The Regulation and Quality Improvement Authority

Inspection Report

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

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

Date of Inspection: **23 January 2025**

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

1.0 Service information

Organisation/Registered Provider:	Advanced Care (NI) Ltd
Responsible Individual/Responsible Person:	Mr Niall Eugene Smyth
Registered Manager:	Mr Niall Eugene Smyth
Service Profile Advanced Care (NI) Ltd is a domiciliary care agency. The agency aims to provide personal care and support to adults living in their own homes within the Western Health and Social Care Trust (WHSCT) area.	

2.0 Inspection summary

An unannounced inspection was undertaken on 23 January 2025 between 10.50 a.m. and 3.35 p.m. 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 were also examined.

One new area for improvement was identified; this related to the completion of quality monitoring reports.

Good practice was identified in relation to service user involvement, assessment processes and person centred planning. There were good governance and management arrangements in place.

We would like to thank the person in charge, managers and administration assistant 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.

Throughout the inspection process inspectors will seek the views of those using and working in the agency and review a sample of records to evidence how the service is performing in relation to the regulations and standards.

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.

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

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 to a range of service users, relatives and staff to seek their views of the care and support provided by Advanced Care Services.

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

Relatives' Comments:

- "They treat my relative very well – it's the same person and she's very good to her and would make her tea or paint her nails. She is in good hands – no need for us to be around– top marks!"
- "They are good to my relative and are well trained. My relative is very happy with them coming – they are good at listening to her and she looks forward to them coming and doesn't mind when I leave because they are there."
- "Delighted with them absolutely – anything we asked for they did and even added to it in that they made helpful suggestions to us about things we didn't think about. I would recommend them 100%. A couple of queries I had were answered promptly by the office."
- "They were the best, they came to the house and did a full assessment, developed a programme – to ensure my relative was provided with the right match. They do their best to ensure continuity of care which is very important. The staff sent are excellent well

trained, any complaints I have are dealt with, considerate staff, I couldn't recommend them highly enough."

Staff Comments:

- "They are fantastic – I am really supported here and I have done all my training. It is a really good environment. I get good feedback from the families I am working for and I am very happy working."
- "I am very well supported. It is a good company and I won't be leaving them. I like the way they make time for the client. You build great connections, you are helping the service users so much and it makes such a difference, training is good and they really help you get online, they are great that way."
- "I love my job – the staff are amazing – the service users are like going into your family – the best job I have ever had – I couldn't tell you enough good things about them. The manager is very supportive and help us with training. It has just changed my life – I should have gone to them years ago."
- "I have worked a long time in caring – I have no bother at all – I have had a lot of service users – I like the continuity of care and it is really good for the service users. The manager is fantastic with the rotas and will do what they can to work around you."
- "I find the service is really, really good – a well - run organisation, completely approachable will work well with carers and they do provide really good care – high level of consistency with service users, employees have a regular calls and this all contributes to person centred care. The training is good and the management are very supportive and helpful."
- "I am absolutely happy its absolutely a good service, I have got good training and I have it in my diary – we can do face to face training, I am 100% happy with them. I have worked a lifetime in the corporate world and this job is just so good. I have no worries about reporting any concerns to them."

One staff member spoken to advised that most of the training given was online which they did not feel was as effective as face to face training. They also felt that there was a need for a spacious room for manual handling training. This was discussed with the person in charge who advised that there are plans in place to bring staff together to participate in face to face manual handling training which will include training related to dysphagia, medication and skin care. This will be reviewed at a future inspection.

No staff responded to the electronic survey.

3.3 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 15 August 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued noting three areas for improvement. This was approved by the care inspector and all three areas for improvement have been assessed as being met during this inspection.

3.4 Inspection findings

3.4.1 Staff Recruitment and Induction

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members 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 any other relevant regulatory body; 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.

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, three-day 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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

3.4.2 Adult Safeguarding and Incident Reporting

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 person in charge 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.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). They confirmed that there were no notifiable incidents involving the PSNI since the last inspection.

3.4.3 Mental Capacity Act Awareness and Training

The Mental Capacity Act (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.

Training for staff in respect of Deprivation of Liberty Safeguards (DoLS) was not included on the electronic staff training matrix. The person in charge reported that this was because MCA awareness had been incorporated alongside Adult Safeguarding training. Advice was given of the need to ensure that staff are provided with specific regional MCA training so that they are fully aware of their duties under the Mental Capacity (NI) Act 2016. The person in charge confirmed that MCA training has since been added to the electronic matrix with the requirement to refresh this every three years.

The person in charge advised that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference. The person in charge confirmed no service users were subjected to restrictive practices or restrictive interventions.

3.4.4 Staff Training Records

A review of staff training records identified that dysphagia training was included in the mandatory training programme but not added to the electronic training matrix. Advice was given to the person in charge of the need to add this to the training matrix for monitoring purposes to ensure that the two yearly refresher training for staff is arranged in a timely manner. This advice was received positively and implemented immediately by the person in charge. All staff had received training in Basic Life Support. The person in charge advised that no service users currently required input from Speech and Language Therapist (SALT).

The person in charge reported that none of the service users currently required the use of specialised equipment and training records highlighted that all staff had completed manual handling awareness training appropriate to their role. One member of staff spoken to confirmed that they had requested face to face manual handling training to complement the online manual handling awareness training. This was discussed with the person in charge who confirmed that staff are not required to assist service users with specialist equipment, however arrangements have been made for staff to attend face to face manual handling training in a local college in the near future to complement their online training.

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

3.4.5 Care Records and Service User input

A review of care records identified that there was a robust assessment process for assessing the needs service users in response to referrals from commissioning Trusts. The service users' care plans contained evidence of person centred care planning by detailing the service users' particular likes and dislikes in consultation with relatives, where appropriate. Care and support plans are kept under regular review and services users and /or their relatives participate, in the review of care needs and support required when changes occur. It was good to note that service users had an input into devising their own plan of care. An examination of a sample of care service users' records confirmed that moving and handling risk assessments and care plans were up to date. 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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

3.4.6 Managerial Oversight and Governance Arrangements

There were monitoring arrangements in place in compliance with Regulations and Standards however monitoring reports had not been completed for the months of October and December 2024. This has been identified as an area for improvement. 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.

The Annual Quality Report was reviewed and was satisfactory.

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 and confirmation of current public and employers' liability insurance cover.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. Advice was given in relation to ensuring that these are collated on a monthly basis for quality monitoring purposes.

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 users home – There is a system in place that ensures that the service has an operational policy, procedure or protocol that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Deirdre Donnell, person in charge and Mr Niall 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 Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 8.11 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure that the quality of services is monitored in accordance with the agency's written procedures. This relates to the need to ensure that quality monitoring reports are completed monthly. Ref: 3.4.6
	Response by registered person detailing the actions taken: The registered manager has put more robust plans in place to ensure that the monthly monitoring reports are completed EVERY month. At the time of report the only Quality monitoring person available to complete reports was an external consultant Mr Tommy Monteith. While Mr Monteith will remain as the first point of contact for reports Advanced have put in place two back up alternatives should Mr Monteith be unavailable. These options would be A) Mr John McEleney - a retired senior healthcare professional. B) Mr Brian Smyth - Director of Development (Advanced Care). As the registered manager and responsible person Mr Niall Smyth will ensure this process is enacted each month.

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews