

Unannounced Care Inspection Report 27 September 2016



Ardmonagh Family and Community Group

Type of Service: Domiciliary Care Agency
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Tel No: 02890245943
Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ardmonagh Family and Community Group took place on 27 September 2016 from 11.00 to 15.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection, and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The inspector noted the recruitment policy lacked sufficient detail and requires improvement. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

One area for quality improvement was identified regarding enhancing the recruitment policy and procedure.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

Two areas for improvement were recommended regarding:

- Enhancing the policy and procedure in respect of record keeping.
- Including information on the management of identified risks in the care plan.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The agency's systems of quality monitoring have been implemented but the system should provide for regular consultation with service users and representatives.

One area for quality improvement was identified regarding ensuring service user and representative views are recorded on monthly monitoring reports.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Siobhan McCormac, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection dated 14 March 2016.

2.0 Service details

Registered organization/registered provider: Ardmonagh Family and Community Group/Richard Gerard May	Registered manager: Siobhan McCormac (Acting)
Person in charge of the agency at the time of inspection: Siobhan McCormac	Date manager registered: Siobhan McCormac (Acting) – application not yet submitted

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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 acting manager and training officer
- Consultation with four staff
- Examination of records
- File audits
- Evaluation and feedback

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Two completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Two recently recruited staff members' records
- Induction policy and procedure
- Supervision and appraisal policy and procedure
- Staff duty rota information
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three service user records regarding referral, assessment, care planning and review
- Three service users' quality monitoring records
- Record keeping policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three monthly monitoring reports completed by the registered provider
- Two staff meeting minutes
- Complaints policy and procedure
- Two complaint records
- Staff team meeting minutes
- Incident records

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 14 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16 (2)(a)	The registered person shall ensure that each employee of the agency receives training appropriate to the work he is to perform.	Met

Stated: First time	Action taken as confirmed during the inspection: The inspector viewed fire safety training records which were missing at the last inspection and these confirmed that staff had attended fire safety training on 4 July 2016.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.9 Stated: First time	<p>A report is prepared that identifies the methods used to obtain the views and opinions of service users and their carers/representatives; incorporates the comments made and issues raised; and any actions to be taken for improvement. A summary of the key findings is provided to service users and their carers/representatives, and a copy of the full report is available on request.</p> <p>Action taken as confirmed during the inspection: The inspector viewed evidence that last year's report had been sent to service users and/or their representatives. The report for 2016 is in progress and the inspector viewed a sample of the questionnaires sent to service users and stakeholders.</p>	Met

4.2 Is care safe?

The policy and procedures relating to staff recruitment were reviewed. The inspector found the policy to be sparse and it lacked the detail necessary to ensure all documentation and information is obtained relating to domiciliary care staff.

Three staff files sampled verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

Of the four care staff interviewed, one described induction processes to be in accordance with those found within the agency procedures and records.

The inspector was advised by one service user and two relatives who were spoken to on the telephone, that there were no concerns regarding the safety of care being provided by Ardmonagh Family and Community staff. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the care required.

No issues regarding the care workers' training were raised with the inspector; a service user discussed examples of care delivered by staff that included use of specialised equipment and

support to enable independence. All of the service users' representatives and the service user who spoke with the inspector confirmed that if they had a concern they could approach care workers and/or office staff.

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Safeguarding and Protecting Service Users' policy and procedure provided information and guidance as required; however, it was dated June 2015 and did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

A review of safeguarding documentation confirmed that concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The agency's 'Whistleblowing Policy and Procedure' was found to be satisfactory and the inspector viewed evidence that the issue had been discussed at a staff meeting.

Each of the care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Records of staff meetings demonstrated that the whistleblowing procedure had been distributed to staff on 4 May 2016. Two staff questionnaires received by the inspector confirmed that staff felt service users were safe and protected from harm.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Areas for improvement

One area for improvement was identified during the inspection. The registered person/manager is recommended to expand their recruitment and selection policy to ensure it details the full and satisfactory information to be obtained in respect of the matters specified in Schedule 3.

Number of requirements	0	Number of recommendations:	1
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4.3 Is care effective?

The inspector was informed by the service user and representatives interviewed that there were no concerns regarding carers' timekeeping and that care was not felt to have been rushed. They also advised that they had not experienced any missed calls from the agency.

Three service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency's care plans and risk assessments completed by staff during their initial service visits contained evidence that the views of service users and/or relatives had been obtained and where possible, incorporated. One service user's

care records did not contain an up to date risk assessment and a recommendation is made in respect of this. The inspector discussed the organisation and structure of service user files created by the agency; the manager agreed that this could be improved to ensure easier access to current information. The inspector was satisfied with the manager's assurances that this matter would be addressed.

The inspector confirmed from records reviewed that the agency carry out regular home visits and phone calls, and they also send satisfaction questionnaires annually to service users and representatives, asking for their views on the service. A service user interviewed by the inspector explained that they are involved in trust reviews regarding their care package. This service user said they were "over the moon" with the standard of care provided by the carers who enable this person to access community leisure facilities on a regular basis.

