

# Unannounced Domiciliary Care Agency Inspection Report 24 January 2017



## Admiral Care

**Type of service: Domiciliary Care Agency**  
**4 Joymount, Carrickfergus, BT38 7DN**  
**Tel no: 028 9086 4055**  
**Inspector: Amanda Jackson**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Admiral Care took place on 24 January 2017 from 15.40 to 17.10.

The focus of the inspection was to review recruitment and induction practices alongside quality of service provision within the agency based on information provided to RQIA anonymously via their duty system.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Dawn Smyth registered person and registered 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.

## 1.2 Actions taken following the most recent care inspection on 3 May 2016

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b>  Admiral Care/Ms Dawn Smyth	<b>Registered manager:</b>  Ms Dawn Smyth
<b>Person in charge of the service at the time of inspection:</b>  Ms Dawn Smyth	<b>Date manager registered:</b>  17/11/2010

### 3.0 Methods/processes

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

Prior to inspection the inspector analysed the following records:

- Information/communication received from an anonymous whistleblowing call to the RQIA duty inspector.

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

- Discussion with the agency registered person/manager;
- Examination of records;
- File audits;
- Evaluation and feedback;
- Discussion with one trust professional;
- Discussion with one service user and three family members.

The following records were examined during the inspection:

- Four staff Access NI and induction records;
- Five additional staff Access NI checks;
- Staff rota's;
- Two service users care plans and quality monitoring records.

### 4.0 The inspection

#### Staff Access NI and induction records

Review of four staff Access NI and induction records during inspection evidenced compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. Review of a further five staff Access NI records and review of staff details alongside staff duty rota's did not highlight staff being placed prior to appropriate checks taking place.

**No areas for improvement were noted.**

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### Service quality

Review of two service user records regarding quality of service supported annual reviews taking place with the service users and the trust during 2016 and 2017. Both reviews raised matters for attention.

Discussions with one family member and one trust professional post inspection in respect of the two service users highlighted matters ongoing regarding service quality, continuity of staff, consistency of call times and communication from agency management regarding services.

Further discussions with one service user and one family member regarding staff attending during the Christmas period (2016) supported no issue arising regarding staff presenting for a call. Discussion with a second family member suggested that staff attending during one particular call, supported one issue raised by the anonymous caller to RQIA. The inspector discussed this issue fully with the registered person/manager who reassured the inspector that the matter would be addressed and kept under review. All people spoken with highlighted matters akin to those detailed above regarding service quality and feedback was shared with the registered person/manager on 30 January 2017. Two recommendations have been made and were discussed with the registered person/manager who agreed on both matters.

### Areas for improvement

Two areas for improvement have been made regarding effective service delivery in accordance with Standard 8.2 and systematic auditing of working practices in line with Standard 8.10.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Dawn Smyth, registered person and 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection</p>	<p>The registered manager ensures the agency delivers services effectively on a day-to-day basis with good professional relationships in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional regulatory bodies and standard setting organisations.</p> <p><b>Response by registered person detailing the actions taken:</b> Registered manager has undergone policy reviews to ensure compliance Thematic workbooks in place for ongoing continuance. Third party communication recorded via file note system and reviewed on an ongoing basis. Investment in new IVR system at Main office will ensure streamlined communication flow.No concerns have been noted or raised directly with registered manager in relation to professional relationships. Several third parties have commented on effectiveness of communication paths.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection</p>	<p>Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p><b>Response by registered person detailing the actions taken:</b> Action plan and workbook setting have ensured continued compliance as auditing takes place on an ad hoc ongoing basis as well as via formalised policy and procedural reviews. Investment in bespoke ICT solutions to maximise compliance with both inhouse, statutory and ICO guidelines minimises scope for error and will facilitate consistent, manageable and effective systems with straightforward auditing capacity.</p>



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