



The Regulation and
Quality Improvement
Authority

PRIMARY UNANNOUNCED INSPECTION

Name of Establishment: Admiral Care

Establishment ID No: 11280

Date of Inspection: 12 February 2015

Inspector's Name: Amanda Jackson

Inspection No: IN016568

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Admiral Care
Address:	6 Berryfield Road Newtownabbey BT37 0FZ
Telephone Number:	02890864055
E mail Address:	dawnsmyth2@gmail.com
Registered Organisation / Registered Provider:	Admiral Care / Ms Dawn Elizabeth Smyth
Registered Manager:	Ms Dawn Elizabeth Smyth
Person in Charge of the agency at the time of inspection:	Ms Dawn Elizabeth Smyth
Number of service users:	99
Date and type of previous inspection:	Secondary Unannounced Inspection 27 June 2014
Date and time of inspection:	Annual Unannounced Inspection 12 February 2015 09.30 to 16.00 hours
Name of inspector:	Amanda Jackson

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

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	0
Staff	3
Relatives	5
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	19	5

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

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.

Profile of Service

Admiral Care is a domiciliary care agency based in Newtownabbey and was established in 2012. The agency provides personal care, meal provision, social support, sitting services and overnight stays for service users in their own homes. These services are provided to 99 adults with elderly care needs, mental health needs, physical disability and learning disability by a team of 28 staff. The services are provided in the areas of Newtownabbey, Greenisland, Carrickfergus, Larne and Carnlough and surrounding areas. The Northern Health and Social Care Trust commission these services.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Admiral care was carried out on 12 February 2015 between the hours of 09.30 hours and 16.00 hours. The agency continues to require support in progressing and maintaining compliance with regulations and standards in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 21 and 24 November 2014 and a summary report is contained within this report. Findings following these home visits were discussed with the registered manager during inspection.

The inspector had the opportunity to meet with three staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Admiral Care had two requirements and six recommendations made during the agency's previous inspection on 11 November 2013 and had a further four requirements made during a follow up inspection on 24 June 2014 (which focused on recruitment practices). This inspection resulted in a 'Notice of failure to comply' with domiciliary care regulations being issued on 4 July 2014 which was subsequently lifted on 17 July 2014.

Seven requirements and six recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

19 staff surveys were issued and 5 received which is a reasonable response.

Staff comments included on the returned surveys were:

"Very good care given and great service."

"I feel we need more staff meetings to discuss how the staff feel and to communicate more."

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five relatives between 21 and 24 November 2014 to obtain their views of the service being provided by Admiral Care. The service users interviewed have been using the agency for a period of time ranging from approximately three weeks to nine months and receive assistance with the following at least once per day:

- Management of medication
- Personal care
- Meals

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.

The majority of the people interviewed informed the UCO that there can be variation in call times and that they would not usually be contacted by the agency if their carer had been significantly delayed. The above matters were discussed with the registered manager and it was agreed that call times would be kept under review and that service users are contacted when carers have been delayed. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

All of the people interviewed had no concerns regarding the quality of care being provided by the carers from Admiral Care and are aware of whom they should contact if they have any issues. Two relatives advised that they had had made complaints to the agency regarding timekeeping. There were mixed results regarding management visits to ensure service user's satisfaction and observation of staff practice. The registered manager confirmed that these take place on a regular basis and records of such are available for review in the office. Review of service user and staff quality monitoring during the inspection day supported processes in place for quality monitoring but not on a consistent basis which could be measured by the inspector, this was due to lack of appropriate policies to guide timeframes for quality monitoring of both service users and staff. Further details can be reviewed in theme one and two of the report in this respect.

A number of people interviewed confirmed that they received a book from the agency at the start and that it is completed by the carers at all calls. Examples of some of the comments made by service users or their relatives are listed below:

- "No complaints. Doing a good job."
- "Very high standard of care."
- "Totally delighted with them."
- "The carers are very good. The only issue is the times."
- "Reliable. Never let me down."

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

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

The agency's 'Statement of Purpose' not dated was reviewed as compliant containing details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff. The agency policy on 'Management, control and monitoring' of the agency dated November 2013 was reviewed as non-compliant and has been recommended for development.

