

Unannounced Care Inspection Report 20 July 2016



Support Care Recruitment Ltd

Type of Service: Domiciliary Care Agency
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Tel No: 07901338890
Inspector: Caroline Rix

www.rqia.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 20 July 2016 from 10.00 to 16.50 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was not found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. However, the staff recruitment records were not found to be adequate therefore a requirement has been made in this regard. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust.

Two areas for quality improvement were identified:

- The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.
- The registered person is recommended to provide all staff with a copy of their revised 'Whistleblowing' procedure.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

However, one recommendation for improvement relating to effective care has been made. The registered person should develop a system to ensure working practices are consistently being maintained in line with their policies and procedures, and action taken when necessary.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was not found to be well led. The management had supportive structures to guide staff.

Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The inspector was disappointed to find that the leadership and governance arrangements in place had failed to ensure the agencies on going compliance with regulations have been sustained. Therefore, four areas for improvement were identified during the inspection:

- The registered person should review their complaints procedure to include the role of RQIA in relation to complaints, update the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.
- The agency's annual quality review process should be reviewed to evidence that the views of the commissioning trust and staff have been sought as part of their annual quality of services review.
- The registered person should provide a summary of their annual quality report key findings to service users and all stakeholders.
- The registered person should review their monthly monitoring report contents to ensure they are appropriately detailed in line with the minimum standard.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with the registered person, Petros Jinga and the registered manager, Fadzai Burrowes 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Support Care Recruitment Ltd/Petros Jinga	Registered manager: Fadzai Burrowes
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Person in charge of the agency at the time of inspection: Fadzai Burrowes	Date manager registered: 1 April 2015
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3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016

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

- Discussion with the registered person and registered manager
- Examination of records
- File audits
- Evaluation and feedback

Following the inspection the inspector spoke with two service users and two relatives by telephone, on 3 August 2016 to obtain their views of the service. The service users/relatives interviewed informed the inspector that they received assistance with the following:

- Personal care
- Meals
- Sitting service

The registered person and registered manager were provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspectors' questionnaires asked for staff views regarding the service, and they requested their return to RQIA. Five completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Two service user daily recording logs
- Two service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Two staff appraisal records
- Staff duty rotas for July 2016
- Complaints log and records
- Annual quality report 2015/2016
- Commissioning trust monitoring report March 2016
- The agency's Statement of Purpose

- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 17 December 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 Stated: First time	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.	Partially Met
	Action taken as confirmed during the inspection: The inspector reviewed a sample of four staff records which confirmed that the majority of information regarding each domiciliary care worker had been obtained as required. However, the registered person or registered manager had not completed a statement confirming each domiciliary care worker was physically and mentally fit for the purposes of the work which he is to perform.	

<p>Requirement 2</p> <p>Ref: Regulation 16 (5)(a)</p> <p>Stated: First time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall ensure that-(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed evidence that each domiciliary care worker had been provided with appropriately structured induction training lasting a minimum of three full working days. Records evidenced competency assessments had been completed for each domiciliary care worker and signed off by the registered manager on satisfactory completion of their induction training programme.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that the required records were being maintained, in a secure manner and available on the day of the unannounced inspection for review.</p>	<p>Met</p>

4.2 Is care safe?

The agency currently provides services to 42 service users living in their own homes within the Northern Health and Social Care Trust areas of Newtownabbey, Ballymena and Broughshane.

A range of policies and procedures was reviewed relating to staff recruitment and induction training. The agency's recruitment policy and procedure dated March 2015 was reviewed and updated during the day of inspection to detail the stage at which the registered person/manager completes a statement that the person is physically and mentally fit for the purpose of the work which he is to perform.

