



The Regulation and
Quality Improvement
Authority

First Choice Selection Services Ltd
RQIA ID: 020074
23 Church Street
Belfast
BT1 1PG

Inspector: Amanda Jackson
Inspection ID: IN22900

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**Unannounced Care Inspection
of
First Choice Selection Services Ltd
01 October 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 01 October 2015 from 09.15 to 16.15 hours. On the day of the inspection there were a number of areas for improvement identified to ensure that care being provided by the agency is safe, effective and compassionate.

The areas for improvement identified are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

No actions were required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

As a result of the findings of this inspection, RQIA wrote to the registered person to advise of RQIA's intention to issue a Failure to Comply Notice in respect of Regulation 23(1)(5). RQIA also advised the registered person in writing of serious concerns relating to staff supervision, service user referral and care plan information.

During a meeting at RQIA offices on 1 December 2015, the registered person discussed the challenges being faced by the agency in complying with the relevant regulations. The registered person described actions taken and to be taken to secure compliance with the relevant regulations.

On this basis, RQIA did not issue a failure to comply notice in respect of Regulation 23 (1) (5) but advised the registered person that further legal opinion would be sought. RQIA have advised the registered person of their responsibility to submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with Regulation 23(2) (3).

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 6 | 1 |

The details of the QIP within this report were discussed with the senior consultant as part of the inspection process and at the conclusion of the inspection via telephone with the registered person Mr Paul Crean. The timescales for completion commence from the date of inspection.

2. Service Details

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|---|--|
| Registered Organisation/Registered Person: First Choice Selection Services Ltd/Mr Paul Crean | Registered Manager: Ms Lauren Crean (acting) |
| Person in charge of the agency at the time of Inspection: Senior consultant | Date Manager Registered: 10 August 2015 |
| Number of service users in receipt of a service on the day of Inspection: This could not be confirmed on the day of inspection. | |

3. Inspection Focus

The inspection sought to assess if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Record of notifiable events.

Specific methods/processes used in this inspection include the following:

- Discussion with the senior consultant and registered person.
- Consultation with two staff
- Consultation with three managers from services who receive staff from First Choice Selection Services Ltd.
- Examination of records
- File audits
- Evaluation and feedback.

On the day of inspection the inspector spoke with two care staff (via telephone) to discuss their views regarding care provided within the agency, staff training and their general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

Ten staff questionnaires were provided to the senior consultant on the day of inspection. She was asked to forward these to a random sample of care staff selected by the inspector, to find out their views regarding the service. No staff questionnaires were received following the inspection.

The following records were examined during the inspection:

- Three referral records
- Three staff quality monitoring records (progress reports)
- One recruitment consultant's weekly quality checklist
- Three contact logs
- Three service visit records
- Three staff training records
- Staff rota's
- Staff disciplinary policy and procedure
- Policy on staffing arrangements
- Three staff contracts/terms and conditions
- Staff handbook
- Daily contact log
- On call/duty log
- Duty information file
- Two missed call records
- Two matters regarding staff practice.

5. The Inspection

On the day of inspection the manager was not on duty and the senior consultant facilitated the inspection process. The Registered Person, Mr Paul Crean was not in attendance for the inspection. The inspector spoke with Mr Crean via telephone at the conclusion of the inspection. The inspector was advised that First Choice Selection Services Ltd supply domiciliary care staff to work in the homes of service users who are in receipt of a supported living service and to service users who receive an intensive domiciliary care service. The agency was unable to provide the inspector with an alphabetical list of those in receipt of care. The agency does not hold referrals, assessments, care plans or review records for any service users. The senior consultant confirmed that there had been no complaints or incidents reported to the agency.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was a pre-registration inspection dated 24 November 2014. There were no requirements or recommendations to follow up from the previous inspection.

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

The inspector was advised that First Choice Selection Services Ltd have an arrangement with the providers of a number of other domiciliary care agencies whereby First Choice Selection Services Ltd supply domiciliary care staff to work in the homes of service users who are in receipt of a supported living service or receive an intensive domiciliary care service.