Discussions with the registered person/manager during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

Review of appropriate supervision and appraisal processes for all management staff were not confirmed during inspection and have been requested for review.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate and ensure overall compliance with RQIA monthly monitoring guidelines and template.

Records regarding two incidents were reviewed and found to be moving towards compliance regarding records management.

Two requirements and four recommendations have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), and the revision of the staff supervision and appraisal policy and implementation of supervision for all staff in line with Regulation 16(4) and Standard 13. Review of policies and monthly monitoring have been recommended within this theme in compliance with Standard 9 and appendix 1 and standard 8.12. and review of incidents management in accordance with Standard 10.2

Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Record Keeping' which was 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, medication and restraint. Review of service user home files during inspection supported general compliance in these areas.

The agency does not have a policy and procedure in place on use of restraint and this has been recommended for development.

The agency currently provides care to one service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered person/manager and is to be addressed however records reviewed for staff recording were found to be compliant.

The agency has a policy and procedure on 'Handling Service Users Monies' dated 07/01/13 which was reviewed as compliant but is required for inclusion in the staff handbook.

Review of staff training and quality monitoring within this theme identified inconsistencies in the processes and these have been required for review.

Three requirements (two of which overlap with theme one) and two recommendations have been made in relation to this theme and relates to staff training compliant with the RQIA mandatory training guidelines 2012, staff supervision processes in compliance with Regulation 16(4) and review of the staff handbook compliant with Regulation 17.

Recommendations relate to development and dating of various policies and procedures (Standards 8 and 9 and appendix 1).

Theme 3 – Recruitment

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2 with exception to staff driving licence, car insurance, contracts, job description and Next of Kin (NOK) details for all staff recruited.

One requirement has been made in respect of this theme.

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.

Follow-Up on Previous Issues from June 2014 announced follow up inspection

No.	Regulation Ref.	Requirements	Action Taken – As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 13 (d) Schedule 3	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.	<p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to:</p> <ul style="list-style-type: none"> • The paper copy of staff driving licence (alongside plastic copy) which was not available for one staff member reviewed. • The car insurance had not been obtained for a second staff member who has since left the agency's employment. • Staff contract for one staff member had been signed but not dated at employment commencement hence the inspector was unable to confirm compliance with standard 11.4. • Staff job descriptions are issued during the recruitment process and as part of the staff handbook, the staff handbook is issued at employment commencement via email to staff and these emails have been requested for retention 	Once	Substantially compliant

			<p>to validate this process for all new staff coming forward.</p> <ul style="list-style-type: none"> NOK details had not been confirmed for one staff member reviewed. 		
2	Regulation 13 (d) Schedule 3	The registered person is required to revise their staff recruitment policy and procedure in relation to staff pre-employment records. This procedure must contain details of all required information as listed within Regulation 13 Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 in respect of domiciliary care workers.	Review of the staff recruitment policy dated July 2014 confirmed general compliance with regulation 13 and schedule 3.	Once	Compliant
3	Regulation 13 (d) Schedule 3	The registered person is required to retrospectively obtain full information in respect of all existing domiciliary care workers, or demonstrate that they had made all reasonable efforts to obtain full information as listed within Regulation 13 Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.	As per requirement one above the inspector reviewed most recently recruited staff files.	Once	Not applicable

4	Regulation 21(1) Schedule 4(1)	The registered person shall ensure that the records specified within Regulation 21 Schedule 4 are maintained, including recruitment and selection records in respect of all domiciliary care workers supplied by an agency.	As detailed under requirement one above.	Once	Substantially compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken – As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 8.17	The registered person is recommended to undertake training to ensure they are up to date in all areas relevant to the management and provision of services.	This recommendation was not reviewed during this inspection.	Once	Not applicable

