



The Regulation and
Quality Improvement
Authority

Admiral Care
RQIA ID: 11280
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Newtownabbey
BT36 5AE

Inspector: Amanda Jackson
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**Announced Care Inspection
of
Admiral Care**

06 August 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 announced care inspection took place on 06 August 2015 from 10.00 to 12.30 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
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the registered person and manager Dawn Smyth, agency director, agency assistant manager and operations manager as part of the inspection process. 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: Ms Dawn Elizabeth Smyth	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 inspection and to determine if the following regulation has been met:

- Regulation 13 (d) Schedule 3.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan.

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

- Discussion with the registered person and manager, agency director, assistant manager and operations manager
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Two staff recruitment records
- Nine service user quality monitoring and correspondence records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 6 July 2015. The completed QIP is due to be returned to the inspector for review in August 2015.

5.2 Review of Requirements and Recommendations from the last Inspection on 6 July 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (d) Schedule 3	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation Regulation 13 Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.	Met
	Action taken as confirmed during the inspection: Review of the two staff recruitment files reviewed at the last inspection were found to be compliant with Regulation 13 (d) Schedule 3 and requirement one in respect of the remaining matters.	

5.3 Additional Areas Examined

Service user feedback received from the RQIA user consultation officer visits was discussed with the registered person/manager, agency director, agency assistant manager and operations manager. A range of matters arising required attention as follows:

- Staff signatures in the files maintained by agency staff in service users' homes were not in accordance with Minimum Standard 5.6. Staff currently sign their initials instead of a full signature. The agency manager agreed to review the agency's current recording template to ensure staff have sufficient space to record their full name. A collective text message was sent to all care staff during the inspection visit to inform them regarding the new process for staff signatures. The inspector reviewed this text message at the inspection. The agency manager agreed to send a memo out with staff weekly rota's and further agreed to place this matter on the agenda for the next staff meeting(s) and to follow up accordingly with any staff not compliant over the coming months
- Accuracy of recording was discussed with the registered manager. A number of calls were noted in various service user files as not recorded (gaps in recording) whilst several service users/family members advised that staff were not accurately recording the times and length of calls during visits. Again this was highlighted for review and follow up with staff involved.
- Consistency of carers was raised by a number of service users/representatives. The agency manager highlighted that several staff members had left their positions and this had led to changes in staff attending care packages. The manager also advised that this matter has now settled with a more consistent supply of staff. The manager also agreed to keep this matter under review
- Two care plans examined during the home visits were noted to be out of date. A request for updated care plans from social workers was agreed with the agency manager at inspection
- Variation in call times was raised by several service users/relatives. The agency manager and director stated a set time for service user calls was not agreed or stated on the service users home care plan as this directive had been agreed between the agency and the trust. The inspector highlighted this would not be practice across other trust areas and requested confirmation of communication between the agency and the trust on this agreed directive.

Receipt of communication from the NHSC trust post inspection highlighted the need for the agency to provide approximate times for service user calls, ensuring such agreed times are adhered to. Where variance to call times occurs the agency is recommended to communicate these variance with service users and/or their representative. Failure to adhere to the trust requirements will lead to quality/service failures being issued by the trust keyworkers. The agency communicated with the inspector (post inspection) advising that they are currently reviewing their rota's to provide service user call times in line with the NHSCT communication

- A number of matters of complaint were raised by one service user. The agency confirmed communications between the trust, the agency and the family are ongoing in respect of this matter. A range of contacts in this respect were presented for inspector review during the inspection. A follow up call was also made by the inspector to the social worker who confirmed ongoing review of this service and matters arising
- Four service users highlighted rushed call times with staff not staying the allocated time commissioned. One service user's call was discussed as taking longer than the commissioned time on occasions. Ongoing discussions with the trust professional were confirmed by the agency and verified during the inspector discussions with the trust professional. The remaining three service users were spoken with by the agency operations manager post inspection as part of quality monitoring and feedback provided to the inspector. The matter of rushed calls by some staff has been agreed by the agency for review.

Review of quality monitoring for four service users and correspondence between the agency and trust social workers was provided at inspection in support of matters being attended and reviewed ongoing. The operations manager agreed to completed quality monitoring contacts with all of the nine service users who had been visited by the RQIA UCO. Completion of this quality monitoring following the inspection and feedback were provided to the inspector. Feedback presented similar findings to those raised by service users/relatives during the RQIA UCO visits. The agency has put in place an action plan to review all matters over the coming weeks and months.

The inspector also made contact with two social workers regarding specific matters requiring review for four service users and was provided with a firm assurance that all matters were kept under close review by the social work team and Admiral Care. One social worker provided a very positive response to the responsiveness and actions of Admiral Care in attending to matters raised in a timely and professional manner. The second social worker referenced the agency efforts in managing cases which are not always straight forward. This social worker did however highlight that communication between the agency and service users when calls are delayed is not always proactive. The inspector thanked both trust professionals for their input to the inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered person and manager Dawn Smyth, agency director, agency assistant manager and operations manager 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 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 15(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: With immediate effect from the date of inspection</p>	<p>The registered person shall ensure that a written plan of care is consistent with any plan of care of the service user prepared by any Health and Social Care Trust with responsibility for commissioning personal social services for service users.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Updates to spot check scheduling process and quality monitoring will include physically checking that a care plan is in place. Content and quality of plan is checked for compliance and quality by the Registered Manager as part of the Referral arrangements. Management Action Plan includes review of quality monitoring systems.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be Completed by: With immediate effect from the date of inspection</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>As discussed under the 'additional areas examined' section of the report.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Previous staff communication on the subject has been reviewed. Induction training will include recording requirements. Reviewed Performance Management systems include record keeping and legibility requirements. As of inspection date all staff have been re-apprised of the need for clear and accurate recording. This has been achieved verbally, by memo and electronic communication. Will be continually monitored through quality monitoring process's.</p>

Registered Manager Completing QIP	Dawn Smyth Sargent	Date Completed	13/8/15
Registered Person Approving QIP	Dawn Smyth Sargent	Date Approved	13/8/15
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