

Inspection Report

3 October 2024



Advanced Care Services

Type of service: Domiciliary Care Agency
Address: 105 Pond Park Road, Lisburn BT23 3QR
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Advanced Care (NI) Ltd	Registered Manager: Mr Brian Smyth
Responsible Individual: Mr Niall Eugene Smyth	Date registered: 20 June 2024
Person in charge at the time of inspection: Mr Brian Smyth	
Brief description of the accommodation/how the service operates: Advanced Care Services is a domiciliary care agency, supported living type, operating in Lisburn which provides domiciliary care and housing support to individuals with complex needs. Advanced Care Services strives to work in a person centred way, ensuring the service user is at the centre of all decisions and discussions. Advanced Care Services also encourages a strengths-based approach within supported living services, promoting independence and autonomy for service users.	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2024 between 9.40 a.m. and 3.00 p.m. The inspection was conducted by two care inspectors.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

Two areas for improvement were identified, relating to staff recruitment and induction.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of staff members.

The information provided indicated that they had no concerns in relation to the service provided by the agency.

Comments received included:

Staff comments:

- "The management is very approachable."
- "I would be confident to raise any concerns."
- "We have regular staff meetings."
- "The management support us; they check how we are doing."
- "I enjoy my job."
- "I have found my senior management very supportive and helpful. The registered manager is always there whenever I need any form of support, and has a real genuine care to ensure that both staff, and those who we support are happy and content. We have already had conversations about a potential path for me to grow within the company which is something I find extremely motivating."

A returned questionnaires indicated that the respondent was satisfied with the care and support provided. Written comments included:

"My son is looked after by a great team. He is living a great quality of life."

A number of visiting professionals responded to the electronic survey. The respondents indicated that they were 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

“Service is open to improvement of the process, environment and transparent in all communication. It has been a smooth transition to advanced care,”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 11 June 2024 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspectors during this inspection.

Areas for improvement from the last inspection on 11 June 2024		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14(a) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that the agency is conducted as to ensure the safety and wellbeing of service users, this relates specifically to the quality of policies to include recruitment and quality assurance / monitoring policies with a requirement for immediate review of the named policies and an action plan for quality reviewing of other policies / procedures Ref: 4.0	Met
	Action taken as confirmed during the inspection: The action plan for quality reviewing of policies was in place, with the majority of policies now reviewed.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency plans to produce an annual Adult Safeguarding Position report. This will be reviewed at future inspections.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspectors had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

Care reviews have been planned in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All relevant staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered orally with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspectors demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the Health and Social Care (HSC) Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and the agency plans to involve service users and / or their relatives in the review of the care provided on an annual basis, or when changes occur. This will be reviewed in future inspections.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided. Some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Review of recruitment files found unexplained gaps in employment and full employment histories were not consistently recorded. Improvement in relation to the interview process were discussed with the manager. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction. However, the induction programme provided to staff was found not to include reference to the NISCC induction standards. An area for improvement has been identified. The induction programme also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of a range of matters including service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The agency plans to compile an Annual Quality Report. This will be reviewed at a future inspection.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	1

The areas for improvement and details of the QIP were discussed with Mr Brian Smyth, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time To be completed Immediately from the date of inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in respect of each of the matters specified in Schedule 3. This specifically relates to the interview process and, in ensuring that full employment histories are obtained and any gaps in employment are reviewed. Ref: 5.2.4
	Response by registered person detailing the actions taken: A meeting was held in 105 pond park on 30/11/2024 with Brian Smyth, Jonathan harris,(service manager) Emma Dunleavy, (service administrator) and Sabrina Mc Dowell, (recruitment manager) As an outcome from this meeting all staff files will be reviewed by 18.11.2024 to ensure any gaps in empolyment history are closed. Sabrina Mc Dowell has reformatted the interview template to calrify the process and ensure it is clear if candidates have been successful or not, the updated proforma also includes a section for the chair of the interviewing panel to sign off to say that they are happy that there are no gaps in the employment history prior to interview. Moving forward Jonathan Harris will verify that all newly recruited staff have completed a recruitment process which complies with fully with regulation 13 (d) schedule 3.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 12.1 Stated: First time To be completed Immediately from the date of inspection	The registered person shall ensure that newly appointed staff complete a structure orientation and induction, having regard for to NISCC's Induction Standards. Ref: 5.2.5
	Response by registered person detailing the actions taken: NISCC induction standards have been incorporated into the induction process for all new staff. Existing staff have also been advised of the NISCC induction standards, any staff currently undergoing probation or induction have been provided with a NISCC induction booklet, these will be completed as part of staff induction and probation for all staff

	who have started in the service under the Advanced care registration.
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