

# Unannounced Care Inspection Report 06 June 2017



## Ardmonagh Family and Community Group

**Type of Service: Domiciliary Care Agency**

**Address: 61 - 63 Ardmonagh Gardens, Belfast, BT11 8DX**

**Tel No: 02890245943**

**Inspector: Amanda Jackson**

**User Consultation Officer (UCO): Clair McConnell**

[www.rqia.org.uk](http://www.rqia.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**

Ardmonagh family and community group is a registered domiciliary care agency delivering care in the community to children with complex medical needs and adults with physical health disabilities. The agency provides personal care and social support to service users (21 adults and 13 children) and respite to families of children receiving services.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ardmonagh Family and Community Group  <b>Responsible Individual(s):</b> Mr Richard Gerard May	<b>Manager:</b> Siobhan McCormac - application not yet submitted
<b>Person in charge at the time of inspection:</b> Siobhan McCormac	<b>Date manager registered:</b> Siobhan McCormac - application not yet submitted

### 4.0 Inspection summary

An unannounced inspection took place on 06 June 2017 from 10.00 to 16.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives, one trust professional and staff on inspection.

No areas requiring improvement were noted however, it was discussed with the manager that the inclusion of staff within the annual quality survey process and sharing of the annual review findings with all key stakeholders would be best practice in accordance with standard 8.12. Assurances were provided by the manager and team leaders that the required improvements would be implemented within the 2017 annual quality survey.

Service users spoken with by the UCO, spoke highly of the service provided by Ardmonagh in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report. Discussion with one trust professional supported a good quality service provided by Ardmonagh and those staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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
<b>Total number of areas for improvement</b>	0	0

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

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 27 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 September 2016.

## 5.0 How we inspect

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

- Previous inspection report and quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

Prior to the inspection the User Consultation Officer (UCO) spoke with five relatives, by telephone, on 30 and 31 May 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Assistance with meals
- Sitting service.

During the inspection the inspector met with three staff and spoke with one professional.

The following records were examined during the inspection:

- Three staff members' recruitment records
- Three staff members' induction and training records
- Three long term staff members' quality monitoring, supervision and appraisal records
- Three long term staff members' training records
- Staff duty rotas
- Adult safeguarding policy and procedure
- Child protection policy and procedure
- Whistleblowing policy and procedure

- Three new service user records regarding referral, assessment and care plan information, service user guide and agreement information
- Three long term service users' records regarding review and quality monitoring
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- Annual quality report 2016
- A range of communication records with trust professionals
- Complaints policy and procedure
- One incident record
- Staff handbook
- A range of compliments.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager and both team leaders at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 September 2017

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last inspection dated 27 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 23(2)(b) <b>Stated:</b> First time	The registered provider must establish and maintain a system for evaluating the quality of services which takes the views of service users and their representatives into account.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly quality monitoring reports and the annual quality survey and report for 2016 provided feedback from service users and relatives on service quality.	

<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 10.2 <b>Stated:</b> First time	The policy and procedure for the management of records should detail the arrangements for the retention of records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The revised policy was found to be compliant.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 3.2 <b>Stated:</b> First time	The person centred, holistic assessment of need must include up to date risk assessments relating to the delivery of care and services.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed during inspection supported compliance with standard 3.2.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time	The policy and procedures for staff recruitment should detail the recruitment process and comply with legislative requirements and DHSSPS guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The recruitment policy was found to be compliant.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Ardmonagh. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the relatives; examples given included manual handling and use of equipment. One relative confirmed that the carers had received additional training due to the complex needs of the service user.

All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by the relatives are listed below:

- “Couldn’t fault our girls. Would hate to lose them.”
- “They’re great with XXX.”
- “They let me know if anything is wrong with XXX.”

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were reviewed relating to recently appointed staff. The manager verified all the pre-employment information and documents had been obtained as required. Review of three records during inspection confirmed compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards workbook. Review of three staff files supported an induction process lasting more than three days and compliant with Regulation 16(5)(a). The inspector discussed full implementation of the NISCC induction standards for all future staff given that staff registration with NISCC is now required. Staff spoken with during inspection confirmed they had received a comprehensive induction programme. Records reviewed evidenced all staff members’ registration with NISCC and a system in place to review staff renewal of registration. The manager confirmed all staff are registered with NISCC or in the process of registering. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include text messages, discussion at staff meetings and through staff supervisions.

The three care staff spoken with during inspection had been recruited within the agency over the past two years. All staff members described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC and what registration with NISCC initially entails and requires of staff on an ongoing basis.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency have implemented a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’). The agency’s whistleblowing policy and procedure was found to be satisfactory.

The agency have a safeguarding children policy detailed in line with regional guidance and again staff spoken with at inspection were knowledgeable regarding their roles and responsibilities in this regard.

The inspector was advised that the agency has had one safeguarding matter since the previous inspection; discussion with the manager and team leaders supported appropriate knowledge in addressing matters when they arise. Staff spoken with during inspection also presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. The adult safeguarding champion (ASC) has recently been appointed within the agency and this information has been disseminated to all staff over recent months. Staff spoken with during inspection were clear regarding the ASC and the role of the identified individual.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through external training resources and through specialised training provided by the HSC trust where complex service user packages are provided. Staff are also assessed during practical sessions both during the training and within service users' homes by trust professionals, and evidence of these assessments were contained within staff files reviewed during inspection. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge such as tracheostomy and peg tube care. Discussion during inspection with one trust professional confirmed ongoing support from the trust team to ensure staff are skilled and competent in areas of complex care delivery.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and a appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and quality monitoring within service users own homes.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users' records. The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

