Inspection Report

7 March 2023

Support Care Recruitment Ltd

Type of service: Domiciliary Care Agency
Address: 1st and 2nd Floor, 46-48 Main Street,
Ballyclare, Antrim, BT39 9AA
Telephone number: 028 9543 4314

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1.0 Service information

Organisation/Registered Provider: Support Care Recruitment Ltd **Responsible Individual:** Mr Petros Jinga	**Registered Manager:** Mrs Fadzai Burrowes **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 200 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 58 staff.	

2.0 Inspection summary

An unannounced inspection took place on 7 March 2023 between 10.15 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to the annual update of care plans, the inclusion of accurate Speech and Language Therapist (SALT) recommendations within care plans, the monthly quality monitoring reports, management of complaints, the Statement of Purpose, Service User Guide and the annual report.

Areas for improvement identified at the last inspection in relation to recruitment and safeguarding records were reviewed and assessed as partially and not met and have been stated for the second time.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives, staff members and HSC representatives.

Comments received included:

Service users' comments:

- "They are all very good."
- "I am very happy. Honestly they couldn't be nicer."

Service users' relatives comments:

- "If it wasn't for the carers, my relative would be in a home."
- "They are very nice to my relative and they are good."

Staff comments:

- "I am very happy. It is easy to contact the management team. There is no hierarchy."
- "Training is beneficial. We are told in advance when our training is expiring and are booked on to complete it."

- "I am aware to record and report any safeguarding concerns."
- "The manager is brilliant and really supportive. I have not problems."
- "My experience so far is good. I am getting the hours that we agreed. The manager is support and also provides guidance when needed."
- "My induction was good. I did three days in the office and then on line training. After this I shadowed a staff member and then I had to demonstrate what I learnt."
- "I have no regrets coming to work for this agency."

HSC Trust representatives' comments:

- "The service generally runs very well. They are good at reporting relevant issues. At times they would go ahead and contact district nursing as required. Previously there was a moving and handling issue, but this was resolved well and dealt with appropriately by the agency."
- "There were a lot of issues initially but these were mainly arising from the large number of different carers going into a service user's home. I found the office worker excellent at responding to any issues I raised, he was prompt in getting back to me with updates and also keeping family updated. We held a joint review which he attended and also the co-ordinator for that area. This was really helpful for addressing issues with the family. Communication between carers and the office could be improved e.g. if carers know they are going to be late to the next call they should be informing the office so the service user or relative is informed about this however that does not always happen."
- "The agency was involved with a previous case and the manager, in particular, went over and above to help with this case."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. No written comments were included.

A number of staff and two relatives responded to the electronic survey. The responses received varied from 'very satisfied' to 'very dissatisfied' that care provided was safe, effective and compassionate and that the service was well led. A number of issues were raised regarding management, hours worked and training. The feedback was discussed with the manager who agreed to meet with the responsible individual to devise an action plan on how to address the issues. An action plan was submitted on 29 March 2023 and assurances were provided that the issues raised would be addressed appropriately.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 28 March 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was not validated during this inspection.

Areas for improvement from the last inspection on 28 March 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (d) Schedule 3 **Stated:** First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to AccessNI.	**Partially met**
	Action taken as confirmed during the inspection: A sample of recruitment records were reviewed and it was noted that despite all AccessNI checks being obtained prior to the care worker commencing employment, there remained deficits in the recruitment process which is outlined in section 5.2.4. This area for improvement has been stated for the second time.	
Area for Improvement 2 **Ref:** Regulation 15 (6) (a) **Stated:** First time	The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall- (a) specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made; This relates specifically to the completion of Adult Safeguarding referrals to the Trust.	**Not met**
	Action taken as confirmed during the inspection: We reviewed the safeguarding records and it was noted that the agency did not have full and robust records for all safeguarding referrals. There was no evidence of any follow up meetings or when the safeguarding investigation was closed. This area for improvement has been stated for the second time.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
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. **Action taken as confirmed during the inspection**: It was noted that all incidents had been reported to the relevant organisations and referrals had been retained.	**Met**

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. From reviewing the records, it was noted that the agency did not retain robust records relating to safeguarding investigations. There was no evidence of any follow up communication or meetings with the HSC Trust nor any records of the actions that the agency took. This area for improvement was identified at the previous inspection and has been stated for the second time.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

From reviewing a sample of service users' care plans, it was noted that one care plan was undated and another had not been updated on an annual basis, or when changes occurred. An area for improvement has been identified.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A service user was reassessed by a Speech and Language Therapist and required a modified diet. The care plan referred to the previous SALT assessment however it had not been updated to reflect the new assessment. An area for improvement has been identified.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified.

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

We reviewed a sample of the agency's staff recruitment records and they were not compliant with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Whilst AccessNI checks and references had been obtained prior to the commencement of employment, there remained deficits in the recruitment process. The agency had not obtained a full employment history and there were gaps in employment in two staff files. There was no evidence of any discussion or follow up with the staff member prior to or during the interview process. It was further noted that references for one staff member had not been verified to ensure that one was from the current or most recent employer. This area for improvement was identified at the previous inspection and will be stated for the second time.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) and there was an appropriate system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

We reviewed a sample of the monthly quality monitoring reports which were available on the day of inspection. From reviewing the records retained by the agency, in particular with regards to staff training, it was noted that the information contained in the reports was inaccurate. It was

further noted that the monitoring officer had noted that there were outstanding supervisions however this was not included in the action plan. It was also noted that the action plan identified during the monitoring visit, differed to the plan to be reviewed at the next monitoring visit. There was no evidence that the action plans were being reviewed by the monitoring officer, therefore no assurance that improvement was being driven and achieved by the service. These reports should identify any deficits in staff records, service user records and provide an analysis of any patterns or trends contained within all the information. An area for improvement has been identified.