Follow-Up on Previous Issues from 11 November 2013 Announced Primary Inspection

No.	Regulation Ref.	Requirements	Action Taken – As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15(6)(a)	The registered manager is required to update their 'Dealing with abuse of vulnerable adults' policy and procedure to include the process for reporting incidents to RQIA.	Review of the agency policy confirmed reporting to RQIA within the policy flowchart but a timeframe had not been detailed for reporting and this was recommended during inspection.	Once	Substantially compliant
2	Regulation 16(2)(a)	<p>The registered manager is required to ensure staff knowledge and competence following staff training in the area of vulnerable adults protection.</p> <p>The registered manager should develop and implement a staff competency assessment tool regarding protection of vulnerable adults knowledge.</p>	Review of the manager and co-ordinator training records did not evidence compliance with requirement two.	Once	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken – As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Minimum Standard 3.2	<p>The registered manager is recommended to develop a referral and assessment procedure to ensure full and satisfactory information is obtained prior to a new service commencing.</p> <p>(Restated from 27 & 28 November 2012)</p>	This recommendation was not reviewed during this inspection.	Twice	Not applicable
2	Minimum Standard 8.11	<p>The responsible person is recommended to expand their monthly monitoring reports to include actions taken by the agency in respect of the any vulnerable adult cases received and also to reflect how actions from the previous month had been carried forward.</p> <p>(Restated from 27 & 28 November 2012)</p>	The inspector reviewed monthly monitoring reports as part of theme one criteria two of this report and found that although the agency monthly report did not directly reference vulnerable adult matters the monthly incident report which sits alongside the agency monthly report did reference the vulnerable adult matter arising at that time.	Twice	Compliant

3	Minimum Standard 13.2	<p>The registered manager is recommended to expand their staff supervision procedure to detail the arrangements and frequency staff supervision will be carried out.</p> <p>(Restated from 27 & 28 November 2012)</p>	<p>Review of the agency policy referenced terms such as 'ongoing' and 'regular' which the inspector felt was not specific enough and has recommended for further review in terms of specific times frames i.e. quarterly or 6 monthly.</p>	Twice	Moving toward compliance
4	Minimum Standard 9.2	<p>The registered manager is recommended to expand their Quality Assurance procedure to detail the arrangements planned to involve service users and staff when policies and procedures are being developed and reviewed.</p> <p>(Restated from 27 & 28 November 2012)</p>	<p>This recommendation was not reviewed during this inspection.</p>	Twice	Not applicable
5	Minimum Standard 8.10	<p>The registered manager is recommended to develop a scheduling tool to ensure service users monitoring visits and staff monitoring / supervision visits are completed in compliance with the policy timeframe.</p>	<p>Discussion during inspection with the registered person and manager confirmed this recommendation is still only at the point of development.</p>	Once	Moving towards compliance

6	Minimum Standard 14.9	The registered manager is recommended to retain records to evidence that learning from vulnerable adult investigations are shared with full staff teams.	The registered person and manager discussed how the outcome of the most recent vulnerable adult matter had been discussed with staff at the team meeting but evidence of meeting minutes were not available to confirm this.	Once	Not compliant
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THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>Admiral Care Services Managers, participate in Mandatory training, as well as other other ongoing training events. Prior to staff being made an offer of employment the following information is sought; Their identity is confirmed, a valid driving licence, passport etc. Car Insurance with business insurance is required if the applicant is a driver. Proof of Address is needed such as a bank statement or electricity bill. 2 satisfactory references are obtained, one of which should be there most recent employer. Any gaps in employment are explored and explained. Access NI checks are carried out, qualifications, registration status are confirmed. Staff are ask to carry out a pre-employment questionnaire.</p> <p>All staff are provided with a contract within the first 12 weeks of employment and receive a staff handbook which contains a job specification and company policies and procedures.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose which was not dated was reviewed as compliant. The policy on Management and control of the agency dated November 2013 was reviewed as non-compliant as the policy did not reflect a clear structure regarding management within the agency or the roles and responsibilities of those involved. The policy did not reference monitoring measures being taken by the agency regarding service user and staff quality monitoring or timeframes for same.</p> <p>Training records for the registered manager were found to be in place regarding a number of areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to medication training, service user monies, restraint/challenging behaviour and food hygiene.</p> <p>The manager has not completed training in the areas of supervision and appraisal and this has been recommended.</p> <p>Most areas of training reviewed did not include a competency assessment element.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p> <p>The registered manager is not currently enrolled on any additional training and 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 registered manager is currently registered with NISCC from 2013 to 2016.</p>	<p>Moving towards compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Admiral Care Service's policy states no staff member should administer any medication, ointments lotions ear eye or nose drops, or inhaled medication. Working practices are reviewed and scrutinised regularly and policies and procedures are revised on an ongoing basis. Admiral Care staff are ask to read and complete an administration of medication form to ensure they are fully aware of the Policy on medication.</p> <p>Admiral Care Services strive to complete staff appraisals six monthly, and meet or speak to staff on a daily basis to discuss any concerns or ideas they may have.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency Supervision and appraisal policy and procedure dated November 2013 is brief in its content and does not present clear timeframes for staff supervisions or spot checks. Staff appraisals are stated as annually while supervisions and spot checks are stated as ongoing and regular. The policy does not make any clear distinction between care staff and co-ordinator spot check, staff supervision and appraisal processes and this again has been required for review.</p> <p>The template currently being used by the agency for joint supervision and appraisal was not found to be appropriately detailed and has been required for review to ensure assessment of staff competence alongside additional key areas for review during supervision and appraisal. The staff spot check template reviewed during inspection alongside the service user quality monitoring template appeared appropriate for the needs of the</p>	<p>Moving towards compliance</p>

