

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Staff survey comments

11 staff surveys were issued and 4 received which is a disappointing response. The acting manager confirmed that all surveys were distributed to staff on receipt from RQIA. Matters raised from the questionnaires were discussed by the inspector in the course of this inspection.

Some staff comments were included on the returned surveys as follows;

'I would say all our staff are very caring people and we all give a good service to our clients'.
 'I have worked for Ardcomm Care for nearly nine years, I enjoy my work and we receive great training'.
 'I would like to do Makaton training, have asked and been told it will be soon'.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five relatives on 2 February 2015 to obtain their views of the service being provided by Ardmonagh Family and Community Group. The service users interviewed have been using the agency for a period of time ranging from approximately three months to fifteen years and receive assistance with personal care, either at their own home or at a day centre, at least one day per week.

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff or length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Ardmonagh Family and Community Group. None of the people interviewed had made a complaint about the agency, however all were aware of whom they should contact if any issues arise. Examples of some of the comments made by service users or their relatives are listed below:

- "The carers are brilliant."
- "XXX is fantastic and capable of dealing with any issues with my XXX."
- "Couldn't praise them enough."
- "Nothing to complain about."
- "Never had any problems with them."

The majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service, however only one relative was able to confirm that observation of staff practice had taken place in their home. Two service users receive assistance in a local day centre; the acting manager advised that observation of staff practice takes place in the centre and records are kept in the office.

Three relatives also confirmed that they have a file from the agency that it is completed by the carers at all calls to their home. The agency provides care to two service users at a local day care centre and the acting manager confirmed that the daily record sheets are kept in the agency's office.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on "Recording and Reporting Care Practices" and 'Record Keeping' which were found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care.

The agency currently provides care to a number of service users that require some form of restraint. The care plans and risk assessments in relation to this area were found to be appropriately detailed within three service user files sampled.

The agency does not currently have a policy and procedure in place on 'Handling Service User's Monies', this is required to be developed and shared with all staff. The acting manager confirmed that at present no service users are receiving any financial assistance, for example shopping, by the agency staff.

One requirement has been made in relation to this theme.

The registered person is required to develop a policy and procedure on 'Handling Service User's Monies' that includes staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.

Theme 3 – Recruitment

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the 'Recruitment and Selection' policy and procedure dated September 2014 indicated partial compliance with Regulation 13 and schedule 3. This procedure is required to be expanded to ensure all the information and documents listed within schedule 3 are obtained relating to domiciliary care staff.

One requirement has been made in respect of this theme.

The registered person is required to expand the recruitment and selection procedure to ensure all information and documentation is obtained relating to domiciliary care staff

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

3	Standard 14.4	The registered manager is recommended to develop their staff competency assessments following protection of vulnerable adults training.	Records evidenced that staff competency assessments following protection of vulnerable adults training had been completed during 2014 to ensure staff understanding of their roles and responsibilities in this area.	Once	Compliant
4	Standard 14.9	The registered manager is recommended to expand the staff meetings minutes to reflect discussions relating to vulnerable adult issues.	Staff meeting minutes viewed for June and September 2014 confirmed discussions had taken place relating to vulnerable adult issues.	Once	Compliant

<ul style="list-style-type: none"> • The Keeping Safe Programme • Huntington's Disease workshop • First Responder Training • Management of Challenging Behaviour • Management & administration of oxygen • Legal aspects of record keeping • Confidentiality & Professional Boundaries • NG Feeding • Gastrostomy Feeding • Nasal Suctioning • Oral Suctioning 	
<p>Inspection Findings:</p>	
<p>The 'Statement of Purpose' dated September 2014 was reviewed as substantially compliant. The document is required to be expanded to include the experience of the registered provider and acting manager and the roles and responsibilities of each grade of management within the agency. The organisational structure is included within the statement of purpose detailing the registered provider, acting manager, care team leader and care staff.</p> <p>Training records for the acting manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). Each of the mandatory training areas were also reviewed as having been updated in line with best practise timescales.</p> <p>The acting manager has also completed training in the areas of supervision and appraisal and this is to be commended. Most areas of training reviewed included a competency assessment element that had been signed off by the assessor.</p> <p>The acting manager is currently enrolled on the training course, QCF Level 5 in Leadership in Health and Social Care Services (Adult Management Wales and Northern Ireland) and is due to complete same in February 2015 which is to be commended; this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the acting manager is currently registered with NISCC from November 2011 to November 2016.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>Appraisal for the manager currently takes place on an annual basis and was reviewed for the acting manager as having taken place during 2013 and 2014.</p> <p>Supervision meetings were confirmed as currently taking place four to six weekly during discussions with the registered person and acting manager. However the supervision meeting records are not being maintained and have been recommended for review. The inspector viewed minutes following their weekly senior management team meetings, carried out each Tuesday, where a variety of issues were discussed. Records were also viewed of monthly monitoring information provided to the commissioning trust.</p> <p>The inspector reviewed the agency log of incidents to be reported through to RQIA over the past year. Review of this incident log confirmed no incident reports received.</p> <p>Monthly monitoring reports completed by the registered person were reviewed; however they were not completed consistently each month. These reports are recommended to be completed monthly and retained for review; this area was discussed with the responsible person during inspection. The acting manager had completed monthly reports which were viewed for September 2014 to January 2015.</p> <p>The agency had completed their annual quality review for the year 2013/14 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency holds a training and development policy and procedure which sit alongside their training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the care team leader were found to be in place regarding all areas of mandatory training which were up to date in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>The care team leader is due to complete training in the areas of supervision and appraisal as part of her on-going training programme.</p> <p>Most areas of training reviewed included a competency assessment element that had been signed off by the assessor.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Records reviewed within the care team leader file indicated that the annual appraisal had taken place most recently during 2013, with no appraisal carried out during 2014. The acting manager confirmed that this had not been completed due to the change of manager and has been recommended to be reviewed.</p> <p>Supervision records for the care team leader were viewed and found to be appropriately detailed, and confirmed as having taken place in line with their procedure timescale.</p> <p>It was discussed and reviewed during inspection that the care team leader is currently registered with NISCC.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