The Annual Quality Report was reviewed and it was noted that it did not contain feedback from service users. An area from improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

We reviewed the complaints received by the agency since the last inspection. The records were not robust as they lacked detail of the actions taken by the agency, there was no evidence that the complainant was satisfied with the outcome and there was no closure date. An area for improvement has been identified.

In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

The Statement of Purpose required updating with RQIA's accurate contact details and those of the Patient Client Council and an advocacy service. The document also referred to the supply of nurses which a domiciliary care agency does not supply. The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to submit the revised Statement of Purpose to RQIA following the inspection. This was received, however upon reviewing, it was noted to be non-compliant with the regulations and standards. An area for improvement has been identified.

The Service User Guide was also reviewed and the address for RQIA was incorrect. An area for improvement has been identified.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service users home, there is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. It is essential that all staff (including management) are fully trained and competent in this area. Following discussions with the manager it was reported that there is a clear system in place including a policy and procedure which all staff are aware of and adhere to.

6.0 Quality Improvement Plan (QIP)/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	8*	1

* the total number of areas for improvement includes two regulations that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mrs Fadzai Burrowes, Registered Manager and Mr Petros Jinga, Responsible Individual, 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:** Second time **To be completed by:** 31/05/2023	The registered person shall ensure they have a robust recruitment process which obtains full employment histories for all staff members, any gaps in employment are explained and all references are verified to ensure they are from the current or most recent employer. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: We have reviewed our recruitment process and made corrections, especially on employment history. This has to start from the time the employee turned 18 years to the present time with the days, months and years included. No days should be left uncovered.
Area for improvement 2 **Ref:** Regulation 15(6)(a) **Stated:** Second time **To be completed by:** 31/05/2023	The registered person shall ensure that full and robust records are retained in relation to safeguarding incidents. This is to include all actions taken by the agency, minutes from meetings with the relevant Trust and a record of when the investigation is completed. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: All safeguarding incidents are going to be filed separately, clear from other information and clear from each other. All the information in relation to actions taken and meetings held are going to be recorded precisely and accurately.
Area for improvement 3 **Ref:** Regulation 15(3)(b) **Stated:** First time **To be completed by:** 31/05/2023	The registered person shall ensure that every service user's care plan is kept under review. This should be completed on an annual basis or if the service users' needs change. Ref: 5.2.2
	Response by registered person detailing the actions taken: The key works are going to be reminded to do a review of the needs of the service users at least yearly or sooner when there is a change in condition. The information about the review of service users is going to be kept in the service user files so that when needed it is readly available.

Area for improvement 4 **Ref:** Regulation 15(2)(a) **Stated:** First time **To be completed by:** 30/04/2023	The registered person shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan. Ref: 5.2.3
	Response by registered person detailing the actions taken: The risk assessment from the SALT is going to be followed up for all service users with disphasia and these are to be filed in the service user's notes. And a new care plan is going to be requested from the key worker and this is going to be filed in the service user's files.
Area for improvement 5 **Ref:** Regulation 23(2)(a)(4) **Stated:** First time **To be completed by:** 31/05/2023	The registered person shall ensure that the information contained in the monthly quality monitoring reports is accurate. The reports are to contain action plans of any improvements the monitoring officer identifies and these actions are to be reviewed at the next monitoring visit to ensure improvement is being driven and embedded into practice. Ref: 5.2.6
	Response by registered person detailing the actions taken: The monthly monitoring report will contain accurate information with an action plan for the identified problems from the previous month. The progress for identified problems shall be analysed to ensure progressand improvements to the service that we provide.
Area for improvement 6 **Ref:** Regulation 22(6)(7)(8) **Stated:** First time **To be completed by:** 31/05/2023	The registered person shall ensure that every complaint is robustly investigated and retain all records of any action taken. There should be records of when the complainant was provided with an update of the investigation and if the outcome was to the complainant’s satisfaction. Ref: 5.2.6
	Response by registered person detailing the actions taken: All complaints will be robustly investigated and the outcome recorded accurately. All complains will be filed accordingly, titled clearly and followed up thoroughly with appropriate conclusions.The outcome of all complaints will be clearly recorded.

Area for improvement 7 **Ref:** Regulation 5(1) Schedule 1 **Stated:** First time **To be completed by:** 30/04/2023	The registered person shall ensure that the Statement of Purpose does not contain any details relating to the supply of nurses. It should also contain RQIA's current address as well as an advocacy service. Ref: 5.2.6
	Response by registered person detailing the actions taken: The statement of purpose has been revised and forwarded. All irrelevant information has been removed and the RQIA adress has been updated.
Area for improvement 8 **Ref:** Regulation 6(1)(d) **Stated:** First time **To be completed by:** 30/04/2023	The registered person shall ensure that the Service User Guide contains RQIA's current address. Ref: 5.2.6
	Response by registered person detailing the actions taken: The Servive user guide has been updated and the new RQIA address has been included.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 8.12 **Stated:** First time **To be completed by:** 30/04/2023	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. This report should be in a format which is suitable for the service users to understand. Ref: 5.2.6
	Response by registered person detailing the actions taken: The quality of service we provide will be reviewed annualy by the Key stakeholders. The report is going to be published in the format the service users can understand.

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

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