agency.

Both templates have been recommended for sign off by the staff member or service user as good practice. Revision of the policy and procedure is required in all respects.

Supervision and appraisal for the manager does not currently take place as the registered person and manager is the proprietor of the agency.

The inspector reviewed the agency log of two incidents reported through to RQIA over the past year (one vulnerable adult incident on one untoward incident). Review the first incident did not verify all correspondence and paperwork associated with the process hence the inspector was unable to review satisfactory completion of the incident. The incident was also in respect of a vulnerable adult matter and the evidence highlighted that the agency undertook the initial investigatory role before informing the trust which is not in line with policy requirements. The second incident was reviewed as compliant.

Monthly monitoring reports completed by the registered person/manager were reviewed during inspection for January 2015, December 2014 and November 2014 and found to be detailed regarding issues related to the agency management such as hours of care, number of complaints/compliments but did not reference service user quality monitoring, staff quality monitoring, commissioner feedback and follow up action to be taken. Revision of the report template was recommended during inspection in line with the RQIA template (available on the RQIA website) and to include a staff competency area for use as appropriate.

The agency had completed their first annual quality review for the year up to April 2014; this report does not included an evaluation of staff training completed or their proposed future training requirements and this has been recommended for future quality reviews.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Admiral Care Service's policy on medication states no member of staff are permitted to administer any medication, or controlled drugs. They are not permitted to insert eye nose or ear drops or assist with inhaled medication. However they can prompt the service user to do this themselves.</p> <p>All staff members receive mandatory training and this is updated every 18months. There is also ongoing training events throughout the year which they are made aware of. We strive to carry out staff supervisions every 6 months or more frequently if required and areas of concern are addressed.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a training and development policy and procedure which was not dated and has been recommended for review. 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 two co-ordinators were found to be in place regarding several areas of mandatory training areas with exception to medication, service user monies, restraint/challenging behaviour, fire safety and food hygiene in compliance with RQIA mandatory training guidelines (September 2012). The two co-ordinators had not completed training in the areas of supervision and appraisal although this is part of their role and this has been recommended.</p>	<p>Moving towards compliant</p>

Most areas of training reviewed did not include a competency assessment.

Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>Admiral Care Service's policies and procedures are updated regularly and staff receive emails of any changes made. They also receive regular random emails, reminding them of various policies and procedures throughout the year. The service is reviewed as part of a monthly monitoring report and changes are made accordingly. We aim to provide all staff with six monthly reviews, and appraisals, and continue to outline any issues or lack of ability to carry out performance is addressed and an agreed time to set to review these.</p>	Compliant
Inspection Findings:	
<p>Spot checks, supervision and appraisal reviewed for both co-ordinators during inspection verified one supervision/appraisal for both staff members completed on the same day. Records were brief in their content and have been required for review alongside the agency review of associated policies.</p>	Moving toward compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>Admiral Care provide all service users with their own personal folder. This is placed in their home on the first visit, This folder should be kept in a secure location in the service user's home, where staff can access it accordingly. The folder contains a service user's care plan a service users agreement, a statement of purpose and a complaints procedure, all information is explained to service users or family where possible. This pack also contains a list of useful contacts, the role of the RQIA, and a confirmation sheet which is signed by service user or family when contents are explained. The folder contains a daily diary for staff to log all entries and duties performed whilst in the call. Emergency contact numbers for the company are enclosed and all staff must sign and date at every visit.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on Recording and reporting care practices not dated and the Handling service user's monies policy dated 7 January 2013 were reviewed as compliant. The agency does not current hold a Restraint policy and this has been requested for development. The staff handbook details the recording and reporting policy but is required to include the remaining two policies.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording. The inspector did recommend recording the number of tablets and inclusion of a full list of medication as good practice. The list of medication was confirmed as compliant during staff and management discussions. • The agency do not hold a money agreement within the service user agreement as this is not a task undertaken by the agency • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template does not include records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose with exception to the staff supervision document which has been referenced for review within theme one of this report and QIP.</p>	<p>Moving towards compliance</p>

Review of four staff files during inspection did confirm staff adherence to records management within the staff spot checking process however consistency in the staff spot checking process could not be confirmed during inspection and has been required for review as discussed within theme one of this report and QIP.

Staff training records reviewed for three staff members for medication and recording and reporting were not covered as individual training but detailed within the staff handbook which is signed off by staff at employment commencement. Restraint and service user monies training are not completed for staff but referenced briefly within vulnerable adults training. This was not considered sufficient and has been requested for review for all staff.

The registered person/manager discussed records management as a regular topic for discussion during staff meetings/group supervision, review of two recent staff meeting minute records dated 9 January 2015, and 6 February 2015 evidenced this topic.

Review of four service user files during the inspection by the inspector confirmed appropriate recording in the general notes and medication records with exception to the inspector recommendation regarding staff detailing the number of tablets given.

Review of one service user record during the inspection and discussion with the registered person/manager during inspection confirmed that restraint is in place for this service user in respect of bedrails. Although this was not clearly detailed in the trust care plan or risk assessment staff recording was reviewed as compliant regarding management of the restraint.

<p>Criteria Assessed 2: 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>Admiral Care Services have a written policy on accounting and financial control, stating staff are under no circumstances permitted to take control of any finances or transactions. If in some circumstances the service users need milk or bread a receipt must be given and the change counted into the service users hand (diary should be updated to show the same.)</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the care plans during the inspection and discussion with the registered person/manager advised that service users are not receiving any financial assistance, for example shopping, from the agency.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant on all of the above</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving towards compliant</p>
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THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (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. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • 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 . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • 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. 	

<p>Provider's Self-Assessment:</p>	
<p>Admiral Care Services have the following in place as part of their recruitment policy; Staff Recruitment policy; where staff are required to provide photographic ID, two valid reference One of which should be their most recent employer. They are required to carry out a medical questionnaire They are required to provide a valid driving license, and business insurance if applicable. They must carry out three full shifts with a senior member of staff before starting their position as care worker. Access NI checks are carried out, and qualifications where applicable are sought. Admiral Care Services have an up to date equal opportunities policy in place for all applicants.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>Review of the staff recruitment policy dated July 2014 confirmed general compliance with regulation 13 and schedule 3.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to:</p> <ul style="list-style-type: none"> • The paper copy of staff driving licence (alongside plastic copy) which was not available for one staff member reviewed. • The car insurance had not been obtained for a second staff member who has since left the agency's employment. • Staff contract for one staff member had been signed but not dated at employment commencement hence the inspector was unable to confirm compliance with standard 11.4. • Staff job descriptions are issued during the recruitment process and as part of the staff handbook, the staff handbook is issued at employment commencement via email to staff and these emails have been requested for retention to validate this process for all new staff coming forward. • NOK details had not been confirmed for one staff member reviewed. 	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

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. The inspector reviewed the only complaint for 2014 during the agency's inspection and confirmed all records to be compliant.