<p>Provider's Self-Assessment:</p>	
<p>5. Compliant Service user guide is kept up to date and in good order, in service users home and a signed copy is kept in office.</p> <p>5. Compliant Detailed care plans are kept in service users homes and signed copy also kept in office.</p> <p>5. Compliant All daily records have dates and times of arrival and departure. Any changes are recorded and reported on to the necessary body. Staff are provided with training to ensure that daily records are legible and accurate.</p>	<p><u>Compliant</u></p>
<p>Inspection Findings:</p>	
<p>The agency policies on 'Recording and Reporting Care Practices', and 'Record Keeping' dated September 2014, and the 'Restraint' policy dated September 2014 were all reviewed during inspection as compliant. Staff handbook reviewed dated January 2014 also contained details on these topics. The agency does not currently have a policy and procedure in place on 'Handling Service User's Monies', this is required to be developed and include staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2014 were reviewed as compliant with no staff competence issues arising.</p>	<p>Substantially compliant</p>

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>0. Not applicable</p>	<p><u>Not applicable</u></p>
<p>Inspection Findings:</p>	
<p>The acting manager confirmed that at present no service users are receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO.</p> <p>Review of the care plans sampled during the inspection indicated that those service users are not receiving any financial assistance, for example shopping, from the agency.</p> <p>However as detailed within the criteria above, the agency is required to develop a policy and procedure on 'Handling Service User's Monies' that includes staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.</p>	<p>Not applicable</p>

THEME 3
Regulation 13 - Recruitment

Criteria Assessed 1:

Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—

- (a) he is of integrity and good character;
- (b) he has the experience and skills necessary for the work that he is to perform;
- (c) he is physically and mentally fit for the purposes of the work which he is to perform; and
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Standard 8.21 The registered person has arrangements in place to ensure that:

- all necessary pre-employment checks are carried out;
- criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and
- all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .

Standard 11.2 Before making an offer of employment:

- the applicant's identity is confirmed;
- two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
- any gaps in an employment record are explored and explanations recorded;
- criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
- professional and vocational qualifications are confirmed;
- registration status with relevant regulatory bodies is confirmed;
- a pre-employment health assessment is obtained
- where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and
- current status of work permit/employment visa is confirmed.

COMPLIANCE LEVEL

Additional Areas Examined

Complaints

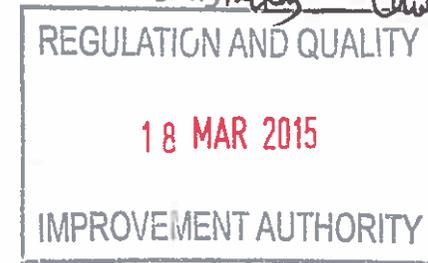
The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory with no complaints received during 2013 or 2014. The inspector discussed their complaints procedure with the acting manager and care team leader, who confirmed that no expressions of dissatisfaction had been made; this may be due to their close working relationships with service users and their families.

Additional matters examined

No additional matters were reviewed as a result of this inspection.



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Primary Unannounced Inspection

Ardmonagh Family and Community Group

11 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with acting manager Siobhan McCormac and care team leader Grace Connolly during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5 Schedule 1(4)&(7)	The registered person is required to expand the 'Statement of Purpose' to include the relevant experience of the registered person and acting manager, and the roles and responsibilities of each grade of senior staff.	Once	<i>The registered person has now started to expand the statement of purpose to include the relevant experience of the registered person, acting manager and Team leader.</i>	Within two months of inspection date. ✓
2	Regulation 13 Schedule 3	The registered person is required to expand the recruitment and selection procedure to ensure all information and documentation is obtained relating to domiciliary care staff including a statement by the registered provider/manager that the person is physically and mentally fit for the purposes of the work which he is to perform.	Once	<i>The registered manager has expanded the recruitment & selection policy, ensuring all information and documents are obtained following RQIA guidelines: Regulation 13, schedule 3. A new template has been created to verify if an employee is fit for purpose of work.</i> (Created 13 th Mar. 15)	Within two months of inspection date. ✓
3	Regulation 15(6)	The registered person is required to develop a policy and procedure on 'Handling Service User's Monies' that includes staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.	Once	<i>A policy and procedure has been created on handling Service users monies and a meeting scheduled to relay to all staff.</i>	Within two months of inspection date. ✓

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 13.3	The registered person is recommended to ensure records of supervision meetings with the acting manager are maintained.	Once	<i>minutes now taken of meetings and will be maintained in file.</i>	Within three months of inspection date. ✓
2	Minimum Standard 13.5	The registered person is recommended to ensure all staff receives an annual appraisal in line with their procedure timeframe.	Once	<i>Appraisals commenced week beginning 9.mar.'15 and will be completed by mid April</i>	Within six months of inspection date. ✓
3	Minimum Standard 8.11	The registered person is recommended to complete and retain monthly monitoring reports.	Once	<i>Registered person completing monthly monitoring and to complete on first week of each new month.</i>	Within one month of inspection date. ✓

Caroline Rix 19.2.2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Candice Riis	18.3.15
Further information requested from provider			