



The Regulation and
Quality Improvement
Authority

Unannounced Domiciliary Care Agency Inspection Report 25 August 2016



First Choice Selection Services Ltd

Type of service: Domiciliary Care Agency
Address: 23 Church Street, Belfast, BT1 1PG
Tel No: 02890313693
Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of First Choice Selection Services Ltd took place on 25 August 2016 from 09.30 to 11.30 hours. The registered person Mr Paul Crean advised the inspector that the agency, while registered as a Domiciliary care agency, is not currently operating as such but is supplying staff to other organisations as an employment agency.

The inspection sought to assess progress with any issues raised during and since the previous inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

This inspection resulted in one recommendation being made. Findings of the inspection were discussed with Mr Paul Crean, Registered Person as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

In addition to those actions detailed in the previous QIP the agency attended a concerns meeting at RQIA on 01 December 2015.

Areas of concern raised during the meeting were confirmed during discussions with the agency assuring RQIA that all matters were being reviewed and addressed in an appropriate timeframe.

2.0 Service details

Registered organisation/registered person: First Choice Selection Services Ltd/Mr Paul Crean	Registered manager: Ms Lauren Crean (registration pending)
Person in charge of the agency at the time of inspection: Mr Paul Crean	Date manager registered: Registration pending

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered person
- Examination of records
- File audits
- Evaluation and feedback.

The registered person was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. No staff questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Agency vacancy template
- Agency care worker interview template
- Three service user organisation profiles
- Staff index
- Service user index
- Two rotas of staff availability and placement
- Three service user surveys
- Two monthly monitoring reports
- Four staff appraisals
- Four staff training records
- Staff database regarding training, NISCC registration, appraisals and Access NI
- Statement of purpose
- Service user guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01 October 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 01 October 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (3)</p> <p>Stated: First time</p>	<p>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</p> <ul style="list-style-type: none"> (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. <p>(3) The registered person shall—</p> <ul style="list-style-type: none"> (a) make the service user's plan available to: <ul style="list-style-type: none"> (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. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The agency recruits staff for placement into supported living facilities and trust domiciliary care services. Staff are inducted during their initial introduction to the facilities/service and receive information regarding service user groups. Individual care plans for service users are therefore not retained by the agency.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>Information reviewed under requirement one above details information pertaining to staff and service users currently being provided by the agency.</p> <p>Two rota files reviewed during inspection detailed staff availability and service users requests on a weekly/monthly basis alongside a separate file with confirmed bookings of staff placements.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 23 (1)(5)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>Surveys are sent out to all service users on an ongoing basis following staff placements and were available for review during inspection for a range of services. Feedback was positive within records randomly selected by the inspector and included comments as follows:</p> <p>“We are delighted with the service provided by first choice. Staff with high level of knowledge of service users conditions”.</p> <p>“Issues dealt with professionally and promptly”.</p> <p>“The service users have been generally very positive about the staff provided. I discuss any issues with the agency consultant when matters arise”.</p>	<p>Met</p>

	<p>The monthly monitoring is also reviewed in terms of percentage of returned surveys received and comments made together with actions to be taken by first choice. The monthly monitoring reports were reviewed for December 2015 and January 2016 and completed by a recruitment consultant. Discussion with the registered person during inspection recommended ongoing monthly quality monitoring and completion of reports by the registered person.</p>	
<p>Requirement 4 Ref: Regulation 23 (2)(3) Stated: First time</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>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>Action taken as confirmed during the inspection:</p> <p>As detailed under requirement three above.</p>	<p>Met</p>
<p>Requirement 5 Ref: Regulation 16(2)(a) Stated: First time</p>	<p>The registered person shall ensure that each employee of the agency-</p> <ul style="list-style-type: none"> (2)(a) Receives training and appraisal which are appropriate to the work he is to perform; <p>Action taken as confirmed during the inspection:</p> <p>Staff appraisals were reviewed during inspection and evidenced staff being appraised annually.</p>	<p>Met</p>

	<p>Staff training reviewed for four staff being placed into supported living and daycare facilities evidenced update training undertake over two days for all mandatory areas. Staff training is also detailed on staff profiles issued to service users.</p> <p>A number of staff are currently registered with NISCC with agency plans to have all staff registered in accordance with NISCC timeframes.</p> <p>Staff training, NISCC registration and Access NI are maintained on a central database for all staff. Review of the system during inspection evidenced how the agency review when staff are due updates in the required areas.</p>	
<p>Requirement 6</p> <p>Ref: Regulation 16(4)</p> <p>Stated: First time</p>	<p>(4) The registered person shall ensure that each employee of the agency receives appropriate supervision.</p> <p>Action taken as confirmed during the inspection:</p> <p>As staff are supplied into other facilities supervision does not take place within the agency. Ongoing communication with staff on a daily/weekly basis were discussed with the registered person during inspection in respect of staff availability and feedback of previous placements.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 1.3</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection:</p> <p>As detailed previously under requirement three above regarding quality monitoring processes.</p>	<p>Met</p>

Additional areas examined during inspection

Review of the statement of purpose and service user guide were found to be in compliance with Regulation 5, Schedule 1 and Regulation 6 respectively with exception to the complaints information which is recommended to include the role of RQIA in complaints review, contact details for relevant trust departments and details of independent advocacy services. A recommendation has been made in this regard.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Paul Crean, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office (non- paperlite) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



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Assurance, Challenge and Improvement in Health and Social Care

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 2.2

Stated: First time

To be completed by:
25 October 2016

The service user guide contains information on the following:

- a summary of the complaints procedure and how to access it.

Response by registered provider detailing the actions taken:

Complaints Procedure has been amended to take account of above.

Copy to be forwarded.

[Signature] 31/1/2017.

REGULATION AND QUALITY

30 JUN 2017

IMPROVEMENT AUTHORITY