

Announced Care Inspection Report 12 August 2020



Advanced Care (NI) Ltd

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Tel No: 02890627515
Inspector: Caroline Rix**

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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

Advanced Care (NI) Ltd is a domiciliary care agency based in Lisburn which provides personal care, practical and social support and sitting services to 179 people living in their own homes. Service users have a range of needs including physical disabilities, learning disabilities, dementia and palliative care. A number of services are provided to children with life limiting care needs.

The Belfast Health and Social Care Trust (BHSCT) and the South Eastern Health and Social Care Trust (SEHSCT) commission the majority of their services. A small number of staff are supplied into supported living schemes commissioned by private organisations.

3.0 Service details

Organisation/Registered Provider: Advanced Care NI Ltd Responsible Individual: Niall Eugene Smyth	Registered Manager: Denise Bryans
Person in charge at the time of inspection: Denise Bryans	Date manager registered: 14 December 2019

4.0 Inspection summary

An announced inspection took place on 12 August 2020 from 10.00 to 14.45 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the inspection on 3 February 2020, RQIA have not completed a care inspection to review progress in relation to serious concerns identified. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site approach in line with social distanced guidelines.

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.

No areas for improvement were identified during this inspection.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including infection prevention and control measures.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Denise Bryans, registered manager, and Niall Smyth, registered individual, 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 3 February 2020

The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

Enforcement action resulted from the findings of this inspection on 3 February 2020 in relation to several areas of the recruitment process, staff registrations with the Northern Ireland Social Care Council (NISCC) and the monthly quality monitoring processes. During a meeting at RQIA on 12 February 2020, the senior management team provided an action plan and details of the completed and planned actions required to drive improvement and ensure that the concerns raised at the inspection were addressed. Following the meeting RQIA agreed that the responsible individual would be given a period of time to demonstrate that the improvements had been made. We advised the responsible individual that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, monthly quality monitoring reports submitted, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland, updated on 16 June 2020.

The inspector also reviewed the following records:

- staff induction and shadowing records
- staff supervision and spot check records
- staff appraisal records
- staff training records, specifically in relation to infection prevention and control, dementia awareness and diabetes awareness
- communications records
- Annual quality survey report.

Questionnaires and “Have we missed you?” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views.

10 questionnaires were also provided for distribution to the service users and their representatives; one response was returned and the person was fully satisfied.

A poster was provided for staff detailing how they could complete an electronic questionnaire feedback to RQIA regarding the quality of service provision. **No responses were received prior to the issue of the report.**

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ was also provided to be displayed appropriately in the setting.

As part of the inspection process, the inspector spoke with two service user’s relatives. Comments are detailed within the report.

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

The inspector would like to thank the responsible individual, manager, service user’s relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 3 February 2020

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
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (a)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(a)he is of integrity and good character;</p> <p>(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically to employment references, gaps in employment being explored; reasons for leaving; and recording of full employment histories.</p> <p>Ref: 6.1</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed staff recruitment records which confirmed all pre-employment information had been obtained in relation to all elements within the legislation.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (d)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register;</p> <p>There must be a robust system in place to ensure that all staff are registered with NISCC, within the timescales set out by NISCC. This process should include monitoring of fee renewal dates and re-registration dates. In addition, staff who are also employed elsewhere must update NISCC of their employment with Advanced Care, in a timely manner.</p> <p>Ref: 6.1</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Records viewed by the inspector confirmed that a robust system in place to ensure that all staff are registered with NISCC, within the timescales set out by NISCC. This process has included monitoring of fee renewal dates and re-registration dates. In addition, staff who are also employed elsewhere have updated NISCC of their employment with Advanced Care, in a timely manner.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (1)(3)(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>The reports must be submitted to RQIA no</p>	Met

	<p>later than five days after the last day of the month until further notice.</p> <p>Ref: 6.1</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector was provided with an annual quality report as well as the monthly quality monitoring reports which included consultations with stakeholders in relation to the quality of services being provided. Each monthly monitoring report had been submitted to RQIA as requested. The reports contained details of the measures that the registered person has taken in order to improve the quality and delivery of the services which the agency arranges to be provided.</p>	

6.2 Inspection findings

Recruitment:

The agency's staff recruitment processes was reviewed following their previous inspection on 3 February 2020. Discussion with the manager and deputy manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of three staff records confirmed that these staff are currently registered with NISCC. The inspector noted that the manager had a system in place each week for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Monthly monitoring reports contained evidence that the registered person is auditing all new staff recruitment records to ensure full information and details have been obtained prior to their supply into service user's homes.

