The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Advanced Care Services**

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

Date of Inspection: **22 October 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 Smyth
Registered Manager:	Mr Jonathan Harris
Service Profile – Advanced Care Services is a domiciliary care agency, supported living type, operating in Lisburn that currently provides domiciliary care and housing support to three individuals with complex needs.	

2.0 Inspection summary

An unannounced inspection took place on 22 October 2025, from 8.20 a.m. to 2:50 p.m. This was conducted 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 reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified during the last care inspection on 3 October 2024.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection, the areas for improvement previously identified was assessed as having been addressed by the provider. Two new areas for improvement were identified during this inspection, these were in relation to the management of complaints and training in complaints.

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.

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

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

We spoke to a number of staff to seek their views of the agency.

Staff spoke very positively in regard to; the care delivery and management support in the agency, the positive achievements the service users have been supported to make over the last year, the consistent staffing group, the quality and ease of training and the "great opportunities for career development".

3.3 Inspection findings

3.3.1 Staffing Arrangements

A review of the agency's staff selection and recruitment records confirmed that criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to Northern Ireland Social Care Council (NISCC) 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.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

Checks were made to ensure that staff were appropriately registered with 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.

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

Procedures were in place for staff supervision and for appraising staffs' performance; staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 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.

Staff were required to complete adult safeguarding training during their induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their role and responsibility in identifying and reporting any actual or suspected incidents of abuse and the process for reporting concerns in normal business hours and out of hours. Staff 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.

All staff had been provided with training in relation to medicines management. Monthly medication audits had been consistently undertaken. There was no evidence of complaints training for staff within this setting. An area for improvement has been identified.

The Mental Capacity Act (Northern Ireland) 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. When a service user was subject to a deprivation of liberty, their care records contained details of appropriate assessments including agreed outcomes developed in conjunction with the HSC Trust representative.

The agency maintained a restrictive practice register which had clear review periods and evidence on working towards least restrictive practices.

Care and support plans were kept under regular review.

3.3.3 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. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Service users' plans also included details of activities offered and undertaken by the individual service users. These included events such as outings, exercise activities, baking and family visits.

3.3.4 Care Delivery

Staff advised that there is a handover meeting held at the beginning of each shift, which includes the sharing of information about any changes to the service users' care. A document was available for the handover, which staff advised they use to communicate any specific information pertaining to service users' care.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff interactions with service users were observed and noted to be friendly and supportive.

Review of records evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

Regular staff meetings were held and minutes maintained for staff if unable to attend and/or for information sharing.

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

There has been a change in the management of the agency since the last inspection. Mr Jonathan Harris has been the manager in this agency since 8 July 2025. Staff spoken with commented positively about the manager, describing him as "knowledgeable", "approachable" and "someone who could relate to the team".

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff selection and recruitment and training, and staffing arrangements.

There was a process in place to manage any complaints; however, the complaints record was not reflective of the agency's Annual Quality Report. The management of an identified complaint did not evidence the steps outlined in the agency's complaints process. An area for improvement has been identified.

Review of incident records identified that they were managed appropriately.

The Annual Quality Report was reviewed and noted to include stakeholder feedback.

Domiciliary care agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified, as the domiciliary care agency's ASC. Good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The Annual Safeguarding Position report was viewed.

There was evidence that the manager responded to any concerns and took measures to improve practice, the environment and/or the quality of services provided within the agency.

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.

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	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the Mr Jonathan Harris, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 22 **Stated:** First time	The Registered Person shall ensure that all complaints are managed in keeping with Regulation and best practice at all times. Ref: 3.4.5
To be completed by: Immediately from the date of inspection	**Response by registered person detailing the actions taken:** The complaint identified during the inspection was discussed with the inspector and explained that it had been dealt with at the time as per the procedure, however the complaints traker did not reflect the actions taken at the time. The registered manager has communicated this to his team and the importance of documenting at the time actions taken to solve the complaint.
Area for improvement 2 **Ref:** Regulation 15 **Stated**: First time	The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform this specifically refers to complaints training Ref: 3.3.2
To be completed by: Immediately from the date of inspection	**Response by registered person detailing the actions taken:** Advanced Care have developed a training module in line with the agencys complaints handling policy and RQIA standards. All staff are in the process of completing this new training module.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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