Service users and relatives spoken with by the UCO, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Nine staff questionnaires issued and received by RQIA confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. Several staff commented stating, 'Staff are well trained and team leaders make sure that service users and staff are kept safe' and 'Good systems are in place to ensure care is safe'.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment and induction, training, supervision and appraisal. Adult safeguarding had been appropriately managed and ongoing review of service users care and support was evident.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The UCO was informed by the relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. One relative advised that they had experienced one missed call from the agency. This matter was discussed during inspection and it was confirmed that the agency had not been made aware that the call had been required on the specified date. The agency had been unaware of the matter until the UCO notified the agency following service user interviews. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Ardmonagh were raised with the UCO. Home visits or phone calls have taken place to ensure satisfaction with the service. Only one relative was able to confirm that they had received a questionnaire from the agency to obtain their views on the service. Review of the agency process for issuing annual surveys and compilation into an annual report was confirmed during inspection.

Examples of some of the comments made by the relatives are listed below:

- "Consistency is great. XXX has got to know them well."
- "The communication is really good which I find helpful."
- "Really happy with the care."

Service user records viewed included referral information received from the appropriate referring professionals and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The reviews completed by the agency on an ongoing basis evidenced that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. Review of service user's guides and agreements during inspection and discussion with the manager confirmed service users receive this information with an appropriate timeframe compliant with regulations and standards.

The agency's policy and procedure on record keeping in service users' homes had been developed in 2016. The agency maintains recording sheets in each service user's home file on which care staff record their visits. The inspector reviewed three completed records during inspection and found good standards of recording.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and reassessments resulted in amended

care plans. Ongoing communications with trust professionals forms an integral part of this review process and this was evident during inspection.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed confirmed ongoing quality monitoring of service users and staff practice is completed by their team leaders to ensure effective service delivery.

Staff interviewed during inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Questionnaires are provided for service users to give feedback on a rolling annual basis. Evidence of this process was discussed with the team leaders during the inspection in terms of the annual quality report completed for 2016. Review of the 2016 annual report confirmed satisfaction with the service being provided. The team leaders also discussed how the annual quality report outcome is provided to service users and delivered by care staff. The inspector discussed inclusion of commissioner feedback within the overall report and also including staff feedback. The inspector also discussed sharing the report findings with service commissioners and staff as key stakeholder groups. Assurances were provided by the team leaders and manager that this process would be included in the 2017 report.

Nine staff questionnaires issued and received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. Several staff commented stating, 'All our service users get their calls at their requested times. Questionnaires are given out to ensure their views are heard' and 'Service users are very happy with the service they receive'. 'Care plans are kept up to date'.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

All of the relatives interviewed by the UCO felt that care was compassionate. The relatives advised that carers treat the service users with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits or phone calls; however only one relative was able to confirm that they had received a questionnaire from the agency. Annual quality surveys and feedback has been highlighted in the previous section and was confirmed as satisfactory during inspection. Examples of some of the comments made by the relatives are listed below:

- “Lovely girls.”
- “They have fun together.”
- “They take the time to chat to us both.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits, telephone contact and through the rolling annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users’ homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff, team leaders and manager. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Nine staff questionnaires issued and received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. Several staff commented stating, ‘Service users are aware who to contact if or when needed’ and ‘All our service users are treated with dignity and respect and we ensure that they are always listened to’.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Staff have the ability to be flexible’ (SW feedback on annual quality survey)
- ‘Ardcom have worked jointly with the trust over the past year and have responded appropriately to changing needs of service’ (Community children’s nursing sister on annual quality survey)
- ‘Ardmonagh are excellent at responding to changing needs and are very person centred. They are flexible in meeting the changing needs of the service user’ (Social worker feedback on annual quality survey)
- ‘Staff member xxx is absolutely fantastic, xxx understands my relative very well and gives my relative great support’. (Relative compliment March 2017)
- Staff member xxx is a fantastic carer, xxx thinks of everything, and nothing is too much bother’. (Relative compliment November 2016)
- ‘Excellent communication’. (Relative compliment as part of current annual quality survey)

**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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns were made regarding the service or management to the UCO.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Manager, Ms Siobhan McCormac, the agency provides domiciliary care to 21 adults and 13 children living in their own homes.

Review of the statement of purpose and discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service User Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The policy and procedures which are maintained electronically were reviewed and contents discussed with the manager and team leaders. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency and updated accordingly on an ongoing basis. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing and regular basis.

The complaints log was viewed for 2016-2017 to date, with no complaint arising.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One safeguarding matter had occurred since the previous inspection and had been reported to RQIA within the appropriate procedures and timeframes.

The inspector reviewed the monthly monitoring reports for March to May 2017. The reports evidenced that the Registered person completes this process with input from the agency team leaders. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and commissioners.

Three care staff spoken with during inspection indicated that they felt supported by their manager and team leaders who they described as supportive and always available to talk. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. The inspector spoke with one professional during the inspection via telephone. The children's community nursing sister spoke highly of the service provided by Ardmonagh and the role of the trust in training staff in complex interventions such as peg tube care and tracheostomy care. The nursing sister confirmed the process undertaken by the trust in training and assessing competence of these staff on an ongoing basis and this process of assessment was reviewed during inspection.

The inspector was informed by the manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NISCC or registering and this was confirmed by the manager. Procedures have also been implemented to ensure staff renewing registration are kept under review; these procedures were evidenced to the inspector during the inspection day.

Nine staff questionnaires issued and received by RQIA indicated the service is well led with staff indicating satisfaction with the agency management systems. Three staff commented, 'Great team – well led! Love working for Ardmonagh' and 'Management are fantastic, especially the team leaders. They make time for everyone and are very fair'. 'Regular staff meetings and supervision'.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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