The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carrik Care Ltd

Provider: Carrik Care Ltd

Date of Inspection: 14 January 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:	Carrik Care Ltd
Responsible Individual/Responsible Person:	Ghada Ahmed Ragab Abdou
Registered Manager:	Ghada Ahmed Ragab Abdou
Service Profile – Carrik Care Ltd is a nursing agency. The agency currently supplies registered nurses to nursing homes within Northern Ireland. The registered office is located in Carrickfergus. Carrik Care also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate Recruitment Agencies.	

2.0 Inspection summary

An announced inspection took place on 14 January 2025, between 9.45 a.m. and 2.50 p.m. 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 arrangements. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user feedback and the system for retaining records were also reviewed.

Good practice was identified in relation to the monitoring of nurses' registrations with the Nursing and Midwifery Council (NMC). There were good governance and management arrangements in place.

Three areas for improvement were identified in relation to completion of an annual quality report, complaints and recruitment.

For the purposes of the inspection report, the term 'service user' describes the establishments the agency's nurses are supplied to work in.

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.

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Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey for staff.

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

Staff we communicated with as part of the inspection indicated that there were no concerns in relation to the agency. Staff stated they enjoyed working at the agency and were supported by the manager.

There were no responses received to the electronic staff survey.

3.3 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the agency was undertaken on 22 April 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Governance and Managerial Oversight

There were quality monitoring arrangements in place which included the completion of monthly quality monitoring reports. It was evident in these reports that there was engagement with service users and staff. It was noted that the agency routinely monitored any incidents as part of the monthly checks to identify any patterns or trends.

The agency did not complete an annual quality report and follow-up action plan to evidence the quality of services provided is evaluated on at least and annual basis. An area for improvement has been identified.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. There was evidence that complaints received since the last inspection had been investigated and actions taken to address the issues identified. These records did not consistently contain a record of the outcome of the complaint. An area for improvement has been identified.

There was evidence of good oversight of incidents, which included theming and trend analysis. RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in accordance with the regulations. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The alphabetical list of staff employed by the agency was up to date.

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

3.4.2 Fitness of the Registered nurses supplied by the agency (includes recruitment, induction, training and supervision).

A review of the agency's staff recruitment records confirmed that pre-employment checks including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings. It was noted that a full employment history was not requested from staff by the agency. Records viewed contained only a five-year employment history, gaps in employment were not explored and updated proof of address was not requested prior to commencement of employment. An area for improvement has been identified in relation to the recruitment of staff.

The interview process was reviewed written records were retained by the agency of the person's capability and competency in relation to their job role. Interview records were detailed but did not contain a scoring system. The manager may wish to consider using a scoring system to support the interview outcome.

A review of the records confirmed that all registered nurses were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

Written records were retained by the agency of the person's capability and competency in relation to their job role. Records of staff orientation and induction were retained. It was noted registered nurses had supervisions undertaken in accordance with the agency's policies and procedures. It was evident staff received feedback on their practice following incidents.

A staff handbook and policies and procedures were available to guide and support staff. The handbook included information in relation to training. The information relating to training and types of abuse.

The handbook should accurately reflect all training requirements consistent with training listed in the Service Users Guide and the additional types of abuse as outlined in the agency's Adult Safeguarding Policy. The handbook will be reviewed at the next inspection.

There was a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. Nurses had completed training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the general manager, as part of the inspection process and with Mrs Ghada Ahmed Ragab Abdou, Responsible Person/Registered Manager, following the inspection. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 12. (1) (d) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall ensure that no nurse is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to the full employment history, written explanation of gaps in employment history and ensuring current employee contact details. Ref: 3.4.2
	Response by registered person detailing the actions taken: Carrik Care is committed to ensuring full compliance with the regulation outlined by RQIA. In response to the highlighted concern regarding the employment history and employee contact details, we have taken the following actions: 1. Full Employment History & Explanation of Gaps - We have implemented a stricter pre-employment screening process to ensure that every nurse's full employment history is verified before placement. - All application forms now require candidates to provide a comprehensive employment history, covering all roles with exact start and end dates. - Where gaps in employment exist, written explanations must be provided by the candidate. These explanations are now reviewed and documented in the recruitment file before approval. 2. Ensuring Up-to-Date Employee Contact Details - We have introduced a system to verify and update employee contact details regularly. This includes a quarterly audit of staff records to confirm the accuracy of phone numbers, emails, and emergency contacts. - Employees are required to confirm their contact details at the time of induction and during annual appraisals. - A staff-wide reminder system has been set up to prompt employees to update their contact information in case of any changes. - Our recruitment team has been trained to conduct thorough compliance checks before a nurse is supplied by the agency. These measures ensure that all nurses supplied by Carrik Care meet the required standards, and we are confident that this will prevent any future issues regarding incomplete employment history or outdated contact details.

