

Unannounced Care Inspection Report 24 April 2018



Ardmonagh Family and Community Group

Type of Service: Domiciliary Care Agency
Address: 61 – 63 Ardmonagh Gardens, Belfast, BT11 8DX
Tel No: 028 90245943
Inspector: Kieran Murray

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency delivering care in the community to adults with physical health disabilities and children with complex medical needs. The agency provides a range of personal care services, social support to service users (21 adults and 12 children) living in their own and also respite to families of children receiving services. The service users are supported by 22 staff.

3.0 Service details

Organisation/Registered Provider: Ardmonagh Family and Community Group Responsible Individual: Richard May	Registered Manager: Ms Grace Connolly Acting Manager
Person in charge at the time of inspection: Ms Grace Connolly Acting Manager	Date manager registered: 31 December 2017

4.0 Inspection summary

An unannounced inspection took place on 24 April 2018 from 10.00 to 18.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- training and development
- supervision and appraisals

Areas requiring improvement were identified:

- Completion and availability of monthly monitoring reports.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Grace Connolly, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 06 June 2017

No further actions were required to be taken following the most recent inspection on 06 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Records of complaints
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector met with the manager, team leader and four staff. The inspector spoke on the telephone to two service users, one visiting professional and one service users' representative on the day of the inspection.

The agency provided the inspector with a detailed list of service users and their representatives contact details. The inspector made contact with one service user and two service users' representatives following the inspection.

The following records were examined during the inspection:

- a range of care and support plans
- Health and Social Care(HSC)Trust assessments of needs and risk assessments
- care review records
- recording/evaluation of care used by the agency
- monthly monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to safeguarding of adults
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding vulnerable adults policy
- risk management policy
- incident policy
- whistleblowing policy

- policy relating to management of data
- complaints policy
- Statement of Purpose
- Service User Guide.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Three responses were received from staff prior to the issue of the report. Two responses were 'very satisfied' in all four areas and one response was 'very unsatisfied' in all four areas.

The inspector contacted the manager on 10 May 2018 and advised of the 'very unsatisfied' response and as there was no contact details for the staff member. The manager advised the inspector that a staff member had informed them that she had recorded 'very unsatisfied' instead of 'very satisfied' on the response.

The inspector requested that the manager contact the team member and get consent for the inspector to contact them. The inspector spoke to the team member and was assured that they intended to record 'very satisfied' instead of 'very unsatisfied' on their response.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 June 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 06 June 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to four staff who provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by the other staff and the manager.

Staff comments:

- "My induction was fantastic."
- "We always work in two's."
- "The training prepared us for our roles."

Staff rota information and feedback from staff indicated that sufficient numbers of staff are available to meet the assessed needs of service users at all times. The manager and staff advised the inspector that any voids in the rota are covered by the existing staff team or a small number of bank staff employed by Ardmonagh Family and Community Group.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff interviewed on the day of inspection were able to name the agency's safeguarding champion.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been a number of safeguarding referrals made since the previous inspection 06 June 2017. These referrals were made appropriately in conjunction with the HSC Trust as evidenced by the inspector.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards. There was evidence that staff have attended training additional to that required in the Minimum Standards e.g. Epilepsy Awareness, Resilience, Safeguarding at Risk Groups (Adults and Children), Promoting and Encouraging Positive Behaviour in Community Childcare Settings and Child Specific Training.

The inspectors received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector noted that there were no restrictive practices on the day of the inspection following a discussion with the manager.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been one incident since the previous inspection on 06 June 2017; records provided to the inspector confirmed that they were completed in line with the agency policy and procedure.

The inspector noted that the agency had received no complaints since the last inspection on 06 June 2017.

The inspector noted that evidence of review of service users' needs took place yearly or sooner if required.

Relative's comments:

- "The service is fantastic."

Community professional comments:

- "Staff manage my service user unbelievably well."

Of feedback received by the inspector from three service users and three service users' representatives they indicated that they were 'very satisfied' that care was safe. Of three responses returned by staff, two indicated that they were 'very satisfied' that care was safe and one indicated that they were 'very unsatisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose 2018) and Service User Guide (2018).