Additional matters examined

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Dawn Elizabeth Smyth (Registered provider and Manager), as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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

Amanda Jackson
Inspector/Quality Reviewer

Date



Quality Improvement Plan

Unannounced Primary Inspection

Admiral Care

12 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 Ms Dawn Elizabeth Smyth (registered manager) receiving feedback 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 13 (d) Schedule 3	<p>The registered person/manager shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.</p> <p>As discussed at requirement one within the June 2014 follow up section of the report.</p>	Twice	Admiral Care Services have now put in place a new software system, to include all staff details. This will flag up reminders for monitoring, recruitment, training, supervisions and all areas required within the domicillary care agency , this system is bespoke and designed specifically for to domicillary care agencies.	To be commenced with immediate effect
2	Regulation 21(1) Schedule 4(1)	<p>The registered person/manager shall ensure that the records specified within Regulation 21 Schedule 4 are maintained, including recruitment and selection records in respect of all domiciliary care workers supplied by an agency.</p> <p>As discussed at requirement four within the June 2014 follow up section of the report.</p>	Twice	Admiral Care have a new computer system in place to enable all records to be up to date and accurate. These records are maintained through reminders which flags up if something needs reviewed or renewed. These reminders enable us to ensure all staff are receiving monitoring, appraisals supervisions etc and enable us to set reminders for agreed targets as required.	To be commenced with immediate effect
3	Regulation 15(6)(a)	<p>The registered manager is required to update their 'Dealing with abuse of vulnerable adults' policy and procedure to include the process for reporting incidents to RQIA.</p>	Twice	Admiral Care Services have updated their policies and procedures on dealing with abuse of a vulnerable adult and	To be commenced with immediate

		<p>As discussed at requirement one within the November 2013 follow up section of this report.</p>		<p>time frames are now implimented in to the report to contact RQIA and Social Service and other relevant bodies to be informed and the time frames in which this should be done.</p>	<p>effect</p>
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4	Regulation 16(2)(a)	<p>The registered manager is required to ensure staff knowledge and competence following staff training in the area of vulnerable adults protection.</p> <p>The registered manager should develop and implement a staff competency assessment tool regarding protection of vulnerable adults knowledge.</p> <p>As discussed at requirement two within the November 2013 follow up section of this report.</p>	Twice	<p>Admiral Care Services have now put in place a competency assessment following recent training for all staff on the following areas. Safe guarding Vulnerable adults/Abuse. Assisting with medication, restraints and challenging behaviour, infection control. Staff have also carried out training over two sessions to ensure the agency is up to date with all mandatory training requirements, and all staff are competent to carry out duties relating to the service.</p>	To be completed by 13/05/15
5	Regulation 11(1)(3) Regulation 13(b) Regulation 16(2)(a)	<p>The registered person/manager is required to ensure implementation of mandatory and additional training across all staff groups (including manager, co-ordinators and care staff) to include supervisions and appraisal training for the registered manager and co-ordinators. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <p>As discussed within theme one, criteria one and three of the report and within theme two, criteria one regarding additional areas of training.</p>	Once	<p>All care workers, supervisors and management have now been trained on the following fields; food hygiene, managing challenging behaviour, service users finances, assisting with medication, safeguarding vulnerable adults, child protection, manual handling, first aid and basic life support, infection control, health and safety including fire safety and cash. Management and supervisors have also been trained on service users monies,</p>	To be completed by 13/05/15

