 2020</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) 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; (b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements made</p>

imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(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.

(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.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

This refers to the monthly quality monitoring reports which are required to be submitted to RQIA by the 5<sup>th</sup> day of every month until further notice. These reports are to contain a robust analysis of the operation of the agency.

Ref: 6.3

**Response by registered person detailing the actions taken:**

The manager will carry out some spot checks on staff regularly, Care Planner will be used to organise staff rotas, training matrix will be in use for monitoring staff trainings, NMC for nurses and NISCC for support workers if their registration is valid. The manager designed an auditing template which she is going to use every month to audit staff files.

The manager will maintain good communication with service users and their families through manager's client monitoring calls or visit them when she is carrying some spot checks on staff.

The appointed independent officer will visit the agency and review services done by the agency. The officer will contact service users and their families to check if they are happy with the agency's practice and staff will be contacted as well including stalk holders. The independent officer will compile the Monthly Quality Monitoring report which will be sent to RQIA every month through and the hard copy will be filed in the office.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 5 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the statement of purpose is reviewed and includes the information listed in schedule 1 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</b></p> <p>Ref: 6.0</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Statement of Purpose is reviewed and is available anytime to the inspectors through email or hard copy during the inspection time,</p>

<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 2.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the service user's guide is reviewed and includes the information listed in standard 2.2 of the Domiciliary Care Agencies Minimum Standards.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</b></p> <p>Ref: 6.0</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Service User's Guide is reviewed and is available anytime to the inspectors through email or hard copy during the inspection time, All service users receive a revised Service User's Guide when admitted into the agency service.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</b></p> <p>Ref: 6.0</p>
	<p><b>Response by registered person detailing the actions taken:</b> Adult Safeguarding policy and procedure is reviewed and is available anytime to the inspectors through email or hard copy during the inspection time,</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure there are written procedures for safeguarding children and young people, consistent regional policies and procedures.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</b></p> <p>Ref: 6.0</p>
	<p><b>Response by registered person detailing the actions taken:</b> Children Safeguarding Policy and Procedure is reviewed and is available anytime to the inspectors through email or hard copy during the inspection time,</p>



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