The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Advanced Care**

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

Date of Inspection: **20 January 2026**

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 20 January 2026 between 10.15 am and 4.25.pm by a care Inspector.

The last care inspection of the agency was undertaken on 23 January 2025. This inspection was undertaken to assess the progress with respect to the area of improvement identified during the previous inspection and to evidence how the agency is performing in relation to the regulations and standards. It also sought to determine if it is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users. The area for improvement identified at the previous inspection relating to monthly monitoring visits and reports was assessed as being met by the provider. There were no new areas for improvement identified during this inspection. Findings of this inspection are discussed within the main body of this report.

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 the previous area 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 receiving support, those working for the agency and any HSC staff who are familiar with the service; and review/examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

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

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 service users, relatives, staff and Health & Social Care (HSC) staff to seek their views of working with and receiving support from Advanced Care NI (Ltd).

Service users who spoke with the inspector advised that they were very satisfied with the care and support provided by the agency.

Relatives who spoke with the inspector said that they were satisfied with the standard of care provided to their loved ones, however some concerns were raised in respect of arranging cover when staff are unable to fulfil calls at short notice. This was relayed to the manager who advised of recent improvements in how changes are communicated to service users and their next of kin in an effort to address the issue of sudden staff shortages.

Staff who spoke with the inspector advised that they enjoyed working for this agency and felt satisfied with the training and managerial support provided to them. They felt the service users received a good service that was person centred.

One HSC professional who provided feedback on the agency said that communication from staff had improved with polite and helpful office staff and that appropriate concerns were raised in a timely way.

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. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). 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.

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 raising concerns in the public interest (Whistleblowing).

The agency retained records of all accidents/incidents and a review of these records indicated that they had been managed appropriately. A review of medication errors that arose within the service since the last inspection evidenced that any involving staff error were managed appropriately and included further training, reflective learning and open discussion with the manager to ensure understanding of the correct protocol as per medication policy. It was suggested to the manager that a competency assessment be undertaken with staff before assisting with this task. The manager welcomed this advice and later shared a medication competency assessment template to implement as part of staff medication training to ensure proficiency with this task.

It was positive to note that a tracking system was in place to record all the accidents/incidents arising which was reviewed on a monthly basis. It was recommended that the actions and outcomes relating to each incident are also recorded well as who was notified including consideration of relatives/ representatives, Trust representatives and RQIA as appropriate. This advice was welcomed by the manager and will be reviewed at a future inspection.

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

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 are required to complete Deprivation of Liberty Safeguards (DoLS) training as appropriate to their job roles and a review of training records confirmed all staff were fully compliant with this mandatory training. The manager confirmed that there were a number of service users with DoLS authorisations in place but these were not recorded on a central register. On examining the care records of service users with authorised DoLS in place, it was identified that pertaining documentation such as Form 4 Care Plan had not been obtained by the agency from Trust representatives. The manager took immediate steps to rectify this and confirmation was later provided to evidence that this was obtained and recorded within the service user's records and a separate DoLS register. The manager was aware of the need to review this periodically to ensure all DoLS documentation is up to date and shared with staff as needed in adherence to the principles of necessity and proportionality as per MCA legislation and guidance.

There was a policy in place for the use of restrictive interventions however the manager advised that there were no other restrictive practices in place for any of the service users within the service.

3.4.3 Staff Recruitment, Induction and Training Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

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); 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.

Staff were provided with training appropriate to the requirements of their role as part of induction to the agency. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents. All staff had been provided and were up to date with training in relation to medicines management, fire safety awareness, manual handling, infection control, basic First Aid, Health and safety and Control of Substances Hazardous to Health (COSHH).

3.4.4 Care Records and Service User Input

A sample of service users' care records examined confirmed that these contained detailed information about the level of support required. It was positive to note that care records identified service user's interests and hobbies. 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. Care plans were up to date and care reviews had been undertaken in keeping with the agency's policies and procedures. Services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded within the service user's care records. Staff who spoke with the inspector indicated that they were familiar with how food and fluids should be modified and that they implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

3.4.5 Governance and Managerial Oversight

An area for improvement identified during the last inspection related to quality monitoring visits which had not been fully completed in line with regulations. A review of the monthly monitoring reports for the preceding year confirmed that these had been consistently completed. On this basis the area for improvement was deemed to have been addressed by the provider. A review of a sample of the reports of the agency's quality monitoring evidenced that there was engagement with service users, relatives and HSC Trust representatives and staff. Reports included a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager confirmed that all office staff have completed complaints training. A review of the complaints policy identified that avenues for redress in the event that a complaint is not satisfactorily resolved was not included. This was immediately

rectified by the manager. Complaints that were received since the last inspection were appropriately managed and were reviewed as part of the agency's quality monitoring process. The manager confirmed that a tracker document to ensure appropriate management, follow up and recording of all complaints arising has now been implemented within the service. This will be reviewed at a future inspection.

There was a system in place that ensures that the service has an operational policy where staff are unable to gain access to a service user's home.

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 Niall Smyth (Manager), as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

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