The inspector reviewed eight service users' care and support plans. The inspector was informed that care and support plans are reviewed six monthly or sooner if required. The manager informed the inspector that multi-disciplinary reviews with the HSC Trust took place on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were satisfactory.

The agency maintained recording templates in each service user's home file on which care workers recorded their visits. The inspector examined records and these were satisfactory.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users' indicated that service users or their relatives: have a genuine influence on the content of their care plans.

Service user comments:

- "Sometimes I check my records and I agree that notes are recorded appropriately."

Relative comments:

- "My XXX smiles when the carers come to the family home."

Community professional comments:

- "I am updated all the time both verbally and with emails."

Staff comments:

- "We work well together as we are a small team."

On the day of the inspection the inspector noted that the agency had not maintained a thorough quality monitoring system to oversee, audit and review effectiveness and quality of care delivered to service users. An area for improvement has been made in relation to the Regulation 23.

Records reviewed in the agency office confirmed that spot checks of staff practice were carried out within service users' homes on a regular basis by the manager. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The manager and staff described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency has in place a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a six monthly basis or sooner; the manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the team is supportive to each other and that staff communication is good.

The inspector noted and examined the following survey carried out by Ardmonagh Family and Community Group, Annual Quality Report 2017 and File Audits both with positive results.

Advocacy service information was available in the service users guide for service users to contact if necessary.

The manager informed the inspector that a desktop computer is available in the agency office for staff to use if required. Policies were also available on file in the agency office.

Of feedback received by the inspector from three service users and three service users' representatives they indicated that they were 'very satisfied' that care was effective. Of three responses returned by staff, two indicated that they were 'very satisfied' that care was effective and one indicated that they were 'very unsatisfied' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, spot checks, communication between service users and agency staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in relation to the completion and availability of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Review of records on the day of inspection indicated that service users are fully involved in day to day decisions and routines. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency's staff promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Observation by the inspector and feedback from service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

The inspector noted that the agency was arranging fundraising events with support from a local sports association to gather money to develop an outdoor play area for children. Agency staff were also taking part in a sponsored walk to buy a defibrillator for the agency.

The inspector was informed that the agency was in the process of organising a Gala Ball which would include invites to the agency's staff, local residents and HSCTrust staff to encourage and maintain good working relationships.

Service user comments:

- "They treat me with respect in my own home."

Staff comments:

- "We remain professional at all times."

Community key professional comments:

- "The staff helped my service user get furniture and clothes, out of the goodness of their own heart."

Of feedback received by the inspector from three service users and three service users' representatives they indicated that they were 'very satisfied' that care was compassionate. Of three responses returned by staff, two indicated that they were 'very satisfied' that care was compassionate and one indicated that they were 'very unsatisfied' that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance were not maintained by the agency. An area for improvement has been stated earlier in the report in relation to Regulation 23. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team. On the day of the inspection it was noted that all incidents and safeguarding referrals were managed according to policy and procedure.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal supervision and appraisal within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The manager informed the inspector that staff can contact a Senior Care Assistant out of hours who in turn has access to both the manager and deputy manager should the need arise.

An annual report is completed by the agency and is available within the agency.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service user comments:

- “Overall, I am very happy.”

Staff comments:

- “Management take things on board.”

Community keyworker’s comments:

- “In my opinion the service is well led.”

Of feedback received by the inspector from three service users and three service users’ representatives they indicated that they were ‘very satisfied’ that the service was well led. Of three responses returned by staff, two indicated that they were ‘very satisfied’ that the service was well led and one indicated that they were ‘very unsatisfied’ that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Grace Connolly, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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) (3)</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2018</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p style="padding-left: 20px;">(i) what services to offer to them, and</p> <p style="padding-left: 20px;">(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Responsibility for the monthly monitoring reports has now been allocated to the deputy CEO whom will ensure that these are forwarded to the inspector on a monthly basis as requested. All outstanding reports will also be sent.</p>

Please ensure this document is completed in full and returned via Web Portal



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews