

Unannounced Care Inspection Report 09 January 2018



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

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

First Choice is an employment agency based at 23 Church Street, Belfast, supplying staff to other domiciliary care organisations.

3.0 Service details

Organisation/Registered Provider: First Choice Selection Services Ltd/Mr Paul Crean Responsible Individual: Mr Paul Crean	Registered Manager: Ms Lauren Crean
Person in charge at the time of inspection: Branch Manager	Date manager registered: Ms Lauren Crean – application to be submitted

4.0 Inspection summary

An unannounced inspection of First Choice Selection Services Ltd took place on 09 January 2018 from 09.30 to 11.30 hours. The Branch Manager 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being made. Findings of the inspection were discussed with the branch manager 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.

4.2 Action/enforcement taken following the most recent care inspection dated 25 August 2016

One area for improvement had been detailed in the Quality Improvement Plan (QIP) following the most recent inspection on 25 August 2016.

Due to the registered person's failure to submit the improvement plan within the allocated timescale, RQIA remained concerned that an area for improvement identified during the previous inspection had not been met until return of the QIP on 30 June 2017.

5.0 How we inspect

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2016/2017

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

- Discussion with the Branch Manager
- Examination of records
- File audits
- Evaluation and feedback

At the request of the inspector, the branch manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- Statement of purpose
- Staff database regarding training, appraisals, NISCC registration and Access NI (including annual checks/updates)
- Three complaints records
- One staff members quality monitoring records following a complaint arising
- One incident record
- Two safeguarding records
- One monthly monitoring report

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 August 2016

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

6.2 Review of areas for improvement from the last care inspection dated 25 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards.		Validation of compliance
Ref: Standard 2.2 Stated: First time	The service user guide contains information on the following: <ul style="list-style-type: none"> a summary of the complaints procedure and how to access it. 	Met
	Action taken as confirmed during the inspection: Information submitted with the returned QIP in respect of the complaints procedure supported compliance with Standard 2.2. The complaints policy presented during inspection had been further reviewed by the agency in November 2017.	

6.3 Inspection findings

Statement of Purpose

Review of the statement of purpose supported compliance with Regulation 5, Schedule 1.

Staff database regarding training, appraisals, NISCC registration and Access NI

The agency maintains a database of staff information which highlights when staff are next due training, appraisal, NISCC and Access NI updates. The monthly report compiled by the branch manager reviews compliance against each area of the matrix and where necessary highlights any required actions.

Complaints

No complaints had been received between April 2016 and March 2017 (the required timeframe requested by RQIA). The agency had received four complaints between April and October 2017. No further complaints had been received since October 2017 and up to the date of inspection.

Review of records during inspection for three of the complaints supported good recording and procedures in place for complaints review.

Staff quality monitoring records following a complaint arising

Review of the quality monitoring/staff competence process for one staff member following a complaint arising supported appropriate procedures in place.

Incidents

The agency had reported two matters to RQIA since the previous inspection; one of the incidents was not required to be reported under legislation but had been requested for submission by the Health and Social Care Trust (HSCT). Review of the second incident supported good reporting procedures in line with the required timeframes. Comprehensive records had been maintained in respect of this matter.

Safeguarding

The agency had two safeguarding matters arising since the previous inspection. Both matters were reviewed under safeguarding procedures and records maintained appropriately by the agency.

Monthly Quality Monitoring

Review of one monthly report compiled by the branch manager confirmed a process in place for monitoring feedback in respect of the service and any follow up actions required.

	Regulations	Standards
Total number of areas for improvement	0	0

No areas for improvement were identified during the inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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