

Inspection Report

5 December 2023



Ardmonagh Family and Community Group

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

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1.0 Service information

Organisation/Registered Provider: Ardmonagh Family and Community Group	Registered Manager: Miss Elaine McGreevy
Responsible Individual: Mr Richard Gerard May	Date registered: Acting – no registration required
Person in charge at the time of inspection: Director of Care	
Brief description of the accommodation/how the service operates: Ardmonagh Family and Community Group is a domiciliary care agency delivering care in the community to adults with a range of disabilities 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 102 service users living in their own homes. Service users are supported by up to 42 staff.	

2.0 Inspection summary

An unannounced inspection took place on 6 December 2023 between 10.30 a.m. and 2.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

One area for improvement was identified relating to monthly monitoring arrangements.

The inspector would like to thank the person in charge, relatives and staff for their support and assistance in the completion of the inspection.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with several relatives and staff members. The person in charge informed the inspector that none of the service users would be able to offer appropriate verbal feedback regarding the service

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' relatives' comments:

- "The staff are very good. They are very polite and well trained."
- "I have no concerns."

Staff comments:

- "I'm very happy in my job. I am well supported. I can go to the office at any time with a concern. Everything is dealt with quickly. Our training is of a good standard."
- "The care is safe."

No questionnaires were returned and there were no responses to the electronic staff survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 31 January 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 31 January 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (12) (b)(ii) Stated: First time	The Regulation and Improvement Authority will be notified of any incident reported to the police, not later than 24 hours after the registered person is informed that the matter has been reported to the police.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that since the last inspection, appropriate notifications have been submitted by the agency in a timely manner.	

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative had not been supplied to the agency. The manager was requested to source these from the HSC Trust. This will be reviewed at the next inspection.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

One service user was assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

The SALT recommendation was recorded within the care plan along with associated dietary requirements. Staff were familiar with how food and fluids should be modified. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

We reviewed a sample of the monthly quality monitoring reports which were available on the day of inspection. It was noted that the information contained in the reports was not contemporaneous regarding dates of staff training and commencement dates of some staff's employment. It was also noted that the action plan identified during the monitoring visit differed to the plan to be reviewed at the next monitoring visit. An area for improvement has been identified in this regard.

The Annual Quality Report was in the process of being compiled. This will be sent to RQIA on completion. We noted several comments included from HSCT professionals –

- “Ardmonagh make a huge difference to my professional practice.”
- “All staff maintain a high value base.”
- “Care is delivered to the highest possible standard.”
- “Excellent multidisciplinary liaison.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency’s registration certificate was up to date and displayed appropriately along with current certificates of public and employers’ liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency’s quality monitoring process.

We discussed the acting management arrangements which have been ongoing since 24 April 2023; RQIA will keep this matter under review.

Where staff are unable to gain access to a service users home, there is a procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. The inspector advised a formal policy is devised by the agency regarding this matter. This will be reviewed at the next inspection.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Ms. Ann-Marie Ferguson, person in charge, Mr. Richard May, Responsible Individual and Dr. Michelle Templeton, Director of Governance and Compliance as part of the inspection process. The timescales for completion commence from the date of inspection.

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 23(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the information contained in the monthly quality monitoring reports is accurate.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Ensuring monthly quality monitoring reports are accurate.</p> <p>Flaine M' Greevy.</p>

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