Examples of some of the comments made by representatives are listed below:

- "Great professional caring service; it makes a huge difference to me."
- "Ardmonagh provided a very individual package; they put a team together and provide lengthy frequent calls."

Three service user files viewed by the inspector confirmed that the agency manager and/or senior staff had carried out care review meetings with service users/representatives to ensure service user needs were being met. A HSC trust professional described the positive contributions agency staff bring to the review process. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Care workers interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Care workers described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

The inspector reviewed two completed daily log records returned from service users' homes. These records confirmed monitoring of recording practice had been carried out by senior staff.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified. This matter was also discussed at a staff meeting on 1 February 2016. Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

The inspector viewed evidence that the annual report for 2015 had been sent to service users and/or their representatives. The report for 2016 is in progress and the inspector viewed a sample of the questionnaires sent to service users and stakeholders.

The policy and procedure in respect of record keeping was viewed by the inspector and did not provide comprehensive details, particularly in respect of document retention, and a recommendation is therefore made.

Areas for improvement

Two areas for improvement were identified during the inspection. The registered person/manager is recommended to expand their policy and procedure relating to record keeping and ensure arrangements for document retention are detailed. The registered person/manager is recommended to ensure that the agency retains risk assessments in service user files relating to the delivery of care and services.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care compassionate?

All of the representatives interviewed by the inspector indicated that care was compassionate, that care workers treat the service user with dignity and respect, and care was not being rushed.

A HSC Trust professional described the measures taken by the agency to ensure a service user with extremely complex needs was enabled to remain in their own home. This positive outcome for the service user was due to the agency staff delivering a very extensive, flexible package of care.

Views of service users and relatives were sought by the agency through home visits, phone calls and questionnaires to ensure satisfaction with the care being provided by Ardmonagh staff. The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector and discussion with the registered person/manager, no staff practice issues had been identified during spot checks and monitoring visits.

Staff who spoke to the inspector on the day of inspection provided good examples of compassionate interventions and commented:

- "We always explain what we are doing."
- "If a service user is upset we try to help them settle with hand massage."
- "I love the different people I work with."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. The manager, Siobhan McCormac, is supported by two team leaders in the management of the domiciliary care agency. The care workers provide domiciliary care and support to 15 children and 16 adults with complex needs.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities. All of the service users interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner. The complaints log was viewed for the period 1 April 2015 to the inspection date (27 September 2016), with two complaints received. The inspector was satisfied that these had been appropriately investigated and resolved to the satisfaction of the complainant.

Discussion with the manager evidenced that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Records of four incident reports received during the past year confirmed the agency had responded appropriately to ensure learning outcomes were identified and disseminated from these events.

The inspector reviewed the monthly monitoring reports from June to August 2016. These reports evidenced that the responsible person had been monitoring the quality of service, but reports contained insufficient evidence that service users or their representatives had been contacted about the quality of care and support provided by the agency. A requirement is therefore made.

The care workers interviewed and staff questionnaires returned indicated that they felt supported by the manager whom they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff interviewed along with questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

Areas for improvement

One area for improvement has been identified and the registered person is required to ensure that systems for evaluating the quality of services which the agency arranges to be provided takes the views of service users and their representatives into account.

Number of requirements	1	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Siobhan Mc Cormac, the manager, 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 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk for review 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.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 23(2)(b) Stated: First time To be completed by: 27 November 2016	<p>The registered provider must establish and maintain a system for evaluating the quality of services which takes the views of service users and their representatives into account.</p> <p>Response by registered provider detailing the actions taken: I have implemented a monitoring form which is delivered to all service users, when returned the data is analysed and included in the annual report via graphs showing percentages of service users views on the quality of our service Service users and relatives of service users will be contacted each month by the responsible person and their comments and views will be contained in the monthly reports.</p>
Recommendations	
Recommendation 1 Ref: Standard 10.2 Stated: First time To be completed by: 27 November 2016	<p>The policy and procedure for the management of records should detail the arrangements for the retention of records.</p> <p>Response by registered provider detailing the actions taken: We have now updated our data protection policy to include timescales for the retention, disposal and storage of records in accordance with data protection legislation. We have created a separate policy on how to safely transport records.</p>
Recommendation 2 Ref: Standard 3.2 Stated: First time To be completed by: 27 November 2016	<p>The person centred, holistic assessment of need must include up to date risk assessments relating to the delivery of care and services.</p> <p>Response by registered provider detailing the actions taken: All files have been checked and any gaps have been filled to ensure up to date risk assessments are in all service user files.</p>
Recommendation 3 Ref: Standard 11.1 Stated: First time To be completed by: 27 November 2016	<p>The policy and procedures for staff recruitment should detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <p>Response by registered provider detailing the actions taken: A template has been created detailing all legislative requirements in accordance with DHSSPS guidelines</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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