The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Advanced Care (NI) Ltd**

**Provider:** **Advanced Care (NI) Ltd**

**Date of Inspection:** **3 March 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:** | Advanced Care (NI) Ltd |
| **Responsible Individual/Responsible Person** | Mr Niall Smyth |
| **Registered Manager:** | Ms Denise Bryans |

**Service Profile**

Advanced Care (NI) Ltd is a domiciliary care agency based in Lisburn which provides personal care, practical and social support and sitting services to 153 people living in their own homes. Service users have a range of needs including physical disabilities, learning disabilities, mental health needs, dementia and palliative care. The agency has their services commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).

## 2.0 Inspection summary

An unannounced inspection was undertaken on 3 March 2025 between 9.20 am and 2.25 pm by a care Inspector.

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 was also examined.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to service user involvement and recruitment processes. There were good governance and management arrangements in place.

We would like to thank the manager and staff team for their help and support in the completion of the inspection.

## 3.0 The inspection

## 3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

## 3.2 What people told us about the service and their quality of life

Throughout the inspection process inspectors will seek the views of those working for the agency and relatives and service users who receive support. A sample of records will also be examined to evidence how the agency is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. We spoke with a range of service users, a relative, staff and HSC staff to seek their views of Advanced Care (NI) Ltd.

The information provided indicated that there were no concerns in relation to the agency.

Some comments received from service users included: "I have no complaints - they are clean and tidy and everything seems in order so I am very satisfied" and; "I have no concerns at all – I hold them in very high regard –- an excellent service".

A number of relatives responded to the service user/relatives questionnaires. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Some other comments from relatives noted during inspection included: "I love the communication between my relative and the staff – lots of laughter." And; "Staff were excellent right up to the end with my relative".

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included: ''Excellent company - I have worked with them for 10 years and love my job." And; "Great place to work for, staff and management are very nice, and approachable"

One HSC professional contacted for feedback commented as follows: "Advanced Care are very competent in every area. Management and care staff have always been professional and friendly and clients have been very happy & satisfied with the care provided".

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

The last care inspection of the day care setting was undertaken on 3 August 2023 by a care inspector. No areas for improvement were identified.

## 3.4 Inspection findings

### 3.4.1 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's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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 inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. 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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

### 3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (MCA) 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 inspector 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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was also available for staff to reference. The manager reported that none of the service users were subject to DoLS. There was a policy in place for the use of restrictive interventions and a register was in place.

### 3.4.3 Staff Selection, Recruitment and Induction

A review of the agency's recruitment records identified that pre-employment checks including criminal record checks (AccessNI), were undertaken on all staff and verified before they commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme which 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.

### 3.4.4 Staff Training and Development

Staff were provided with training appropriate to the requirements of their role. The agency maintained an electronic record of staff of all training and there were good systems in place to identify in advance if any staff member required refresher training. Staff who spoke with the inspector advised that sufficient notice was given in respect any training that needed to be refreshed to allow for this to be arranged in a timely manner.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records and a competency assessment was undertaken before staff completed this task.

Where service users required the use of specialised equipment to assist them with moving, this was included within the mandatory training programme. The manager confirmed that staff had been provided with training in the use of specialised equipment before care delivery commenced.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of specialised equipment, directions for use were included in the care plan.

A number of service users were assessed by Speech and Language Therapy (SALT) with recommendations provided and 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.

There was evidence that staff received regular supervision and appraisals on an annual basis.

### 3.4.5 Care Records and Service User Input

A sample of service users' care records was examined and contained sufficient information about the level of support required. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency and were kept under regular review. It was good to note that service users had an input into devising their own plan of care and were provided with easy read reports, if needed, to enable 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 are evaluated on an annual basis, or when changes occur.

There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

Care reviews had been undertaken 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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note. The information contained in the care and support plans also highlighted service users' individual preferences, likes and dislikes evidencing a person-centred approach towards the care and support provided.

### 3.4.6 Governance & Managerial Oversight

There were monitoring arrangements in place in compliance with the 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, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

One report examined did not adequately reference an incident which had occurred during a monitoring period. Advice was given to the manager regarding the need to ensure consistent use of unique identifier references which can be crossed referenced with incident reports for tracking purposes. The manager agreed that future reports would be proofed and checked to

ensure this level of detail is captured with immediate effect. This will be reviewed at a future inspection.

The Annual Quality Report was reviewed and was satisfactory.

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. A review of complaints received by the agency since the last inspection identified that a template recording the details and outcome of one complaint was not fully completed. This was discussed with the manager who took on board advice regarding the importance of completing all parts of the complaints record in order to ensure that each complaint received was investigated and responded to appropriately. This will be reviewed at a future inspection.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

## 4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Denise Byrans, Registered Manager, and Mandy Gardiner, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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