The inspector reviewed a sample of four staff records which confirmed that the majority of information regarding each domiciliary care worker had been obtained as required. Completed health declaration records had been sought for each domiciliary care worker; and there was evidence that the contents of this information had been evaluated by the registered manager as part of their pre-employment process. However, the registered person or registered manager had not completed a statement confirming each domiciliary care worker was physically and mentally fit for the purposes of the work which he is to perform. This area was discussed with the registered person and registered manager and a requirement has been made to ensure that all of the pre-employment records are maintained. The registered manager provided an assurance that all current files would be retrospectively reviewed and updated with a statement confirming each domiciliary care worker is physically and mentally fit for the purposes of the work which he is to perform.

The inspector was disappointed to find that the agency's recruitment policy and procedure had not been fully revised as required following their previous inspections of 17 December 2015 and in May 2015. The failure to complete adequate pre-employment checks has the potential to place vulnerable service users' safety at risk.

The remaining pre-employment information and documents had been obtained for each of the four domiciliary care workers.

An induction training programme had been completed with each domiciliary care worker. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

The inspector was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Support Care Recruitment staff. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the care required. One service user described how a new care worker arrived for a morning call without introduction, and confirmed that when reported to the agency manager this did not happen again.

No issues regarding the care workers' training were raised with the inspector; service users/relatives discussed examples of care delivered by staff that included use of equipment and supporting service users with meals and limited communication. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carer workers and/or office staff.

Examples of some of the comments made by service users or their relatives are listed below:

- “The carers are very helpful and reliable. I couldn’t manage without their help.”
- “I have a great set of staff; they are very approachable and kind.”
- “The carers know my particular needs well and we are a good team”.

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The ‘Safeguarding Vulnerable Adults’ policy and procedure provided information and guidance as required; including reference to the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: ‘Adult Safeguarding Prevention and Protection in Partnership’.

The agency’s ‘Whistleblowing’ policy and procedure was reviewed and found to contain some guidance for staff. The registered person was recommended to expand the procedure to include details of how and to whom staff report concerns about poor practice; this was completed and reviewed on day of the inspection and found to be satisfactory. The registered person and registered manager are recommended to provide all staff with a copy of the revised ‘Whistleblowing’ procedure.

Staff training records viewed for 2015/16 confirmed all care workers had completed the required mandatory training as part of their induction programme. The inspector viewed the staff training record and plan for 2016; this highlights when refresher/update training is due for all staff on each mandatory training subject. The inspector was advised that update training was due to commence as the agency care workers have now been employed for a full year. Staff questionnaires received confirmed that they had received training for their role.

A review of safeguarding documentation indicated that, to date, no potential service user concerns were identified; therefore, records were not available for review.

The agency’s registered premises included an office and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

Two areas for quality improvement were identified:

- The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.
- The registered person is recommended to provide all staff with a copy of their Whistleblowing procedure.

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Number of requirements	1	Number of recommendations:	1

4.3 Is care effective?

The inspector was informed by the service users/relatives interviewed that there had been some concerns regarding carers' timekeeping and that care was sometimes felt to have been rushed. However, they also confirmed that these matters had been successfully addressed by the agency, and felt satisfied with the care received. The service users/relatives also advised that they had not experienced any missed calls from the agency.

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by the registered manager during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

The service users/relatives confirmed that management from the agency carry out regular home visits and phone calls, and they had also received a satisfaction questionnaire from Support Care Recruitment asking for their views on the service. One of the service users interviewed by the inspector confirmed that they had been involved in a trust review meeting regarding the care package.

Examples of some of the comments made by service users or their relatives are listed below:

- "The carers are brilliant; my xxx enjoys seeing them every day."
- "I rely on their help."

A sample of three service user files viewed by the inspector confirmed that the agency manager had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager indicated that the agency is usually invited to attend or contribute in writing to the commissioning trust care review meetings with service users/representatives. Service user files also contained evidence of communications between the agency and trust care managers, where changing needs were identified and reassessments resulted in amended care plans.

The agency's compliments records were viewed; these contained positive feedback from service users/relatives which had been shared with staff individually.