Service quality:

The inspector noted comments from service users, relatives, staff and HSC trust professionals during regular monthly quality monitoring as follows:

Service users:

- Very happy with the service and all the staff and stated that they go over and above their duty for him. They are all washing hands and wearing their PPE and he feels safe.
- I have no complaints with my girls but would like to get back to my church

- Everything is going fine, no complaints and love the staff going in, all staff wearing their masks and washing hands before carrying out their tasks, I couldn't be happier with the service.

Service users relatives:

- Care worker xx is wonderful with my wife she does lots of activities with her and she is very flexible if I'm running late and can't get back in time. We always have a good communication regarding my wife.
- All the staff are great and my relative is incredibly happy with the staff.
- Staff are professional and outstanding "a credit to the company".

Staff:

- Care worker xx stated she has no concerns, she is loving her job and feels that PPE is under control, all service users are well. Infection control on Covid -19 training finished. Very happy with the support from the office and can't speak highly enough of them all.
- I find the care we give is excellent compared to what I see with other companies – especially if I go into a call after them, I always have to clean up and empty bins.

HSC Trust professionals:

- Very responsive to individual service user needs.
- Individualised needs of service users met as requested.

From the date of the last care inspection there have been two adult safeguarding matters reported to the relevant HSCT. One matter has now been closed with a second ongoing at the time of this report. Records reviewed confirmed these matters were being managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The inspector noted a range of feedback received by the agency following their annual quality review in June 2020, with a large number of surveys returned to the agency. The inspector noted that the information collated into the agency's annual service user survey report contained information received from service users/relatives. Their report had been shared with service users and staff and included mostly positive feedback, with some communication issues with office staff less positive, the report noted suggestions acknowledged and addressed.

Areas of good practice

Areas of good practice were identified in relation to the completion of pre-employment records including checks with Access NI and staff registrations with NISCC.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Care planning and review:

The inspector reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Risk assessments
- Reviews.

The inspector spoke with the relatives of two service users via telephone during the inspection. Feedback received was extremely positive, in relation to the skills of the care staff and the supply of consistent staff was described as very important for building trust and confidence with their relatives. These are some of their comments:

- “We are very happy with everything, the staff are brilliant, and treat my relative like one of their own family.”
- “I think the world of the staff, who know my relatives’ wee ways so well- he loves Hugo Duncan on the radio. They are always respectful and polite.”
- “The carers are very good and always arrive on time and I never feel rushed. They listen to our views, are very accommodating and flexible. I can relax knowing the staff do a great job.”

The inspector also spoke with two care staff via telephone during this inspection. The staff feedback included these comments:

- “I really love my job, we provide very good care.”
- “We are well supported by managers. Staff all support each other.”
- “Excellent training provided.”
- “The Covid-19 training was helpful and informative, I feel safe and secure at this time. We are provided with a good supply of PPE as needed.”
- “We visit the same service users mostly, which is very important and the best way to build up trust and reduce risk of spreading Covid-19.”
- “Job so rewarding when service users are pleased to see me arrive. I wouldn’t change my job for the world. Every day I am learning something new.”

Covid-19:

The inspector spoke with the manager and to two staff members, who were knowledgeable in regards to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures

- The agency's infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Used PPE storage and disposal
- Staff training and guidance on: (a) infection prevention and control
(b) the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to Infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office and had been emailed to staff with reminders provided via their monthly newsletters and their internal Whatsapp group communications.

The inspector reviewed records that indicated that staff and visitors had their temperatures monitored on entry to the agency office, inspector included, in accordance with the guidance. Monitoring records also involved completion of a health declaration form regarding the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC; this was facilitated by the agency.

Other training records viewed show that staff were provided with handouts and email video links that included the following topics:

- Handwashing
- Supporting good infection control
- PPE
- Donning and Doffing

The staff spoken with by the inspector during the inspection demonstrated that they had a good understanding of the donning and doffing procedures and were able to describe how they are using PPE appropriately. The manager discussed the procedures that both she and senior staff spot check the use of PPE by care worker. Records of staff spot checks on practice evidenced they have been undertaken to ensure staff are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- Staff working in the service were able to describe their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives.

One service user's relative had described how his relative disliked staff wearing face masks; however, it was good to note through good communication and co-working this challenge has now settled.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring their service users for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

Compliance with Covid-19 guidance and comprehensive training and monitoring relating to IPC and PPE had been provided to staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



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