The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Support Care Recruitment Ltd

Provider: Support Care Recruitment Ltd

Date of Inspection: 8 May 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:	Support Care Recruitment Ltd
Responsible Individual/Responsible Person:	Mr. Petros Jinga
Registered Manager:	Mrs. Fadzai Burrowes

Service Profile –

Support Care Recruitment Ltd is a domiciliary care agency based in Ballyclare. The agency provides a range of personal care, social support and sitting services to people living in their own homes. Service users have a range of needs including physical disability, learning disability and mental health care needs. The agency's services are commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 8 May 2025, between 9.55 am and 3.45 pm. It was carried out by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 22 August 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection, the previous areas for improvement was assessed as having been addressed by the provider and one new area for improvement was identified. Full details, including the area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Service users said that the care and support provided by Support Care Recruitment was a good experience.

It was established that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Good practice was identified in relation to staffing structures within the agency and selection and recruitment of staff.

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 the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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

During the course of the inspection, we received feedback from a number of service users, relatives and staff members.

Service users were very positive in relation to the care and support provided by the agency. They described the service both as 'excellent' and 'fabulous' and acknowledged how essential it was to enabling them to remain living at home.

The friendliness of the staff was emphasised by both service users and relatives. One relative told us that the staff sing with their loved one while attending to personal care. Another relative commented on the ease with which they could contact office staff if any issues arose. All relatives who responded commented on the high calibre of the staff.

A small number of comments were made by a service user and a carer that were discussed with the manager for consideration.

Staff spoken with told us that they loved their job, that they had no issues and felt well supported.

Staff who responded to the electronic survey indicated that they were very satisfied that the service provided was safe, effective, compassionate and well led. Staff commented that the agency encouraged their professional development and ensured the delivery of person centred care. One staff member remarked that 'the company fosters a positive, respectful, and enthusiastic work environment where staff feel genuinely appreciated and protected. I'm proud to be part of an organisation that not only serves the community with integrity but also treats its employees like family'.

One issue was raised by a staff member that was discussed with the manager for taking forward within the agency.

The information provided indicated that there were no concerns in relation to the service.

3.3 Inspection findings

3.3.1 Safeguarding arrangements

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. However, the policy required some amendments in terms of some terminology used. The updated Safeguarding Policy was sent to RQIA after the inspection.

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

The agency had an identified adult safeguarding champion (ASC). It was noted that their training for this role had just expired. Evidence was provided after the inspection that the updated training had been completed.

It was positive to note that the agency had a Safeguarding Log in place. This contained a comprehensive record of all safeguarding referrals made within the agency and outcomes were clearly recorded. A review of records confirmed that the safeguarding referrals had been managed appropriately.

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. A staff member told us that they were confident if they raised an issue, it would be dealt with.

3.3.2 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. There was evidence of robust systems in place to manage staffing.

Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

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 NISCC or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

The interview process was reviewed. Interview records were detailed and contained a scoring system.

There was evidence that all newly appointed staff had completed a structured orientation and 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, 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 were up to date. Staff confirmed that they got sufficient training for their roles. Face to face training is delivered by the manager. It was noted that the manager has the required qualifications for this.

Service users told us that the staff were well trained and attentive when carrying out their duties. Staff praised the quality of their induction and training.

Staffs' mandatory training included specific elements such as Pressure Care. Given that a large proportion of service users are at risk of developing pressure ulcers, it was positive to note that staff have training in this regard.

3.3.3 Care delivery and 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.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care workers.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan. The agency maintained a register of all service users who had been assessed by SALT and recommendations provided for their food and fluids to be of a specific consistency. Advice was given to the manager to expand some of the detail included in this register.

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 more than one piece of specialised equipment, direction on the use of each was included in the care plan.

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.

There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs. Fadzai Burrowes has been the manager in this agency since 1 April 2015. She is also the Registered Manager of another registered nursing agency.

Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance. One staff member told us that good systems and procedures were continuing to be introduced within the agency.

The Annual Quality Report was reviewed and was satisfactory.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

The system in place for managing complaints was reviewed in detail. The agency's Complaints and Compliments Policy was reflective of current best practice guidelines. It contained RQIA's contact details along with those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The complaints procedure was also outlined in the Service User Guide. Complaints were reviewed weekly by the manager and also in the agency's quality monthly monitoring reports. There was a Complaints Log in place that recorded the nature of any complaint received, investigations undertaken, outcomes and learning and satisfaction of the complainants.

It was noted, however, that the manager had not completed any formal training regarding the management of complaints. This training is considered mandatory for staff dealing directly with complaints. This has been identified as an area for improvement.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

4.0 Quality Improvement Plan/Areas for Improvement

One 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	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with the 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 Minimum Standards, revised 2021

Area for improvement 1 **Ref:** Standard 15.8 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that staff directly involved in the management and investigation of complaints are trained in the application of the complaints procedure. Ref: 3.3.4
	Response by registered person detailing the actions taken: I,the registered person shall ensure that the staff directly involved in the mamagement and investigation of complaints are trained in the application of the complaint procedure.

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

The Regulation and Quality Improvement Authority

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