

# Inspection Report

7 October 2021



## Rutledge Recruitment & Training

Type of service: Domiciliary Care Agency  
Address: 65B Queen Street, Lurgan, BT66 8BW  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Rutledge Recruitment & Training Ltd	<b>Registered Manager:</b> Ann Spear
<b>Responsible Individual:</b> Mr Jonathan Neill Doherty	<b>Date registered:</b> 18 October 2019
<b>Person in charge at the time of inspection:</b> Ann Spear	
<b>Brief description of the accommodation/how the service operates:</b>  Rutledge Recruitment & Training is a domiciliary care agency based in Lurgan. The service provides care and support to 27 individuals living in their own homes. Services provided include personal care, medication support, meal provision and a sitting service.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 7 October 2021 between 9.50am and 2.00pm by the care inspector.

The inspection focused on staff recruitment and the agency's governance and management arrangements as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

One area for improvement was identified in relation to recruitment of staff.

The findings of this report will provide the agency 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.

The inspection focused on:

- Contacting the service users, their relatives, HSCT representatives and staff to obtain their views of 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 and 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 two service users and two staff. In addition, feedback was received from two relatives and one HSCT representatives. Eight service user/relative questionnaires were received and no staff responses were received.

#### Service users' comments:

- "The staff are courteous and respectful."
- "Excellent care and support from staff."
- "The service is invaluable to me."

#### Staffs' comments:

- "Communication with the office is good."
- "Office staff are responsive to any queries."
- "I find supervision beneficial as it gives me the opportunity to discuss how I am getting on and any issues I have faced."

#### Service users' relatives' comments:

- "Rutledge Domiciliary Care staff are so important to the lives of my husband and myself. The staff take time and patience with my husband playing different board games etc. and are always trying new things so that time spent benefits my husband."
- "The manager is very caring and approachable and always at the end of a telephone."
- "xxxx (care worker) is more like a friend to xxxx (service user)."
- "We are so grateful for the care workers ongoing kind, compassionate, reliable and professional care."

**HSCT representatives' comments:**

- "Rutledge staff are cooperative, returned information is accurate, emails are responded to promptly and during the Covid19 emergency they have been engaged with the Trusts aims and need for Domiciliary Care Services."
- "Staff went above and beyond to help my service user."

**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 Rutledge Recruitment and Training was undertaken on 25 February 2019 by the care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

<b>Areas for improvement from the last inspection on 25 February 2019</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 14.1  <b>Stated:</b> First time	The registered person shall ensure that the safeguarding adults and children at risk policy has been reviewed to ensure it is consistent with regional guidance included in Co-operating to Safeguard Children and Young People in Northern Ireland (2017), Adult Safeguarding Prevention and Protection in Partnership (2015) and Adult Safeguarding Operational Procedures (2016).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This policy was updated on in accordance with the regional guidance and is now compliant with Standard 14.1.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 1.6  <b>Stated:</b> First time	The registered person shall ensure the results of feedback are made available to service users, their representatives and other interested parties.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency provides an annual report to all stakeholders to ensure the results of the feedback is made available.	

## 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 reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

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

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

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 has a system for retaining a record of referrals made to the HSC Trust in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoLS Level Two training appropriate to their job roles. It was discussed with the manager that no service users are subject to DoLS.

Staff demonstrated that they have 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.

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

### 5.2.2 Are their robust systems in place for staff recruitment?

Three staff recruitment files were reviewed and it was noted that they were not compliant with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that there were gaps in employment and no evidence of any discussion of this prior to or during the interview process. It was also noted that employment history did not date back to when the candidate was 18 years old. The manager advised that the application form would be updated to reflect this requirement. It was further noted that a reference for one staff member was not sought from their most recent employer and another reference for a second staff member was from a family member. An area for improvement has been stated in this regard.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are 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.

### 5.2.3 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 Speech and Language Therapy (SALT) in relation to service users' dysphagia needs to ensure the care received in the setting was safe and effective.

There was evidence that staff had completed training in relation to dysphagia and this training is incorporated into the induction for staff.

### 5.2.4 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 included engagement with service users, service user's relatives, staff and NHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that a number of complaints had been received since the last inspection. It was noted that complaints had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainant.

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 one area for improvement were identified in relation to recruitment of staff. Despite this, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led 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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ann Spear, Registered Manager, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(d) Schedule 3</p> <p><b>Stated:</b> First time</p>	<p>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 in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.2</p>
<p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p><b>Response by registered person detailing the actions taken:</b> Rutledge Domiciliary Care Response to Quality Improvement Schedule 3 13d</p> <p>Rutledge Domiciliary Care has completed internal staff re-training on interview process and gathering information on application forms to meet the Regulations Schedule 3 13d All candidates will complete a reviewed and amended application form prior to having a face to face interview with a suitably trained and experienced recruiter. (Covid regulations applied) Application will include Name, address, Date of Birth and contact number. Name address and telephone number of the next of kin. All candidates will have their identity verified using original documents that will be sighted copied and signed as verified with the interviewer's name and date of verification. This will include recognised photographic ID. Candidates will supply 2 photographs one will be retained on file one for the purpose of making a name badge.</p> <p><b>Referencing</b> Seeking appropriate references, all candidates will be asked for a previous employer references from their last employer, from an individual in a management position with access to employment records A second previous employer reference will be sought. If the candidate has previously been employed by and NHS trust a reference will be requested from the employing Trust. If the candidate has previously worked with Children and Vulnerable adults, so far as is reasonably practicable, the reason why the employment ended will be verified with referencing Should it be necessary to request a character reference this must be from a Registered Professional clearly stating the association to the candidate References from family are not accepted regardless of the referee's status.</p>



	<p>References will be documented as applied for and received and checked as satisfactory for the care worker role before the recruitment progresses.</p> <p>Education History All candidate education will be listed giving date of attendance and leaving education so this can be matched to the employment history. All accredited healthcare training will be recorded. All registrations with regulated bodies will be verified.</p> <p>Employment History A full and complete employment history will be sought from the age of leaving education 18 yrs. of age to the present giving start and finish dates to include the month and year and reason for leaving. Further or higher education will be included in the history. Any gaps in employment are to be explored by the interviewing Recruiting Consultant or Coordinator as to the reason for the employment gap and this will be documented fully including dates month and year on the application form. All staff have identity checks using original documents that will be sighted copied and verified with the interviewer's name and date of verification.</p> <p>English All Candidates will have a satisfactory knowledge of the English language verbal and written.</p> <p>Health Declaration Candidates will supply details of their Physical and Mental Health The responsible person or registered manager will verify by statement the candidate is fit for the role they wish to undertake.</p> <p>Access NI All candidates will undergo a satisfactory Access NI enhanced disclosure prior to working.</p> <p>NISCC Registration All candidates will register with Northern Ireland Social Care Council.</p> <p>Rutledge has modified the recruitment check list in line with inspector recommendations and listed the QIP response.</p> <p>Ann Spear</p>
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