



The **Regulation and  
Quality Improvement  
Authority**

**Ardmonagh Family and Community Group**  
**RQIA ID: 10969**  
**61 - 63 Ardmonagh Gardens**  
**Belfast**  
**BT11 8DX**

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**Unannounced Care Inspection  
of  
Ardmonagh Family and Community Group**

**14 March 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 14 March 2016 from 09.45 to 14.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

The details of the QIP within this report were discussed with the acting manager Siobhan Mc Cormac as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Ardmonagh Family and Community Group/ Richard Gerard May	<b>Registered Manager:</b> Siobhan McCormac (Acting)
<b>Person in Charge of the Agency at the Time of Inspection:</b> Siobhan McCormac	<b>Date Manager Registered:</b> 19 July 2014 (Acting)
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 24	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

**4. Methods/Process**

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016

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

- Discussion with the acting manager and responsible person
- Consultation with service users/representatives
- Consultation with staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback

On the day of inspection the inspector met with two care staff to discuss their views regarding care provided within the agency, staff training and staff's general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the acting manager 10 questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. Four staff questionnaires were received following the inspection and findings are included within the body of this report.

During the inspection day, the inspector spoke with one service user and three relatives to obtain their views of the service. The service users interviewed live in the greater Belfast area, and receive assistance with the following:

- Management of medication
- Personal care
- Meals

The following records were examined during the inspection:

- A number of care and support plans
- HSC Trust assessments of needs and risk assessments
- Recording/evaluation of care used by the agency
- Communication records with trust professionals
- Annual Quality Report for 2015
- Monthly monitoring reports from November 2015 to January 2016
- Staff recruitment records
- Staff training records

- Staff meeting agenda and minutes for August 2015 and February 2016
- Records of three staff supervisions/ appraisals
- On call log/diary

## 5. The Inspection

Ardmonagh Family and Community group provide services to children with complex medical and emotional needs, and adults under the age of 65, with a range of physical and emotional needs. The agency employs 16 staff providing assistance to 24 service users. The range of services includes providing respite for carers and meeting the service users' specific medical and social needs. Other service users are assisted to attend a day centre, or be involved in local community activities. All referrals are made by the local Belfast HSC Trust.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 11 February 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 5 Schedule 1(4)&(7)	The registered person is required to expand the Statement of Purpose to include the relevant experience of the registered person and acting manager, and the roles and responsibilities of each grade of senior staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the Statement of Purpose and it has been expanded to include the relevant experience of the registered person and acting manager, and the roles and responsibilities of each grade of senior staff.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13 Schedule 3	The registered person is required to expand the recruitment and selection procedure to ensure all information and documentation is obtained relating to domiciliary care staff, including a statement by the registered provider/manager that the person is physically and mentally fit for the purposes of the work which he is to perform.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed recruitment files which contained a statement by the registered provider/manager that the person is physically and mentally fit for the purposes of the work which he is to perform.	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 15(6)</p>	<p>The registered person is required to develop a policy and procedure on 'Handling Service Users' Monies' that includes staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The procedure on 'Handling Service Users' Monies' (March 2015) includes staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.</p>		
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.3</p>	<p>The registered person is recommended to ensure records of supervision meetings with the acting manager are maintained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three files examined by the inspector confirmed records of supervision meetings are retained and scheduled twice yearly.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13.5</p>	<p>The registered person is recommended to ensure all staff receive an annual appraisal in line with their procedure timeframe.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three files examined by the inspector confirmed that appraisals occur annually.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.11</p>	<p>The registered person is recommended to complete and retain monthly monitoring reports.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The acting manager completes monthly reports which are then forwarded to the registered person who compiles a monthly report which audits working practices, and includes the views of staff and service users and representatives. These reports are retained in the agency and the inspector viewed reports from November 2015 to January 2016.</p>		

### **5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.**

#### **Is Care Safe?**

Service user referral information received from HSC Trust social workers contained information regarding service user and/or representative's views. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users' and relatives' views had been obtained and incorporated where possible. It was good to note that service users and relatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

The inspector viewed the annual report which did not include the results of service user questionnaires and a recommendation is therefore made.

During service users' and relatives' interviews, the inspector was advised that new carers are usually introduced to them by the manager or a regular member of staff; this was felt to be important both in terms of the service users' security and the carer's knowledge of the required care.

Examples of some of the comments made by service users or their relatives are listed below:

"Couldn't speak highly enough."

"Staff are very accommodating."

"I am happy with the service and the communication."