On the day of inspection there was no evidence within the agency's office of assessments of need, care plans, referrals or reviews. The inspector was advised that this information and all details pertaining to service users are within the service users' homes. The senior consultant discussed how they were working in partnership with the organisations they provide care workers to, to ensure that their employees receive adequate information to meet the needs of service users.

Feedback from two staff members spoken with on the inspection day indicated staff felt care delivery was safe and effective following training.

Records for supply of a domiciliary care worker to a service were maintained by the agency within staff rota's and booking rota's. A sample of these were reviewed during the inspection however, it was not possible to ascertain which staff were being supplied to work with individual service users.

The absence of the records of each supply of a domiciliary care worker to a specific service user represents a risk to service users as it is not possible to determine which worker(s) have been supplied to individual service users. The inspector was advised that the agency does not maintain an alphabetical index of service users; this also presents a risk to service users as it is not possible to determine whether there are appropriate arrangements in place to ensure that the conduct of the agency and the services provided to individuals meet the regulations and minimum standards.

The agency's supply of staff to work in service users' homes in the absence of an assessment of need and plan of care has the potential to significantly impact on the safety and welfare of service users. These matters were discussed at a meeting convened at RQIA offices on 1 December 2015 with representatives of First Choice Selection Services Ltd. During this meeting representatives discussed the efforts made with the services to date in securing this information but advised that lack of cooperation had provided challenges in obtaining the required information. Two requirements are made in relation to this.

Is Care Effective?

The inspector noted that reports of monthly monitoring due to be undertaken by the registered person were not being completed. The inspector discussed these reports in terms of evidencing systematic review of staff working practices, ongoing quality monitoring and consultation with service users, their representatives, staff and professionals. The inspector discussed the importance of robust monthly monitoring and advised using the template developed by RQIA for this purpose. In accordance with RQIA's Enforcement Policy and Procedures RQIA wrote to the responsible person and advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 23 (1) and (5). This matter was discussed at

a meeting at RQIA offices on 1 December 2015. RQIA have corresponded separately with the responsible person regarding the outcome of RQIA's decision on this matter.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. The inspector was advised that this information is supplied by staff of the supported living scheme they are allocated to work in or via telephone from consultants in First Choice Selection Services Ltd.

The senior consultant confirmed they had received no complaints from the organisations they supply care workers to. The inspector read samples of the feedback forms the organisations return to First Choice Selection Services Ltd regarding staff supplied (progress reports). The inspector also spoke with three service managers during the inspection day and confirmed that the service and staff provided by First Choice Selection Services Ltd was professional and efficient with appropriately trained and skilled staff members. Where issues had arisen on two occasions regarding staff manner or practice the services informed the inspector that First Choice Selection Services Ltd had dealt with these matters appropriately. The inspector reviewed both matters during inspection to confirm the follow up actions taken by the agency. One matter has been concluded and evidenced appropriate action taken with the staff member. The second matter had recently taken place and was currently being addressed.

Is Care Compassionate?

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs. Agency staff who spoke with the inspector spoke enthusiastically about the promotion of choice, dignity and independence in their daily work with service users. Review of staff training during inspection highlighted the agency do not currently provide training in the area of service user monies in compliance with the RQIA mandatory training guidelines (2011) and this has been recommended and detailed within the QIP appended to this report.

Areas for Improvement

There were a number of areas for improvement noted in relation to:

- The evidence of referral and assessment information or of care plans having been developed reviewed or shared with service users.
- The system for evaluating the quality of service provision
- The records of supply of domiciliary care workers to each service user
- The provision of an alphabetical index of service users
- Staff training in managing service user monies.

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| Number of Requirements: | 4 | Number of Recommendations: | 1 |
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of operational management systems, policies and processes were reviewed within the agency during inspection to ensure communication channels with the organisation they supply care workers to. These included telephone contacts, individual worker feedback, client visits and evidence of these communications were verified during the inspection. There were no direct communications with service users or their representatives. This matter was discussed at the meeting on 1 December 2015. A requirement has been made within Theme 1 in respect of this matter.

Is Care Effective?

Procedures in place for staff quality monitoring were reviewed during inspection. Individual care worker feedback sheets (progress reports) are completed by senior staff of the supported living organisations and returned to the agency. Staff spoken to on the day of inspection confirmed they had not received supervision or appraisal by the agency manager. Training records examined on the day of inspection were sufficiently detailed and included the nature and type of training provided together with training content and trainer qualifications.