				<p>medication in the community, record keeping, staff development, through supervision, risk assessment in care settings, restrictive practice as well as the above mandatory training.</p>	
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6	Regulation 16(4)	<p>The registered person/manager is required to review the staff spot check, supervision and appraisal policy, procedure and templates and ensure consistent implementation of the revised processes for all staff.</p> <p>(Minimum standard 13)</p> <p>As discussed within theme one, criteria two and four of the report and within theme two, criteria one of the report.</p>	Once	Admiral Care Services have revised our policy on monitoring procedures which includes a minimum of three spot checks annually, appraisals at least once per year and monitoring of all care workers and supervisors once every month. Our new computer system flags up when these are due for each member of staff accordingly. It also allows us to keep up to date with all staff records we have also put in place measures for at least four staff meetings per year.	To be completed by 13/03/15
7	Regulation 17	<p>The registered person/manager is required to include relevant policies into the staff handbook.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	Admiral Care Services are currently implementing new staff handbooks through peninsula and these will include spot checks, monitoring, and review details for all staff.	To be completed by 13/05/15

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 8.10	<p>The registered manager is recommended to develop a scheduling tool to ensure service users monitoring visits and staff monitoring / supervision visits are completed in compliance with the policy timeframe.</p> <p>As discussed at recommendation five within the November 2013 follow up section of this report.</p>	Twice	<p>Our new computer system is set up to ensure that all service users monitoring visits supervision visits are completed within the first 3 months of the service starting and 6 montly visits are flagged up as a reminder for all service users.</p> <p>This is the same process for staff monitoring, supervisions, appraisals and staff training. We are currently in the process of recruiting an assistant manager to over see all these aspects.</p>	To be completed by 13/05/15
2	Minimum Standard 14.9	<p>The registered manager is recommended to retain records to evidence that learning from vulnerable adult investigations are shared with full staff teams.</p> <p>As discussed at recommendation six within the November 2013 follow up section of this report.</p>	Twice	<p>Admiral Care Service have updated their policies and procedures on reporting abuse this will ensure that going forward all information is fully available for all teams to share this information at the specific time frames required, and all copies of correspondence will be kept on hard copy as well as the computer and will be easily accessed for all involved in the investigation process.</p>	To be commenced with immediate effect and ongoing

3	Standard 9 and Appendix 1	<p>The registered person/manager is recommended to ensure all policies and procedures are dated at the point of development and upon review.</p> <p>As discussed within theme one, criteria one of this report regarding the Statement of purpose.</p> <p>As discussed within theme one, criteria three of this report regarding the Training and Development policy.</p> <p>As discussed within theme two, criteria one of this report regarding the Recording and reporting policy.</p>	Once	<p>Admiral Care Services have now updated all policies and procedures within the company and will continue to monitor and revise where necessary.</p> <p>Admiral Care have now dated their Statement of Purpose and this will be reviewed annually.</p> <p>Admiral care will take every reasonable measure to ensure they have all documentation in place.</p>	To be completed by 13/05/15
4	Standard 9 and Appendix 1 Standard 8	<p>The registered person/manager is recommended to develop a policy and procedure in respect of the 'Management, control and monitoring of the agency' and a policy regarding restraint/challenging behaviour.</p> <p>As discussed within theme one, criteria one of this report and within theme two, criteria one of the report.</p>	Once	<p>All staff and management have recently attended training on restraints and challenging behaviour. Admiral Care have implemented a new policy and procedure for staff to ensure they know how to deal with issues as they arise.</p> <p>Admiral Care have also implemented a policy on management control and monitoring of the Agency in conjunction with 29b monitoring procedure for all care staff.</p>	To be completed by 13/05/15

5	Standard 10.2	<p>The registered person/manager is recommended to retain all incident records centrally for future inspections and ensure appropriate vulnerable adult matters are managed in compliance with regional guidelines regarding reporting to the HSC trust.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	Admiral Care has now revised the policy on reporting and will ensure that detailed reports are kept on the computer and also on the service users file for future reference.	To be commenced with immediate effect and ongoing
6	Standard 8.11	<p>The registered person/manager is recommended to review their current monthly monitoring process to ensure compliance with standard 8.11.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	Admiral Care now have systems in place to ensure there is on going monitoring of the service. This is done by our new computer system and we are currently in the process of bringing in an assistant manager to ensure the quality of the service is paramount.	To be completed by 13/05/15

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	Dawn Smyth
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dawn smyth

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	16/04/15
Further information requested from provider			