

Unannounced Care Inspection Report 6 December 2016



Support Care Recruitment Ltd

Type of service: Domiciliary Care Agency

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Inspector: Caroline Rix

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Support Care Recruitment Ltd took place on 6 December 2016 from 09.40 to 13.50 hours.

Information received by Regulation and Quality Improvement Authority (RQIA) prior to this inspection included a report that domiciliary care workers did not have adequate skills in the use of manual handling equipment, and that the agency had failed to report a serious incident involving injury to a service user to the commissioning health and social care trust as required.

The inspection sought to examine the agency's staff training/monitoring processes along with their incident reporting procedure and records, in light of the concerning information received by RQIA.

On the day of inspection the agency was found to be partially in compliance with the required regulations and standards.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Petros Jinga, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 July 2016.

2.0 Service details

Registered organisation/registered person: Support Care Recruitment Ltd/Petros Jinga	Registered manager: Fadzai Burrowes
Person in charge of the agency at the time of inspection: Petros Jinga	Date manager registered: 1 April 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Intelligence received from our duty call system

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

- Discussion with the registered person and a care supervisor
- Examination of records
- File audits
- Evaluation and feedback

The inspector met with the registered person, Petros Jinga, and examined the following records during the inspection:

- Five staff induction training records
- Five staff monitoring/supervision records
- Communication records
- One service user's referral information, care plan and risk assessment
- Service user monitoring visit records
- Records relating to a service user incident
- Policies and procedures relating to: Reporting and Recording, and Accidents

The inspector spoke to a care supervisor during the inspection, to discuss supervision and monitoring of domiciliary care workers.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 20 July 2016

The requirement and recommendations from the last care inspection of 20 July 2016 were not reviewed during this inspection, as the focus of this inspection related to matters of concern which were raised with RQIA by a commissioning trust representative. The agency's progress towards compliance with regulations and minimum standards identified on 20 July 2016 will be assessed at the next inspection.

4.2 Inspection Findings

Support Care Recruitment Ltd domiciliary care agency became operational from 23 May 2014 with services being commissioned by the Northern Health and Social Care Trust. The agency currently provides services to 46 service users living in their own homes and employs 25 domiciliary care workers.

The inspector reviewed the staff induction and update training records for five of the domiciliary care workers currently employed by the agency. These records evidenced that each domiciliary care worker had completed an induction training programme which included moving and handling of service users and use of manual handling equipment.

The training records reviewed evidenced that a competency assessment had been carried out for each new domiciliary care worker on completion of their induction training programme, which had been signed off as satisfactory by the registered provider/manager.

The content of the moving and handling update training was examined, with records viewed to verify that the theory, assessment and practical training had been included within their training sessions, and each domiciliary care worker had satisfactorily completed this training.

The inspector viewed records within five of the domiciliary care worker files that confirmed supervision and spot checks had been carried out in service users' homes. Supervisions and spot checks had been completed by the care supervisor and registered manager, with some practice issues identified and managed appropriately. Two domiciliary care worker files contained annual performance appraisal review records which had been completed, with personal development plans agreed.

Following the inspection day, the inspector spoke to the commissioning trust representative regarding one of the domiciliary care workers whose manual handling skills had been reported to RQIA as being inadequate. The trust representative confirmed that this domiciliary care worker had been observed by the trust's occupational therapist and a district nurse undertaking service user manual handling tasks and using equipment with the service user. Trust officers confirmed that no concerns were raised regarding the service user manual handling and use of equipment skills the domiciliary care worker demonstrated.

Records were viewed by the inspector relating to the commissioned care provided to one service user. The service user's care plan and risk assessment contained details of the commissioned services to be provided along with particular care needs. The inspector viewed correspondence from and to the service user's social worker in relation to changes to the care plan requested and reviewed in relation to manual handling equipment. These records helped to demonstrate that, where found, changing care needs were identified and the agency had communicated these to the trust social worker for review. The records found that these matters had been appropriately managed and changes communicated to the relevant staff.

Records viewed by the inspector confirmed that domiciliary care workers had notified their line manager of an accident where a service user had sustained an injury. The inspector found that the agency management had not informed the commissioning trust immediately on receipt of this accident report. The agency records indicated that there was a delay of seven days before the domiciliary care workers who were present in the service user's home at the time of the incident provided details of events to the registered manager. The domiciliary care workers joint statement relating to this incident was viewed and signed by both on 25 November 2016. The inspector discussed these records with the registered person who confirmed the reporting timescales were accurate as found. The supervision records for the domiciliary care workers, present at the time of the service user's incident, confirmed that they had been supervised in the service user's home following the incident date, with no practice issues found.

The registered person confirmed that both domiciliary care workers present at the time of the service user's incident had been fully trained in manual handling and use of equipment; therefore, no retraining was felt to be necessary.

The agency's policies and procedures on 'Reporting and Recording' and 'Accidents' were viewed and found to contain brief details of reporting timescales. The registered person is required to review these policies and procedures to provide clearly defined guidance for staff in relation to reporting and recording accidents/incidents to relevant organisations, in line with regulations and minimum standards.

Areas for improvement

Two areas for quality improvement were identified during this inspection. The registered person is required to review their policies and procedures to provide clearly defined guidance for staff in relation to reporting accidents/incidents to relevant organisations. The registered provider should develop a system to ensure they report any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC Trust, and keep a record of such reports.

Number of requirements:	1	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Petros Jinga, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 15 (6) (a) Stated: First time To be completed by: immediately and on going	<p>The registered provider must review their 'reporting and recording' and 'accidents' policies and procedures to specify the procedure to be following after an allegation of abuse, neglect or other harm has been made regarding a service user.</p> <p>Response by registered provider detailing the actions taken: The @reporting and recording policies and procedures have been reviewed and amended to specify the procedure to be followed after allegations of abuse, neglect or other ham has been made regarding a service user.</p>
Recommendations	
Recommendation 1 Ref: Standard 5.4 Stated: First time To be completed by: immediately and on going	<p>The registered provider should develop a system to ensure they report any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC Trust, and keep a record of such reports.</p> <p>Response by registered provider detailing the actions taken: A system is now in place to ensure that we are able to report any issue to the HSC Trust and that the report is kept safe for future refrence.</p>

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