The absence of appropriate supervision has the potential to significantly impact on the safety and welfare of service users. A supervision policy and the inclusion of the frequency with which supervision should occur was discussed during the meeting on 1 December 2015.

Is Care Compassionate?

Two agency staff who work in service users homes explained how they can access service users' care and support plans and risk assessments and ensure care is delivered accordingly. The agency has on call arrangements which were outlined to the inspector. The inspector also viewed the on call activity log. The inspector noted efforts by the agency to ensure there was continuity of care in respect of the care workers supplied.

Areas for Improvement

- Supervision and appraisal is required for all care staff.

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| Number of Requirements: | 1 | Number of Recommendations: | 0 |
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5.2 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the senior consultant as part of the inspection process and with the registered person via telephone at inspection conclusion. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 15 (2)
(3)

Stated: First time

To be Completed by:
01 January 2016

The registered person must ensure, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall

- (a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;
- (b) specify the service user's needs in respect of which prescribed services are to be provided;
- (c) specify how those needs are to be met by the provision of prescribed services.
- (3) The registered person shall—
 - (a) make the service user's plan available to:
 - (i) the service user;
 - (ii) any representative of a service user who was consulted on its preparation or revision;
 - (b) keep the service user plan under review;
 - (c) where appropriate, and after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, revise the service user plan; and
 - (d) Notify the service user or, where applicable, the service user's representative, of any such revision.

Response by Registered Person(s) Detailing the Actions Taken:

See attached Document

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| <p>Requirement 2</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p> <p>To be Completed by: 01 January 2016</p> | <p>(1) The registered person shall ensure that the records specified in Schedule 4 are maintained.</p> <p>This requirement refers to, but is not exclusive to ensuring the agency maintains details of each supply of a domiciliary care worker to a service user. It includes an alphabetical index of service users and an alphabetical index of domiciliary care workers supplied or available for supply by the agency.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>See ATTACHED DOCUMENT</p> |
| <p>Requirement 3</p> <p>Ref: Regulation 23 (1)(5)</p> <p>Stated: First time</p> <p>To be Completed by: With immediate effect and ongoing</p> | <p>(1) The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>See ATTACHED DOCUMENT</p> |

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|---|---|
| <p>Requirement 4</p> <p>Ref: Regulation 23 (2)(3)</p> <p>Stated: First time</p> <p>To be Completed by: Within one month of RQIA request for the report.</p> | <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none">(a) arranges the provision of good quality services for service users;(b) takes the views of service users and their representatives into account in deciding-<ul style="list-style-type: none">(i) what services to offer to them, and(ii) the manner in which services are to be provided; and(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. <p>(2) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> |
| | <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>See Attached Document.</i></p> |

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| <p>Requirement 5</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 01 January 2016</p> | <p>The registered person shall ensure that each employee of the agency-</p> <p>(2)(a) Receives training and appraisal which are appropriate to the work he is to perform;</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> |
| <p>Requirement 6</p> <p>Ref: Regulation 16(4)</p> <p>Stated: First time</p> <p>To be Completed by: 01 January 2016</p> | <p>(4) The registered person shall ensure that each employee of the agency receives appropriate supervision.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> |

| Recommendations | | | |
|---|--|-----------------------|------------------|
| Recommendation 1 Ref: Standard 1.3 Stated: First time To be Completed by: Immediate and ongoing | It is recommended that records are kept of comments made by service users and their/carers/representatives regarding the quality of care delivered and the actions taken by staff in response to the comments. | | |
| | Response by Registered Person(s) Detailing the Actions Taken: <i>See Attached Documents.</i> | | |
| Registered Manager Completing QIP | <i>J CREON</i> | Date Completed | <i>14/1/2016</i> |
| Registered Person Approving QIP | <i>[Signature]</i> | Date Approved | <i>14/1/2016</i> |
| RQIA Inspector Assessing Response | <i>A. Jackson</i> | Date Approved | <i>2/3/16</i> |

QIP approved alongside correspondence received from the responsible person dated 14/1/2016.