Inspection Report

Name of Service: **Compass Agencies N.I**

Provider: **Compass Agencies N.I LTD**

Date of Inspection: **14 March 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Compass Agencies N.I Ltd
Responsible Individual/Responsible Person:	Miss Joanne Kelly
Registered Manager:	Ms Claire Linter

Service Profile –

Compass Agencies Ltd is a domiciliary care agency based in Belfast. The agency currently provides services to 210 service users living in their own homes within the Belfast Health and Social Care Trust (BHSCT). Service users have a range of needs including dementia, mental health and physical disability.

2.0 Inspection summary

An unannounced inspection was undertaken on 14 March 2025 between 9.35 am and 3.00 pm by 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 and Dysphagia management was also examined.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

We would like to thank the manager and staff team for their help and support in the completion of the inspection.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this Agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those working and receiving a service from the agency and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards. 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.

3.2 What people told us about the service and their quality of life

Through actively listening to service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, agency staff, relatives and HSC staff to seek their views of the agency.

Service users who spoke with the inspector said that overall they were happy with the care and support provided, but that sometimes the carers did not have a lot of time to spend with them. This was discussed with the registered manager who provided assurances that service users are allocated specific call times for each call and where more time is required, this will be raised with the key worker to ensure that service users are given sufficient time for each call. Two comments from service users included the following statements; "I am happy with them - they are all lovely girls. They can be rushed off their feet at times but nothing is too much trouble" and "I am absolutely happy with them – they are careful and considerate".

Relatives who spoke with the inspector said they were satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included: "They are good - my relative likes them and they treat him well. When they came a bit early it was addressed" and "My relative gets treated the best".

Staff who spoke with the inspector were very positive in regard to the care delivery and management support within the agency. Two comments included the following statements; "The managers are supportive and will help us out with any queries we have. Training has

been great" and "I like the work, it is very flexible. I would have no problems raising any concerns and the service users get good care".

Two HSC staff members contacted spoke very positively about the service and commented as follows: "They are always very accommodating – they come to reviews when they can. Service users get a good service" and "I have worked with them over a number of years. They have excellent communication and will be flexible in attending any meetings. They are very pleasant and very professional".

We did not receive any responses from the questionnaires or staff electronic survey.

3.3 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 14 September 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 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. A review of records confirmed that these had been managed appropriately, however advice was given to the manager in respect of developing a tracking system so that any trends relating to adult safeguarding (AS) concerns can be easily identified. This should include consideration of any known outcomes of AS investigations which would aid in ensuring that staff are kept informed of any protection plans they may need to implement to protect service users from harm. The manager agreed to revise the process on how safeguarding protection plans are recorded and shared with relevant staff as appropriate. This will be reviewed at a future inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly.

3.4.3 Staff Selection, Recruitment and Induction

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. 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) or any other relevant regulatory body; there was a 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 deployed within the agency.

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, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of all training, including induction and professional development activities undertaken.

3.4.4 Staff Training and Development

A review of staff training records confirmed that all staff had been provided with adequate training commensurate with their role. The agency maintained an electronic record of all training and development activities undertaken. There were good systems in place to identify in advance if any staff member required refresher training and it was positive to note that staff

received supervision one month after commencing work with the agency and at six monthly intervals thereafter in addition to a yearly appraisal.

Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme and refreshed yearly. A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of specialised equipment, directions for use were included in the care plan.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that staff were not able to provide assistance in relation to administering liquid medicines. The registered manager advised that no service users presently required their oral medication to be administered with a syringe however, it was confirmed that should this assistance be required in the future, a competency assessment would be undertaken with care staff prior to assisting with this task. The policy has since been updated to reflect this change.

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

3.4.5 Care Records and Service User Input

A sample of service users' care records were examined and contained sufficient information about the level of support required and service users had an input into devising their own plan of care. It was positive to note that service users' preferences were captured in a person-centred document entitled "This is me" which contained details about their likes and dislikes and how service users prefer to be addressed by carers. This evidenced a person-centred approach at the outset of care commencing.

Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note.

3.4.6 Governance & Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring, however, noted that whilst there was some engagement with service users, engagement with relatives was not always consistent and there was limited detail around the engagement with staff and HSC Trust representatives. This was discussed with the registered manager who agreed to ensure that engagement with all stakeholders is evidenced within each report. This will be reviewed at a future inspection.

The Annual Quality Report was reviewed and was satisfactory.

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

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The complaints policy and process was examined and whilst all complaints raised since the last inspection had been reported directly to the commissioning trust through quality monitoring reports, the registered manager advised that all service users receive information in their service user guide with respect to how to raise a complaint directly with the agency in line with the agency's policy and procedure. The manager agreed to ensure that their complaints template form includes detail around complaints resolution and outcomes.

The Statement of Purpose required to be revised to ensure it included all the relevant information in line with the Minimum Standards. This was revised and resubmitted within two weeks of the inspection and found to be satisfactory.

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 user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Claire Linter, Registered Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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