Inspection Report

22 August 2024

Support Care Recruitment Ltd

Type of service: Domiciliary Care Agency
Address: 1st and 2nd Floor, 46-48 Main Street,
Ballyclare, Co. Antrim, BT39 9AA
Telephone number: 028 9543 4314

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:** Mr. Petros Jinga	**Registered Manager:** Mrs. Fadzai Burrowes **Date registered:** 1 April 2015
Person in charge at the time of inspection: Registered Manager	
Brief description of the accommodation/how the service operates: Support Care Recruitment Ltd is a domiciliary care agency based in Ballyclare that 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. Their services are commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 22 August 2024 between 9.55 a.m. and 3.15 p.m. The inspection was conducted by a 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 were also reviewed.

Whilst good practice was identified in relation to staff recruitment and induction procedures, continued concern was noted in regards to the monthly monitoring reports completed within the agency. At the conclusion of the inspection, detailed feedback was provided to the Registered Manager.

In response to this, RQIA invited the Responsible Individual and the Registered Manager to a meeting on 20 September 2024 to provide feedback on the inspection findings and to discuss how the identified deficit was to be addressed. RQIA was provided with adequate assurances that the issue would be addressed with immediate effect.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

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. No responses were received to either.

4.0 The inspection

4.1 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 30 November 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 30 November 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 15(6)(a) **Stated:** Third and final time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that full and robust records are retained in relation to safeguarding incidents. This is to include all actions taken by the agency, minutes from meetings with the relevant Trust and a record of when the investigation is completed. **Action taken as confirmed during the inspection**: The returned quality improvement plan and discussion with the Manager and Compliance Coordinator confirmed that this area for improvement had been addressed. This was evidenced by the inspector's review of the Safeguarding Log.	**Met**
Area for improvement 2 **Ref:** Regulation 15(3)(b) **Stated:** Second time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that every service user's care plan is kept under review. This should be completed on an annual basis or if the service users' needs change. **Action taken as confirmed during the inspection**: Inspector confirmed documentation regarding service users' care plan reviews was available and up to date at the time of inspection.	**Met**
Area for improvement 3 **Ref:** Regulation 15(2)(a) **Stated:** Second time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan. This also applies to moving and handling risk assessments **Action taken as confirmed during the inspection**: A review of six care records evidenced that this area for improvement had been addressed.	**Met**

Area for improvement 4 **Ref:** Regulation 23(2)(a)(4) **Stated:** Second time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the information contained in the monthly quality monitoring reports is accurate. The reports are to contain analysis of any incidents/accidents and action plans of any improvements the monitoring officer identifies.	**Not met**
	Action taken as confirmed during the inspection: Recent quality monitoring reports reviewed contained some inaccurate information and there was limited analysis of trends. This area for improvement is not met.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 8.12 **Stated:** Second time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. This report should be in a format which is suitable for all service users to understand.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed an Annual Report that evaluated the quality of services was available and up to date at the time of inspection.	

5.2 Inspection findings

5.2.1 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. 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.

RQIA had been notified appropriately of any incidents that had occurred within the agency

Staff were provided with training appropriate to the requirements of their role. This included medicines management. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

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. The manager was advised to ensure that daily records completed by staff noted the type of equipment used on each occasion.

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.

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 currently subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

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.

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

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

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); there was a system in place for professional registrations to be monitored by the manager.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

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, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports showed that they were being completed by a staff member not sufficiently senior within the agency, there was no evidence that the reports were shared with the Registered Manager or Registered Individual, there continued to be limited analysis of any trends relating to incidents and accidents and incorrect areas for improvement continued to be stated. This is stated as an area for improvement for the third and final time.

The Annual Quality Report was reviewed and was satisfactory. We noted a range of compliments on the report from service users:

- "I am delighted with the care and staff have picked up on issues and passed them on".
- "The carers positioned me well in bed".
- "I appreciate the good work staff do".

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.

A sample of complaints received by the agency were reviewed. There was evidence that these were managed in accordance with the agency's policy and procedure. It was positive to note there was a Complaints Log in place. RQIA is aware of one ongoing complaint that will continue to be monitored.

Where staff are unable to gain access to a service user's home, the agency has an operational policy in place that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* the total number of areas for improvement includes one that have been stated for a third time.

The area for improvement and details of the QIP were discussed with Mrs. Fadzai Burrowes Registered Manager and Mr. Petros Jinga, Responsible Individual, 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 23(2)(a)(4) **Stated:** Third time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the information contained in the monthly quality monitoring reports is accurate. These should be completed by the registered person and shared with the manager. Reports are to contain analysis of any complaints. Ref: 5.2.6
	Response by registered person detailing the actions taken: I, the registered person will ensure that the information contained in the month monitoring report will be accurate and will contain the analisis of all the complaints and major incidents. I will share this information with the manager.

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

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