#### **Is Care Effective?**

The people interviewed by the inspector raised no concerns regarding the quality of care being provided by the carers from Ardmonagh Family and Community Group. The inspector was informed by all of the people interviewed that they were aware of whom they should contact if any issues arise. One service user said they had made a complaint several years ago and confirmed they were satisfied with how the complaint was investigated and responded to.

Questionnaires are sent out by the agency on a regular basis to obtain the views of the service from service users or their representatives. Management visits take place on a regular basis to discuss the care. All of the people interviewed were able to confirm that observation of staff practice had taken place. Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. No staff practice issues were identified during the spot checks which the inspector viewed in four staff files. Staff files also had evidence of competency assessments which some carers had completed following training by HSC Trust professionals in specific tasks for service users with more complex needs. Staff spoken to on the day of inspection confirmed that they were very satisfied with the specialist training provided by the Trust and said it prepared them to meet the needs of the service users.

## Is Care Compassionate?

The service user and relatives interviewed by the inspector raised no concerns regarding the quality of care being provided by the carers from Ardmonagh Family and Community Group. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or care being rushed. Service users, as far as possible, are given their choice in regard to meals and personal care, and are allowed to complete tasks themselves if appropriate.

Service users or their relatives informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding working with service users with complex physical and emotional needs. One staff member discussed how they were able to intervene compassionately to help the family of a service user who had been hospitalised.

## Areas for Improvement

One area for quality improvement was identified in relation to this theme. The registered person should ensure service user surveys are included and evaluated within the annual report.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### Is Care Safe?

A range of management systems and processes were reviewed within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure for management of missed calls, and records evidenced appropriate actions had been taken in respect of each missed call. An effective process was in place to reduce the risk of any service user not receiving their planned call. Records confirmed that information relating to changes in service users' needs had been communicated to the commissioning Trust via telephone calls and emails.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

The complaints log was reviewed, and no complaints had been received during the past year.

The inspector viewed staff training records and the manager confirmed that training in respect of fire safety was out of date for all staff. A requirement is therefore made.

Four questionnaires were completed by staff and returned to RQIA following the inspection. Two of the respondents were unsatisfied with the training provided in respect of whistleblowing, and one respondent also expressed dissatisfaction with the training in

behaviours which challenge. These matters were communicated to the acting manager who agreed to address them.

### **Is Care Effective?**

The inspector was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls from the agency.

Staff interviewed confirmed that they felt supported by senior staff, and demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

### **Is Care Compassionate?**

During service users' and relatives' interviews the inspector was advised that no concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed. One relative stated that care staff are reliable and arrive on time but are willing to stay longer than planned to meet their relative's changing needs. Two staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users. Records examined by the inspector did show evidence of care being provided in a person centred manner and in line with individual care plans.

### **Areas for Improvement**

One area for quality improvement was identified in relation to this theme. The registered person should ensure all mandatory training is up to date for all staff.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.3 Additional Areas Examined**

The inspector reviewed the agency's RQIA notification of incidents log, with one report received during the past year. Review of one incident report evidenced that it had been recorded and reported to RQIA and the referring HSC Trust within the required timeframes. Records confirmed that appropriate action had been taken and the matter has been concluded.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with acting manager, Siobhan McCormac, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any



future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **6.1 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 (Northern Ireland) 2007.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**  
**Ref:** Regulation  
**Stated:** First time  
**To be Completed by:** 14 June 2016

The registered person shall ensure that each employee of the agency receives training appropriate to the work he is to perform.

**Response by Registered Person(s) Detailing the Actions Taken:**

Training has been sourced and will be completed for all staff by Monday 6<sup>th</sup> June 2016

### Recommendations

**Recommendation 1**  
**Ref:** Standard 1.9  
**Stated:** First time  
**To be Completed by:** 14 June 2106

A report is prepared that identifies the methods used to obtain the views and opinions of service users and their carers/representatives, and incorporates the comments made and issues raised and any actions to be taken for improvement. A summary of the key findings is provided to service users and their carers/representatives and a copy of the full report is available on request.

**Response by Registered Person(s) Detailing the Actions Taken:**

A report has been created that shows clearly how we obtain the views of service users and or their representatives date created 25<sup>th</sup> March 2015. The key findings will be provided and sent along with our annual report to all service users

<b>Registered Manager Completing QIP</b>	Siobhan McCormac	<b>Date Completed</b>	9 <sup>th</sup> May 2015
<b>Registered Person Approving QIP</b>	Richard May	<b>Date Approved</b>	9 <sup>th</sup> May 2015
<b>RQIA Inspector Assessing Response</b>	Michele Kelly	<b>Date Approved</b>	10/5/2015

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.