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 **Ref:** Standard 1.13 **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall the quality of the services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. This relates specifically to the completion of an annual quality report. Ref: 3.4.1
	Response by registered person detailing the actions taken: Carrik Care is committed to ensuring the continuous improvement of our services through regular evaluation and stakeholder engagement. In response to the highlighted concern regarding the completion of an annual quality report, we have taken the following actions: 1. Completion of an Annual Quality Report - We have implemented a structured process to ensure the timely completion of an annual quality report, which evaluates the overall performance of our services, identifies areas for improvement, and highlights key achievements. - The report includes data on staff compliance, service user feedback, complaints and incident analysis, training completion rates, and overall service performance. 2. Stakeholder Involvement - To ensure a comprehensive evaluation, we have formalized a stakeholder engagement process. This includes gathering feedback from service users, staff, and partner organizations through surveys, focus groups, and regular meetings. - Quarterly feedback sessions are now in place with key stakeholders, including NHS representatives and nursing home managers, to assess service quality and address any concerns promptly. 3. Follow-Up Actions - Based on the findings of the annual quality report, we will implement an action plan to address any areas requiring improvement. - Regular follow-up meetings will be conducted to track progress and ensure that necessary improvements are effectively implemented. - A designated quality assurance lead has been assigned to oversee the evaluation process and ensure ongoing compliance with RQIA standards. 4. Monitoring and Compliance - The annual quality report will be formally reviewed by senior management, and findings will be incorporated into our strategic planning process.

	- We have scheduled internal audits to verify that all recommended actions from the report are addressed in a timely manner. With these measures in place, Carrik Care ensures that service quality is continuously evaluated, stakeholders are actively engaged, and improvements are systematically implemented.
Area for improvement 2 **Ref:** Standard 8.14 **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall ensure a summary of all complaints, outcomes and actions is made available to the Regulation and Quality Improvement Authority. This relates to the need to ensure the outcome of a complaint is recorded and the information shared with the complainant. Ref: 3.4.1
	Response by registered person detailing the actions taken: Carrik Care is committed to maintaining a transparent and effective complaints management process in line with RQIA standards. In response to the identified improvement area regarding the recording and communication of complaint outcomes, we have taken the following actions: 1. Recording Complaint Outcomes - We have updated our complaints management procedure to ensure that all complaints, along with their outcomes and actions taken, are formally documented. - A standardized Complaints Outcome Form has been introduced to record investigation findings, decisions made, and any corrective actions implemented. - Complaint records are now maintained in a secure and organized format, ensuring easy retrieval for internal audits and RQIA inspections. 2. Communication with Complainants - A formal complaint response protocol has been established to ensure complainants receive a written summary of the investigation outcome within the required timeframe. - All complainants are now provided with a clear explanation of the findings, any remedial actions taken, and information on how to escalate the complaint if they are not satisfied with the resolution. - A designated complaints officer is responsible for ensuring timely and effective communication with complainants. 3. Sharing Information with RQIA - A Complaints Summary Report will be compiled quarterly and made available to RQIA, detailing the nature of complaints received, outcomes, and any actions taken to improve service quality. - Our internal review meetings will include a standing agenda item on complaints to ensure trends are identified, lessons are learned, and service improvements are implemented. 4. Ongoing Monitoring & Staff Training

	- Staff have been trained on updated complaints handling procedures to reinforce the importance of thorough documentation and timely communication. - Regular audits will be conducted to ensure compliance with complaints management requirements and to address any areas for further improvement. By implementing these measures, Carrik Care ensures that complaint outcomes are recorded accurately, shared with the complainant, and reported to RQIA in a structured manner.

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