The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Medcom Personnel Ltd**

Provider: **Medcom Personnel Ltd**

Date of Inspection: **4 August 2025**

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

1.0 Service information

Registered Provider:	Medcom Personnel Ltd
Responsible Individual:	Mrs Irene Mitisi
Registered Manager:	Ms Ashley Campbell (Acting)
Service Profile – Medcom Personnel Ltd is a domiciliary care agency which provides personal care, practical and social support and sitting services to people living in their own homes. Service users have a range of needs including physical disabilities, learning disabilities, dementia and palliative care. The agency's office is located in Carrickfergus.	

2.0 Inspection summary

An unannounced inspection took place on 4 August 2025 between 9.00 am to 1.30 pm. This inspection was conducted by a care inspector.

The last care inspection of the agency was undertaken on 23 May 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of recruitment within the agency.

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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/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 active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us they had no concerns about the service, knew how to make a complaint, and that they loved to see the carers coming. They also shared that the care staff were respectful and the care enabled them to stay in their home. Service users frequently remarked on how friendly the carers were and that the service provided is excellent

Staff told us Medcom Personnel is a good and reliable agency and staff are well trained.

3.3.1 Staffing arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

The review of a selection of the agency's staff recruitment records, confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. One recruitment record for an individual transferred from another service did not have a full recruitment process completed. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with NISCC. 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 was evidence that all newly appointed staff had completed a structured induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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, at least 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.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia, at a level appropriate to their job roles.

Staff confirmed that they had been provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development. Records evidenced that appraisals had been completed on an annual basis.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

Records reviewed evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

The agency had a system for auditing care delivery, which included spot checks and document review.

The agency had a system for reporting late, missed and cancelled calls. There were no missed calls reported.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care.

There was a system in place to ensure that completed notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

3.3.4 Quality of Management Systems

Ms Ashley Campbell is the Acting Manager in this agency; advice was shared in relation to the progression of a registered manager application. RQIA will keep this matter under consideration. The staff consulted, commented positively about the manager and described her as supportive, approachable and able to provide guidance.

A representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency on a monthly basis. The reports of these visits were completed in detail.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

A review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback. The manager has agreed to add additional sections to this report. This will be reviewed at future inspections.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Ashley Campbell, 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

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 full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Ref: 3.3.1
To be completed by: Immediately from the date of inspection	**Response by registered person detailing the actions taken:** Staff member in question was an employee of Medcom personnel on a Certificate of Sponsorship and had been working in the company since 24.08.2022 as a Senior Healthcare Assistant in the Harlow Branch in England. The staff member was a fully trained senior carer with a great deal of experience both in the office and on ground working and delivering care to clients. There were references and interview notes already on file for when he was initially recruited. He was internally transferred and relocated to the Northern Branch as there were insufficient hours to fulfil the contracted hours on his COS. It was advised the staff member would gradually learn the role of trainee team leader and be introduced to the clients on the double runs. The staff member upon relocation completed an Access NI and completed an induction and training programme, completed shadowing, underwent competency assessments on moving and handling and medication, completed registration with NISCC and had reviews and supervision of his work carried out regularly. Unfotuantely as the employee was a current staff member within the company references were not again sought as these were in his personnel file. This will not happen again. All staff regardless of internal transfer will be subject to the full recruitment process.

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

The Regulation and Quality Improvement Authority

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