



The Regulation and
Quality Improvement
Authority

Admiral Care
RQIA ID: 11280
6 Berryfield Road
Newtownabbey
BT37 0FZ

Inspector: Amanda Jackson
Inspection ID: IN23257

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**Unannounced Care Inspection
of
Admiral Care Services (NI) Ltd**

06 July 2015

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

1. Summary of Inspection

An unannounced care inspection took place on 06 July 2015 from 09.00 to 12.15. 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. However, in light of concerns arising from examination of the agency's recruitment practices, a meeting was held with the registered person/manager and the agency director at RQIA offices on 20 July 2015. At this meeting, the registered person/manager and director provided a full account of the arrangements they have in place to ensure the improvements necessary to achieve full compliance with the required regulations. RQIA considered the matter and confirmed that a failure to comply notice would not be served in this regard. It was agreed at the meeting that a further visit would be made to Admiral Care to review the required records in accordance with Regulation 13(d) and Schedule 3.

During the meeting RQIA discussed the previous Failure to comply notice in July 2014 in respect of Regulation 13(d) and Schedule 3 and highlighted that any further failure to comply with this regulation could result in further enforcement action.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with the assistant manager as part of the inspection process and via telephone with the registered person/manager at the inspection conclusion. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Admiral Care Services (NI) Ltd/Ms Dawn Elizabeth Smyth	Registered Manager: Ms Dawn Elizabeth Smyth
Person in charge of the agency at the time of Inspection: Assistant manager	Date Manager Registered: 19 November 2010
Number of service users in receipt of a service on the day of Inspection: 100	

3. Inspection Focus

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

- Standard 3.2
- Standard 9.2
- Regulation 13 (d) Schedule 3
- Standard 8.17.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection reports
- Previous returned quality improvement plans.

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

- Discussion with the assistant manager (in person) and the registered person/manager (via telephone)
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Assessment, care planning and review policy and procedure
- Two service user files in respect of referral, care plan and initial visit information
- Quality assurance policy/procedure
- Two staff meeting minutes
- Staff appraisal template
- Quality monitoring template for service users
- Annual quality survey template for service users
- Three staff recruitment records
- Registered person/manager mandatory training records.

5. The Inspection

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 100 adults with elderly care needs, mental health needs, physical disability and learning disability by a team of 30 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.

5.1 Review of Requirements and Recommendations from Previous Inspections

The previous inspection of the agency was an unannounced care inspection dated 12 February 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from a previous care inspection on 11 November 2013

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Minimum Standard 3.2	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.	Met
	Action taken as confirmed during the inspection: Review of the agency policy and procedure on 'Assessment, care planning and review' dated February 2015 together with the agency's service user care plan template dated February 2015 presented brief but concise information in respect of the overall process in accordance with standard 3.2. The agency clearly outline that services will only be provided if all relevant information has been provided by the commissioning trust care manager.	

	<p>Review of two recently commenced service user files presented referral information signed by the trust professional and presenting information in line with standard 3.2. This process is supported by the agency's own environmental risk assessment completed by the agency staff at service commencement. Additionally the service user/representative signs the service user guide, complaints procedure and care plan upon receipt at service commencement.</p>	
<p>Recommendation 2</p> <p>Ref: Minimum Standard 9.2</p>	<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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The agency's 'Quality assurance policy/procedure' dated February 2015 makes broad reference to service user and staff involvement in reviewing different aspects of service quality. The policy does not directly refer to service user and staff involvement in policy reviews.</p> <p>Staff meetings for 13 and 27 May 2015 were reviewed during inspection and evidenced discussion with staff regarding policies but did not indicate staff being given an opportunity to comment on policy content and how they may reflect changes to a policy. Review of the staff appraisal template during inspection did not reflect staff input to policy reviews.</p> <p>Quality monitoring processes with service users through six monthly quality monitoring and the annual service user quality questionnaire do not provide opportunity for service users or their relatives to comment on policies and procedures.</p> <p>It is recommended that the agency specifies the arrangements for ensuring that policies and procedures are developed with input from service users/representatives and staff.</p>	<p>Met</p>

Review of Requirements and Recommendations from a previous care Inspection on 27 June 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (d) Schedule 3	<p>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.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of two retrospective staff recruitment files, staff recruited following June 2014 and one more recently employed staff member file evidenced partial compliance with Regulation 13 and schedule 3 and requirement one.</p> <p>Areas which were not found to be fully met included recent employer references, full employment history and review of gaps in employment, verification of a staff member ceasing to work in a position with children and a statement by the registered person/manager regarding staff fitness to practice.</p>	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.17	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered person/manager training records reviewed during inspection were found to be up to date with all areas of mandatory training in line with standard 8.17 and the RQIA mandatory training guidelines (September 2012). Most areas of training have been updated since the previous annual inspection in February 2015 with a few areas of training completed in 2014.</p>	

Number of Requirements:	1	Number of Recommendations:	1
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5.3 Additional Areas Examined

No additional areas were reviewed during the inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the assistant manager as part of the inspection process. The registered person/manager was also informed regarding the inspection outcomes via telephone at the inspection conclusion and at a Failure to comply meeting held with the registered person/manager and the agency director at RQIA offices on 20 July 2015.

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 the 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 (paperlite) and assessed by the inspector.

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 agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: Third time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation Regulation 13 Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff files reviewed and all now complete. Monitoring checklists and compliance system put in place. Process and monitoring in place to ensure consistent approach. File examined at follow up visit and deemed compliant.</p>
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Registered Manager Completing QIP	Dawn Smyth Sargent	Date Completed	31/7/15
Registered Person Approving QIP	Dawn Smyth Sargent	Date Approved	31/7/15
RQIA Inspector Assessing Response	A.Jackson	Date Approved	27/08/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address