The agency's policy and procedure on records and reporting care practices was viewed and found to contain clear guidance for staff. The inspector reviewed two completed daily log records returned from service users' homes. These records found care workers were not completing their full signature at each entry; however, records did not evidence that this area had been audited by the registered manager and identified as a practice issue to be addressed. The registered manager is recommended to develop a system to ensure working practices are consistently being maintained in line with their policies and procedures, and action taken when necessary.

Staff files reviewed contained evidence that staff supervision and monitoring had been completed in line with the agency's procedure timescales. Two of the staff files viewed contained evidence that each had received an annual appraisal of performance.

Areas for improvement

One area for improvement was identified during the inspection:

The registered person is recommended to develop a system to ensure working practices are consistently being maintained in line with their policies and procedures and action taken when necessary.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care compassionate?

All of the service users/relatives interviewed by the inspector felt that care was compassionate, and that care workers treat the service user with dignity and respect. Service users/relatives reported that, as far as possible, they were given choice in regards to meals and personal care. Views of service users and relatives were sought through home visits, phone calls and questionnaires to ensure satisfaction with the care being provided by Support Care Recruitment.

Examples of some of the comments made by service users or their relatives are listed below:

- “The girls are professional and helpful.”
- “My xxx is happy so I am happy.”
- “The staffs are very pleasant and listen to my grumbles.”

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. From the records reviewed by the inspector a number of staff practice issues were identified during spot checks and monitoring visits which related to timekeeping and food preparation. Records evidenced that appropriate measures had been taken with the care worker. There were no repeated issues identified during subsequent monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

The complaints log was viewed for April 2015 to inspection date 20 July 2016, with a range of complaints received during this time. The inspector reviewed a sample of four complaints records which supported appropriate management and review, and in two cases were resolved to the complainant’s satisfaction. Two records indicated that these complaints had not been resolved with one service moved to another provider and one complaint currently ongoing, with the agency in liaison with the trust care manager working towards resolving the matter.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person, Petros Jinga and the registered manager, Fadzai Burrowes, a team of care workers provide domiciliary care and support to 42 people living in their own homes.

The Statement of Purpose was reviewed and found to be appropriately detailed regarding the nature and range of services provided. The agency's Service Users' Guide were reviewed and found to be appropriately detailed with the exception to the complaints procedure within the guide, and is recommended to be expanded.

The agency's complaints procedure was viewed and discussed with the registered person and registered manager. The procedure is recommended to be reviewed to include the role of RQIA in relation to complaints, update the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Two of those interviewed confirmed that they had raised a complaint with the manager and that each had been addressed swiftly. No concerns regarding the management of the agency were raised during the interviews.

Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service user's needs.

The agency's policy and procedure manual was reviewed and contents discussed with the registered person and registered manager. The arrangements for policies and procedures to be reviewed, at least every three years, were not reviewed as the agency has not yet been operational for that period of time.

Discussion with the registered person and registered manager and a review of their policy and procedure on notification of events evidenced that systems were in place to ensure that notifiable events are investigated and reported to RQIA or other relevant bodies appropriately. No incident reports had been received during the past year; therefore, no records were reviewed.

The agency's 'Quality Assurance' policy and procedure was reviewed which included details of the various processes in place to ascertain and respond to the views of service users and/or their representatives.

The agency had requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires in March 2016. The agency had completed an annual quality report of findings and the improvements they planned to implement during 2016. The registered person and registered manager confirmed the commissioning trust had been provided with a copy of this report. However, the service users/relatives or staff had not been provided with a copy of the annual report, or a summary of the findings and improvements planned. This area was discussed with the registered person and registered manager for review. The agency's quality review process should evidence that the commissioning trust and staff views had been sought as part of their annual quality of services review. The

registered person and registered manager should ensure all service users and stakeholders are provided with a summary of their annual quality review report.

The inspector discussed with the registered person and registered manager, the commissioning trust service quality monitoring review, undertaken since January 2016. The inspector had received written confirmation from the commissioning trust that concerns in respect of the quality of service provision had been monitored and the agency had demonstrated improvements. However, the inspector was disappointed to find that the leadership and governance arrangements in place had failed to ensure the agency's recruitment practice was in compliance with Regulation 13 and that the agency has failed to sustain compliance in this area since the point of registration.

The responsible person is recommended to review their governance arrangements and systematically audit working practices to ensure they are consistent with their documented policies and procedures, and take action when necessary.

The inspector reviewed the monthly monitoring reports for April to June 2016. These reports evidenced that the responsible person had been monitoring some aspects of the quality of service provided. However, the content of the monthly monitoring reports did not contain evidence of service user or other stakeholder's views and were not found to be appropriately detailed in accordance with the minimum standard and should be reviewed.

Areas for improvement

Four areas for improvement were identified during the inspection:

- The registered person should review their complaints procedure to include the role of RQIA in relation to complaints, update the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.
- The agency's annual quality review process should be reviewed to evidence that the views of the commissioning trust and staff have been sought as part of their annual quality of services review.
- The registered person should provide a summary of their annual quality report key findings to service users and all stakeholders.
- The registered person should review their monthly monitoring report contents to ensure they are appropriately detailed in line with the minimum standard.

Number of requirements	0	Number of recommendations:	4
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered person, Petros Jinga and the registered manager, Fadzai Burrowes, 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 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 applicatio

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 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk for review 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 13

Stated: Second time

To be completed by:
Immediately and on-going

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—
(c) he is physically and mentally fit for the purposes of the work which he is to perform.

The registered person must provide RQIA with written confirmation that all currently employed domiciliary care workers records contain full and satisfactory information and documentation as specified within Regulation 13 Schedule 3. This information must be submitted to RQIA by 20 September 2016.

Response by registered provider detailing the actions taken:

A fitness verification form has been included in all staff files, and a statement has been added on the recruitment procedure to state that the fitness will be verified by the manager before being added to the staff data base.

Recommendations

Recommendation 1

Ref: Standard 15.4

Stated: First time

To be completed by:
20 September 2016

The registered person should review their complaints procedure to include the role of RQIA in relation to complaints, update the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.

Response by registered provider detailing the actions taken:

The complains procedure was reviewed on 19/8 16 to include the role of the RQIA and the Northern Ireland Ombodsman role and details were added.

Recommendation 2

Ref: Standard 8.3

Stated: First time

To be completed by:
20 September 2016

The registered person is recommended to provide all staff with a copy of their revised 'Whistleblowing' procedure.

Response by registered provider detailing the actions taken:

A copy of the revised Whistle Blowing Policy was provided to all staff.

Recommendation 3

Ref: Standard 8.10

Stated: First time

To be completed by:
20 September 2016

The registered person should develop a system to ensure working practices are consistently being maintained in line with their policies and procedures, and action taken when necessary.

Response by registered provider detailing the actions taken:

A manager's monthly Work Practice Audit tool was made on 1/9 19

Recommendation 4 Ref: Standard 8.12 Stated: First time To be completed by: 20 September 2016	The registered person should review their quality of services evaluation process to include evidence that the commissioning trust and staff views are sought. Response by registered provider detailing the actions taken: A quality monitoring for the trust and the other one for staff was done and this is going to be forwarded as soon as possible to the trust and staff.
Recommendation 5 Ref: Standard 1.9 Stated: First time To be completed by: January 2017	The registered person should provide a summary of their annual quality report findings to service users and other key stakeholders. Response by registered provider detailing the actions taken: The summary of our yearly quality report findings is going to be forwarded to the Trust key workers and service user representatives.
Recommendation 6 Ref: Standard 8.11 Stated: First time To be completed by: 20 September 2016	The registered person should review their monthly monitoring report contents to ensure they are appropriately detailed in line with the minimum standard. Response by registered provider detailing the actions taken: The monthly monitoring report is going to be reviewed to ensure that they are in line with the minimum standard.

****Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address****



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