

Inspection Report

Name of Service: Complete Homecare 24

Provider: Complete Home Care 24 Ltd

Date of Inspection: 8 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Complete Home Care 24 Ltd
Responsible Individual:	Mr Michael Austin
Registered Manager:	Mrs Ciara Austin Acting manager
<p>Complete Homecare 24 is a Domiciliary Care Agency which provides a range of personal care and support to service users living in their own homes. The majority of the service users have care commissioned by the Northern Health and Social (HSC) Trust, with the remainder residing in the Southern HSC Trust and South Eastern HSC Trust areas and purchasing the care privately.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 November 2024, between 9.45 a.m. and 4.15 p.m. by a care.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 June 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

RQIA is aware of a Serious Adverse Incident (SAI) that is being investigated by the Northern HSC Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI report which will be available when the investigations are concluded. This will be reviewed at a future inspection to ensure that any recommendations are embedded into practice.

It was identified that a Performance Notice had been issued to the agency by the Northern HSC Trust in relation to their processes for ensuring that staff including administrative staff respond effectively in the instance where they are unable to gain access the home of a service user. A number of actions were required to be taken by the agency. Following the inspection information was provided to RQIA by the Trust to advise that the agency had completed all the actions required.

3.0 The inspection

3.1 How we inspect

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

To prepare for this inspection we reviewed information held by RQIA about this domiciliary care agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those receiving care from and those working for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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Information was provided to service users, and staff on how they could provide feedback on the quality of services.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support, their experiences of working in this domiciliary care agency.

Through actively listening to a range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

The information provided by staff and service users indicated that they had no concerns in relation to the service provided.

No questionnaires were returned. There were no responses to the electronic survey.

3.3 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 11 June 2024 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 11 June 2024		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13. (a)(b)(c)(d), Schedule 3 Stated: Second time	<p>13. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>SCHEDULE 3 Regulation 13 INFORMATION AND DOCUMENTS REQUIRED IN RESPECT OF DOMICILIARY CARE WORKERS</p> <p>1. Name, address, date of birth and telephone number. 2. Name, address and telephone number of next of kin 3. Proof of identity, including a recent photograph. 4. Two written references, relating to the person, including a reference from the person's present or most recent employer, if any. 5. Where the person has previously worked in a position which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position. 6. Evidence of a satisfactory knowledge of the English language, where the person's qualifications were obtained outside the United Kingdom. 7. Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body. 8. A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than</p>	<p>Met</p>

	<p>for the purposes of the agency. 9. Details of physical and mental health record, including immunisation status. 10. 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. 11. Details of any professional indemnity insurance. 12. When Part V of the Police Act 1997 is commenced in Northern Ireland, either— (a) where a certificate is required for a purpose which is prescribed by regulations under section 113B of that Act, an enhanced criminal record certificate issued under that section; or (b) in any other case, a criminal record certificate issued under section 113A of that Act, and an application for either certificate shall be accompanied where applicable by an adult's suitability statement under section 113D of that Act</p> <p>A record should be retained of all recruitment information for staff including pre-employment checks completed; there should be evidence that this information has been reviewed and verified by the responsible individual and the manager.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 13. (d)</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was assessed as met. There were systems in place for ensuring the required recruitment checks were completed prior to staff commencing employment.</p> <p>The registered person shall ensure that a system is developed and implemented to demonstrate robust oversight of the NISCC registrations of all care staff.</p> <p>The registered person shall ensure that all staff supplied are appropriately registered with NISCC as required.</p> <p>The registered person shall ensure that records relating to staff registrations with NISCC are up to date and accurate, and include details of all staff required to be registered.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that a system had been implemented to monitor staff registration with NISCC. Information viewed evidenced that staff supplied by the agency were appropriately registered.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 23. (1)</p> <p>Stated: First time</p>	<p>The registered person shall establish and maintain a robust system for evaluating the quality of the services which the agency arranges to be provided and a report produced on a monthly basis.</p> <p>The process should include the review of a range of key areas such as complaint, incidents, safeguarding and staffing arrangements including recruitment and training. The process should support the agency in identifying risks, trends and areas requiring improvement in a timely manner. An action plan should be developed and reviewed.</p> <p>Information included within the reports should be comprehensive and accurately reflect the matters reviewed.</p> <p>The registered person should ensure that they have effective oversight of and input into quality assurance process so as to identify deficits and drive necessary improvements in a sustained manner. This information should be provided to the manager.</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that this area for improvement has been met. A process for monitoring effectively the quality of the services provided by the agency had been implemented. The reports included an action plan and are reviewed by the manager.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 11. (1)(2)(3)</p> <p>Stated: 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>	Met

	<p>(2) If the registered provider is— (a) an individual, he shall undertake; (b) an organisation, it shall ensure that the responsible individual undertakes; or (c) a partnership, it shall ensure that one of the partners undertakes,</p> <p>from time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the agency.</p> <p>(3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>This relates specifically to registered person and the registered manager ensuring that they have effective oversight and governance of all aspects of the domiciliary care agency so as to identify deficits and drive necessary improvements in a sustained manner.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that this area for improvement had been met. There was evidence that the manager had undertaken relevant training and had an improved oversight of the agency's processes.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the person identified as the Adult Safeguarding Champion undertakes relevant training in regard to the responsibilities of the role.</p> <p>In addition, the registered person shall ensure that the manager undertakes training in Adult Safeguarding relevant to the scope of their job role.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the registered person and the manager had completed</p>	Met

	Adult Safeguarding Champion training relevant to their job roles.	
Area for improvement 2 Ref: Standard 14 Stated: First time	<p>The registered person shall ensure that an Adult Safeguarding Position report is developed annually in accordance with regional guidance. The report should contain details of adult safeguarding matters occurring within the agency.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that an Adult Safeguarding Position report had been developed; there is a process in place whereby the manger inputs key information on a monthly basis.</p>	Met
Area for improvement 3 Ref: Standard 14.7 Stated: First time	<p>The registered person shall ensure that written records are kept of all suspected, alleged or actual incidents of abuse and include details of referral information, investigations, the outcomes, any learning and actions taken by the agency.</p> <p>This process should include robust oversight and review by the registered person and the manager.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that a system had been implemented for recording the details of all suspected, alleged or actual incidents of abuse. Records included details of referral information, investigations undertaken and the learning outcomes and actions taken by the agency.</p>	Met
Area for improvement 4 Ref: Standard 8.16 Stated: First time	<p>The registered person shall ensure that the system for managing incidents is further developed to ensure that information is retained in regard to the incident, the actions taken and any outcomes or learning. This information should be available for inspection.</p> <p>The registered person and the manager should have effective oversight of this information to support them in identifying</p>	Met

	risks, trends and areas requiring improvement.	
	Action taken as confirmed during the inspection: Inspector confirmed that a more effective system had been developed for recording details of incidents/accidents. The information is reviewed monthly as part of the agency's quality monitoring process.	
Area for improvement 5 Ref: Standard 10.4 Stated: First time	The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with the legislative requirement. The information held on record should be accurate and up to date and available for inspection at all times. This relates, but is not limited to, records of staff supplied.	Met
	Action taken as confirmed during the inspection: Inspector confirmed from a range of information reviewed that this area for improvement had been met. There was evidence that information was retained in a more organised manner.	
Area for improvement 6 Ref: Standard 12 Stated: First time	The registered person shall ensure that staff employed by the agency are suitably skilled and trained for the requirements and responsibilities of their job roles, and that all mandatory training requirements are met. A record should be retained, for each member of staff, of all training, including induction training, and any professional development activities undertaken by staff. This information should be accurate and up to date.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that appropriate action had been taken to address this area for improvement.	
Area for improvement 7	The registered person shall ensure that the system for managing complaints is further developed to ensure that more	Met

<p>Ref: Standard 15</p> <p>Stated: First time</p>	<p>comprehensive information is retained in regards to complaints received, the actions taken and the outcomes. The process should include measures to support the agency in identifying trends and/or areas for improvement.</p> <p>The registered person shall ensure that a system is developed whereby they review information relating to complaints at least monthly in conjunction with the manager.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that appropriate actions had been taken by the agency to address this area for improvement.</p>	

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ciara Austin, Manager, and the Chief Executive Officer (CEO) as part of the inspection process and can be found in the main body of the report.



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