

Inspection Report

28 March 2022



Support Care Recruitment Ltd

Type of service: Domiciliary Care Agency
Address: 54 Elmwood Avenue, Belfast, BT9 6AZ
Telephone number: 028 9543 4314

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Support Care Recruitment Ltd	Registered Manager: Mrs Fadzai Burrowes
Responsible Individual: Mr Petros Jinga	Date registered: 1 April 2015
Person in charge at the time of inspection: Mrs Fadzai Burrowes	
Brief description of the accommodation/how the service operates: Support Care Recruitment Ltd is a domiciliary care agency based in Belfast which provides a range of personal care, social support and sitting services to 115 people living in their own homes. Service users have a range of needs including physical disability, learning disability and mental health care needs. Their services are commissioned by the Northern Health and Social Care Trust (NHSCT). Service users are supported by 51 staff.	

2.0 Inspection summary

An unannounced inspection was undertaken on 28 March 2022 9.30 a.m. and 3.30 p.m. by the care inspector.

RQIA received information/intelligence on 11 March 2022 which raised concerns in relation to the behaviour of two members of care staff and the provision of service by the agency.

We spoke with four service users and one relative and discussed all the concerns received by RQIA. Feedback from one service user indicated that inappropriate staff behaviour had been addressed by the agency with a satisfactory outcome. The inappropriate behaviour of the other member of staff was not substantiated by service users and relatives. A service user informed us that there had been some issues with calls but this was now resolved.

This inspection focused on staff recruitment, registration with Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) and adult safeguarding. The inspection also examined notifications, complaints, intelligence, whistleblowing, Deprivation of Liberty Safeguards (DoLS) restrictive practice, monthly quality monitoring and Covid-19 guidance.

Three areas for improvement were identified; these were in relation to adult safeguarding referrals, AccessNI and incident reporting.

Good practice was identified in relation to the monitoring of NISCC and NMC registrations, restrictive practices and training. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the registered individual with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, Quality Improvement Plan (QIP), notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with four service users and one relative. Following the inspection RQIA had telephone communications with three staff.

In addition we received one questionnaire from a relative and three electronic survey responses from staff which indicated that they were generally happy with the service provided by the agency.

Comments received during inspection process-

Service users' comments:

- "Staff are very good."
- "A lot happier now that the carer doesn't call with XXXX anymore."
- "No complaints whatsoever."

- “The staff are 100%.”
- “They have given me a call if not on time.”
- “No concerns about carers.”
- “The calls were a bit erratic about two months ago but now no problems.”
- “The carers do a really good job because XXXX makes sure they do.”

Relative comments:

- “Due to Covid-19 quite a few changes in staff.”
- “More managed at the minute with continuity of staff.”
- “XXXX is excellent.”
- “Never witnessed or suspected any staff displaying any inappropriate behaviour.”
- “Staff always wear masks and gloves but would like all staff to wear full Personal Protective Equipment (PPE).”

Staff comments:

- “I got plenty of training.”
- “I did DoLS training on the computer.”
- “I am happy in my job.”
- “Safe to Care did my moving and handling training.”
- “Feel confident to go and speak to the manager at any time.”
- “I know about my role in adult safeguarding.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Support Care Recruitment Ltd was undertaken on 3 December 2020 by a care inspector; three areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 3 December 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (b) Stated: First time	Where the agency is acting otherwise than as an employment agency, the registered person shall make arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided- (b) so as to safeguard service users against abuse or neglect; This relates specifically to a significant number	Met

	<p>of consecutive missed calls to a service user.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: Review of records in relation to sits evidenced that staff are alerted the previous day about the time of the planned sitting service.</p>	
<p>Area for Improvement 2</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure a written plan ("the serve user plan") is prepared which shall –</p> <p>(b) keep the service user plan under review;</p> <p>This relates specifically to no formal evidence that service users had received an annual care review by the Trust or agency.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that the agency had a specific folder in which to record annual care reviews.</p>	Met
<p>Area for Improvement 3</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p>	<p>The registered person shall:</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 imposed by the Regulation and Improvement Authority in relation to the</p>	Met

	<p>agency over the period specified in the request.</p> <p>3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to the quality of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken by 5th of each month until further notice.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: Monthly quality monitoring reports were completed and forwarded to RQIA as requested.</p>	
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5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC) and the agency had prepared an Adult Safeguarding Position report.

It was noted that staff were required to complete classroom based adult safeguarding training during their induction programme and within the timeframe outlined by RQIA.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the relevant HSC Trust in relation to adult safeguarding. The manager stated that no adult safeguarding referrals had been made since the last inspection.

However, RQIA had completed an adult safeguarding referral prior to the inspection and the Trust representative had completed a referral following the inspection. An area for improvement has been identified in this regard.

It was noted that incidents had not been managed in accordance with the agency's policy and procedures and were not reported to RQIA or other relevant bodies. An area for improvement has been identified in this regard.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. The Manager told us that none of the service users were subject to DoLS at this time.

Where a service user was experiencing a restrictive practice, these records were examined; it was established that care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSC Trust representative.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The Manager confirmed that the agency does not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practice.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The Manager confirmed that the agency had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' Dysphagia needs to ensure the care received in the setting was safe and effective.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was established that the Manager had attended IDDSI training.

5.2.3 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The Manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.4 Are their robust systems in place for staff recruitment?

The review of four staff recruitment records confirmed that one criminal record check (AccessNI) had not been completed for staff prior to supplying to service users' homes. An area for improvement has been identified in this regard.

A review of the records confirmed that all staff provided were appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates were monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The Manager stated that the agency does not use volunteers or voluntary workers.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process was noted to include engagement with service users, service users' relatives, staff and SHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters identified had been actioned.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that the agency had received a number of complaints since the last inspection. Records reviewed and discussions with the Manager evidenced that the complaints were dealt with in accordance with the agency's policy and procedure.

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, three areas for improvement were identified; these related to ensuring safe, effective care and a well led service. Service users were found to be receiving compassionate care by the Manager/Management team.

7.0 Quality Improvement Plan/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 (Revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Fadza Burrowes, Registered Manager (during and following the inspection), as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to AccessNI.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: All due care is being taken to make sure that this does not happen again. All files to be certified by my self before the staff member is send for induction in the fields.</p>
Area for improvement 2 Ref: Regulation 15 (6) (a) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(a) specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made;</p> <p>This relates specifically to the completion of Adult Safeguarding referrals to the Trust.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The specific procedure to be followed after an allegation are being taken seriously. All allegations are being reported to the key workers and directly to the head of Contract if the procedure to follow is not clear whether it concerns a private service user or a trust refered service user. The complaint and incident forms have been revised to include phrases to make the recording person consider whether the complaint or incident should be refered to safeguarding or not. This is going to prompt the office staff to make referrals where necessary.</p>

Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards (Revised) 2021	
Area for improvement 1 Ref: Standard 8.16 Stated: First time To be completed by: Immediate and ongoing	All accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisation in accordance with legislation and procedures. A record of these is maintained for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: All accidents and Incidents are recorded on the monthly trust return form and printed and filed. This information is readily available for inspection. We are learning as we continue and we have reported issues to the key worker, safe guarding and RQIA regarding a complaint raise by a service user against a care worker recently and we going to ensure that this is going to be upheld.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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