

# Inspection Report

26 May 2021



## Ardmonagh Family and Community Group

Type of service: Domicillary Care Agency  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ardmonagh Family and Community Group  <b>Responsible Individual(s):</b> Mr Richard Gerard May	<b>Registered Manager:</b> Miss Elaine McGreevy (acting manager) registration pending  <b>Date registered:</b> 17 December 2020
<b>Person in charge at the time of inspection:</b> Manager	
<b>Brief description of the accommodation/how the service operates:</b>  Ardmonagh Family and Community Group 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 (25 adults and 12 children) living in their own homes as well as respite to families of children receiving services. Service users are supported by up to 16 staff.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 May 2021, at 09.30 am by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, monthly quality monitoring, Covid-19 guidance and sought to assess progress with issues raised in the last quality improvement plan (QIP).

Good practice was identified in relation to recruitment, appropriate checks being undertaken before staff stated to provide care and support to the service users. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Service users said that they were satisfied with the standard of care and support provided.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

The inspection focused on:

- contacting the service users, their relatives, WHSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

We spoke with two service users, one relative and two staff.

An email was received from a BHSCT representative post inspection and feedback is listed below.

#### Comments received during inspection process-

##### Service users' comments

- "The staff are pleasant."
- "They phone if they are going to be late but this is not very often."
- "I have never had a missed call."
- "I know what to do if I was not happy with the service."
- "They are well trained."
- "If I was going away I would let the agency know."
- "The service is 100%."
- "Their timekeeping is good."

## Staff comments

- “The service users and team make the job.”
- “We always have enough PPE.”
- “The service users are getting used to staff wearing masks.”
- “We had an appraisal.”
- “We had training during Covid-19, mainly online and zoom training.”
- “No matter what the problem the manager is always available.”
- “We know by the look of service users if something was wrong.”
- “I would report any safeguarding concerns and management would take seriously.”

## HSCT representatives’ comments

- “I am aware that Ardmonagh make efforts to carefully match their staff to the client.”
- “I find that Ardmonagh follow care plans as required and often go above and beyond.”
- “I find that Ardmonagh are very particular about the work they carry out and their recording of this.”
- “Ardmonagh staff keep in close contact and build robust relationships with family members/carers.”

### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Following the inspection on 10 December 2020 a serious concerns meeting was held with the responsible individual, manager and deputy chief executive officer to highlight RQIA’s concerns with regards a number of areas identified. At the meeting the responsible individual, manager and deputy chief executive officer provided a full account of the actions that had been taken to address the matters identified during the inspection. Details of the actions required were included in the QIP issued following the inspection.

We established that areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Areas for improvement from the last inspection on 10 December 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (d) <b>Stated:</b> First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-  (d) full and satisfactory information is available in relation to him in respect of the matters specified in Schedule 3.  This relates specifically to review of the	<b>Met</b>

	<p>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><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (e)</p> <p><b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b>                  We reviewed that agency’s application form and evidenced it captured all of the information listed in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</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><b>Action taken as confirmed during the inspection:</b>                  We evidenced that all new and existing staffs registrations with NISCC were up to date.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 23 (2) (a) (b), (3), (4)</p> <p><b>Stated:</b> First time</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 Improvement Authority.</p>	<p><b>Met</b></p>

	<p>(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><b>Action taken as confirmed during the inspection:</b> RQIA received the agency's monthly quality monitoring reports each month as requested following the last inspection. We were satisfied with quality and content of these reports.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (1) (a), (b)</p> <p><b>Stated:</b> First time</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</p> <p>(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><b>Action taken as confirmed during the inspection:</b> Following the last inspection RQIA received the electronic information from the responsible individual advising RQIA of the current manager in place within the agency.</p>	<p><b>Met</b></p>

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the BHSCT and SEHSCT in relation to adult safeguarding and child protection. Records viewed and discussions with the manager indicated that no adult safeguarding or child protection referrals have been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have completed appropriate DoLS training appropriate to their job roles. We were advised by the manager that no service users met the criteria to have a DoLS process put in place at this time.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

Where a service user is experiencing a restrictive practice, it was noted that the care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

The manager told us that the agency does not manage individual service users' monies.



There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The discussions with the manager staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

### **5.2.3 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?**

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

### **5.2.4 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

### **5.2.5 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and BHSCT/SEHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents; safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.



There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that the agency had not received any complaints since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI’s) Significant Event Analysis’s (SEA’s) or Early Alert’s (EA’s).

**6.0 Conclusion**

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

**7.0 Quality Improvement Plan/Areas for Improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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