

Unannounced Care Inspection Report 10 December 2020



Ardmonagh Family and Community Group

Type of Service: Domiciliary Care Agency
Address: 61 - 63 Ardmonagh Gardens, Belfast, BT11 8DX
Tel No: 028 90 245943
Inspector: Kieran Murray

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency delivering care in the community to adults with physical health disabilities and children with complex medical needs living within the Belfast Health and Social Care Trust (BHSCT) and South Eastern Health and Social Care Trust (SEHSCT) areas. The agency provides a range of personal care services and social support to 34 service users (22 adults and 12 children) living in their own homes as well as respite to families of children receiving services. Service users are supported by 19 staff.

3.0 Service details

Organisation/Registered Provider: Ardmonagh Family and Community Group Responsible Individual: Mr Richard Gerard May	Registered Manager: No Manager
Person in charge at the time of inspection: Team Leader	Date manager registered: 31 December 2017 Ms Elaine McGreevy – Application received - “registration pending”.

4.0 Inspection summary

An unannounced inspection took place on 10 December 2020 from 09.07 to 14.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 25 February 2020, RQIA were not notified of a number of notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Ardmonagh Family and Community Group. A decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection in relation to notification of absence the manager, recruitment, Northern Ireland Social Care Council (NISCC) registrations and monthly quality monitoring reports.

Evidence of good practice was found in relation to:

- access NI checks
- care records
- care reviews
- covid-19 education and management, including infection prevention and control (IPC) measures and updating of the policy
- use of personal protection equipment (PPE)
- service user involvement
- collaborative working
- records relating to Adult Safeguarding

Service user comments:

- “Generally the same people call.”
- “Full PPE is worn whenever close up to me i.e. less than 2 meters.”
- “They don’t miss any calls.”
- “The agency changed my time of call to facilitate my hospital visit.”
- “They are very caring and respectful and great assistance to my XXXX and XXXX.”

Relative’s comments:

- “They wear all the protection when working with XXXX.”
- “I would phone the office if I had any concerns.”
- “I have no complaints about the service.”
- “The staff are always friendly and courteous.”

Staff comments:

- “It’s brilliant to work here.”
- “Such a small team everyone knows each other including service users.”
- “We got an induction and also shadowed for two weeks.”
- “Our training is reviewed every year.”
- “We get an individual PPE pack weekly.”
- “We got Trust training for Covid-19.”

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the deputy chief executive officer and team leaders, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of the inspection undertaken on 10 December 2020, the Regulation and Quality Improvement Authority (RQIA) had concerns that governance arrangements within Ardmonagh Family and Community Group had fallen below the expected minimum standards.

In accordance with RQIA’s Enforcement Policy and Procedures, a serious concerns meeting was convened on 23 December 2020, via teleconference to discuss with the responsible individual, manager and deputy chief executive officer RQIA’s concerns in respect of Regulation 13 (d), Regulation 13 (e), Regulation 23 (2), (a) (b), (3), (4) and Regulation 27 (1) (a) (b) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

During the serious concerns meeting on 23 December 2020 the responsible individual, manager and deputy chief executive officer provided a full account of the actions taken to date and those that would be taken to ensure the minimum improvements necessary to achieve

compliance with the regulations identified. RQIA were assured that the agency had plans in place to achieve compliance. The agency submitted an action plan within an agreed timeframe which we reviewed and found to be satisfactory.

RQIA will continue to monitor the quality of service provided in Ardmonagh Family and Community Group and may carry out an inspection to assess compliance with the Regulations and Standards.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 25 February 2020

No further actions were required to be taken following the most recent inspection on 25 February 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020.
- A range of documents, policies and procedures relating to the service were reviewed during this inspection and are referred to within the body of the report.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The information received from service users and staff indicates that they are satisfied with the current care and support. Comments received are included within the report.

During the inspection we met with the deputy chief executive officer, team leader, two staff and a telephone communication with one service user and one service user's relative.

We would like to thank the service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

Discussion with the team leader identified that they were knowledgeable in relation to safe practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in a number of staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

We reviewed the agency's application form and found that the registered individual must review the application form to ensure it captures all of the information listed in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An area for improvement has been stated in this regard.

We noted that the agency had a system in place each month for monitoring registration status of staff with NISCC. However, we noted a number of newly appointed staff were not checked for registration with NISCC prior to and following their commencement of employment with the agency. An area for improvement has been stated in this regard.

The agency had appointed a new temporary manager. However, RQIA were not updated in a timely manner of this change in manager. An area for improvement has been stated in this regard.

We examined the agency's provision for the welfare, care and protection of service users. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. We received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. We noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

We noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection we noted that the agency had not made any safeguarding referrals to the BHSCT/SEHSCT since the last inspection 25 February 2020.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection 25 February 2020. We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedure.

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had not received any complaints since the last inspection 25 February 2020.

We discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed by the agency. Monthly quality monitoring visit reports were available to be examined since the last inspection. We advised the team leader that reports needed to be more detailed to demonstrate more robust governance and management monitoring within the agency. The team leader was signposted to the template available on the RQIA website for future use. An area for improvement has been stated in this regard.

On the day of the inspection we were informed that there were no restrictive practices in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI, safeguarding, care records, reviews and management of incidents.

Areas for improvement

Areas for improvement were identified in relation to recruitment, manager absence, NISCC and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	4	0

Covid-19:

We spoke with two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Two staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us that they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the agency.

Staff who spoke to us described how and where donning and doffing of PPE happened within the agency and service users homes.

It was also positive to note that the agency staff checked our temperature before entering the agency. Staff who spoke to us they were aware of the need to ask and look out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste in service users or staff.

Hand sanitisers were placed in different areas throughout the agency for staff and visiting professionals to use to ensure good hand hygiene.

The team leader and staff spoken to on the day of the inspection advised us that monitoring of staff practices took place by direct observations during spot checks.

The team leader and staff who spoke to us advised that information was disseminated to staff via emails and updates were attached to the Covid-19 risk assessment folder which is available to all staff. It was also positive to note that the agency had forwarded Covid-19 guidance to service users and their relatives.

Areas of good practice

Compliance with Covid-19 guidance.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the deputy chief executive officer and team leader as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of the matters specified in Schedule 3.</p> <p>This relates specifically to review of the agency's application form to ensure it captures all of the information listed in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Application forms have been reviewed and updated to ensure it captures all information required. The new layout of application forms and interview questions were sent to RQIA in December 2020 to review before they were put in place.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(e) he is registered in the relevant part of the register;</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Application forms and interviews have now been updated to ensure applicants registration details can be checked before employment commences.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (2) (a), (b), (3), (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall</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> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(3) 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</p>

	<p>Improvement Authority. (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>This area for improvement relates to the quality of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (a) (b) (3) (4), the registered person must forward to RQIA reports of quality monitoring visits undertaken by fifth date of each month until further notice.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Monthly Quality Monitoring reports have now been ammended following guidance from RQIA. Monthly Quality Monitoring reports will be completed and forwarded to RQIA for the 5th of each month as requested.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (1) (a), (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall</p> <p>(1) Where-</p> <p>(a) the registered provider, being an individual who manages the agency himself; or (b) the registered manager,</p> <p>proposes to be absent from the agency for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Regulation and Improvement Authority of the proposed absence.</p> <p>This relates specifically to RQIA not being informed about the absence of an acting manager until post the 28 day period.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Due to an oversight RQIA was not informed of the absence of the Acting Manager within the 28days period. We are now fully aware that in future this needs to be done in writing by the CEO Richard May</p>

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)