

# Unannounced Care Inspection Report 25 September 2018



## Advanced Care (NI) Ltd

**Address: Unit 2a Ballinderry Business Park,  
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Lisburn, BT28 2SA  
Tel No: 02890627515  
Inspector: Caroline Rix  
User Consultation Officer: Clair McConnell**

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 238 people living in their own homes. Service users have a range of needs including physical disability, learning disability, dementia and palliative care. A number of services are provided to children with life limited care needs. The Belfast and South Eastern Health and Social Care Trusts (HSC trusts) 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

<b>Organisation/Registered Provider:</b> Advanced Care NI Ltd/Niall Smyth	<b>Registered Manager:</b> Lorraine Lomas
<b>Person in charge at the time of inspection:</b> Lorraine Lomas	<b>Date manager registered:</b> 26/07/2018

### 4.0 Inspection summary

An unannounced inspection took place on 25 September 2018 from 10.00 to 16.00 hours.

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

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.

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

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. The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered manager Lorraine Lomas, and the quality manager, 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 19 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 February 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report and QIP
- Record of notifiable events for 2017/2018
- All communications with RQIA.

During the inspection the inspector spoke with the registered manager, operational manager, quality manager and two care workers. Their feedback has been included throughout this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. Six responses were received; the details are included within the report.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and nine relatives, either in their own home or by telephone, between 7 and 24 September 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO also reviewed the agency's documentation relating to four service users.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Two staff induction records
- Three staff supervision records
- One staff appraisal record
- Four staff training records
- Staff training matrix
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide

- Four service user records regarding referrals, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report dated June 2018
- Communication records with other professionals
- Notification and incident records
- Safeguarding reports
- Complaints log and records.

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

The findings of the inspection were provided to the registered manager and the quality manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 February 2018

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 19 February 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (d)Schedule 3 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 07 April 2018	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-  (7) details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed evidence that confirmed a revised procedure had been introduced to ensure all pre-employment information has been obtained. This included	

	details and documentary evidence of relevant qualifications; training and registration with the appropriate regulatory body i.e. Northern Ireland Social Care Council (NISCC) for all domiciliary care workers.	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. Documentation viewed by the inspector indicated that there is a clear recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The inspector examined a sample of three staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with required regulations.

The inspector noted that arrangements had been revised and were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC). The manager discussed the system in place, introduced since last inspection, to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which included an induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff period that included a shadowing system.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Advanced Care. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t complain.”
- “Brilliant.”
- “Peace of mind for my family that someone calls regularly with us.”

Staff training records viewed for 2017/2018 confirmed that all care workers had completed the required mandatory update training programme. The training plan for 2018/2019 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users’ care needs including, dementia awareness, epilepsy awareness and palliative care. Staff spoken with described the value of the additional training received in improving the quality of care they provided. Staff confirmed that the update training was appropriate and provided them with the skills to fulfil the requirements of their job roles.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Adult Safeguarding’ policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. The agency has identified their Adult Safeguarding champion as the registered manager, with key responsibilities detailed in their procedure in line with required guidance. The agency’s whistleblowing policy and procedure was found to be satisfactory.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing. A review of safeguarding documentation confirmed that three reports of potential concerns had been received and were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures.

The returned questionnaires from staff indicated that they were ‘satisfied’ or ‘very satisfied’ that the care was safe. A written comment included stated; ‘I’m very impressed with the new management, things are a lot more structured and organized.’

The agency’s registered premises include a range of offices and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training and adult safeguarding.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for appropriately assessing the needs of people who use the service were examined during the inspection. The care plans reviewed by the inspector were up to date, and clearly detailed the service users' needs and how they wished these to be met. As part of the home visits, the UCO reviewed the agency's documentation in relation to four service users. It was noted that one care plan contained out of date information, and the registered manager agreed to update the home file immediately.

Service user records viewed in the agency office, included referral information received from the HSC trust. The referrals detailed the services being commissioned and relevant risk assessments. The care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing service user's care needs.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The documentation viewed confirmed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users advised that they were usually introduced to new carers by a regular carer and that new carers had been made aware of the care required. One issue was raised with the UCO regarding the care provided which was discussed with the registered manager during the inspection and has been addressed.

No issues regarding communication between the service users, relatives and staff from Advanced Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "Any issues I can raise and it's resolved."
- "They work with us; for example if we need to change times for appointments."
- "Looked after very well."

The inspector reviewed a sample of service user files which confirmed that the agency management had carried out care review meetings with service users/relatives to ensure their needs were being met along with regular contacts during monitoring visits. The manager confirmed that they are usually invited to attend or contribute in writing to the HSC trust

arranged care review meetings with service users/relatives. The records evidenced that, where applicable, an amendment form from the HSC trust detailing agreed changes to the original care plan had been provided.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The returned questionnaires from staff indicated that they were 'satisfied' or 'very satisfied' that the care was effective. A written comment was included that stated; 'I am now training to become a senior care worker which is something I wouldn't have ever thought possible before.'

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

There are processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Advanced Care. Examples of some of the comments made by service users or their relatives are listed below:

- "XXX loves chatting with the girls."
- "XXX was anxious at the start but the carers put her at ease."

- “Excellent job.”

Compliment reviewed during inspection provided the following information in support of compassionate care:

- ‘Excellent service and very happy with staff’ (Feedback from service users family during a care review meeting).

Staff spoken with during the inspection demonstrated appropriate knowledge regarding the delivery of compassionate care and described practices supporting individual service user’s wishes, dignity and respect.

One staff member commented during the inspection:

- “I love my job, there is great team work now, and I feel it’s important that we visit the same service users as often as possible, we know their individual likes and personalities and they trust us as well.”

The returned questionnaires from staff indicated that they were ‘satisfied’ or ‘very satisfied’ that the care was compassionate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Discussions with staff and compliments reviewed supported good practice in the area of compassionate care.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance have been revised since the previous inspection in February 2018. The inspector found the systems and processes introduced have had a positive effect, with records and information accessible in a more organised manner. The inspector noted that there had been an obvious commitment from the new management team to ensure services at the agency are compliant with regulations and standards.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The new manager was registered in July 2018 and is supported by an operational manager, quality manager, an administration assistant, senior care workers and a team of care workers.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained in a paper format retained in the office and on an electronic system.

Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service user records were retained securely and in an organised manner.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector noted the variety of feedback received by the agency as part of their annual quality review in June 2018. The manager confirmed that the information collated during the annual survey was summarised into a report which they plan to share with service users and staff during October 2018.

Monthly quality monitoring reports have been completed as required. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other professionals and evidenced how any issues arising had been managed.

The reports also included details of a review of accidents, incidents, staffing arrangements, training undertaken and audits of documentation.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted a range of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy, and where possible, each matter had been resolved.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service and any issues raised have been addressed to their satisfaction. No concerns regarding the management of the agency were raised during the interviews.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training equips staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection include: effective communication, service user involvement, advocacy, equal care and support, individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The agency has team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team.

The returned questionnaires from staff indicated that they were 'satisfied' or 'very satisfied' that the service was well led. Written comment included on a survey stated; 'The support I now receive since the new management has taken over has made such a difference to me. I'm more confident in my job and not afraid to ask questions. The new Management has put new structures in place to help all the staff and make our jobs easier.'

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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