



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: **Advanced Community Care**

Establishment ID No: **10730**

Date of Inspection: **7 October 2014**

Inspector's Name: **Amanda Jackson**

Inspection No: **IN017338**

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Advanced Community Care
Address:	Unit 2a Ballinderry Business Park Ballinderry Road Lisburn BT28 2SA
Telephone Number:	02890627515
E mail Address:	advanced.care@btconnect.com
Registered Organisation / Registered Provider:	Advanced Community Care/ Mr Niall Eugene Smyth
Registered Manager:	Mr Niall Eugene Smyth
Person in Charge of the agency at the time of inspection:	Mr Niall Eugene Smyth
Number of service users:	250
Date and type of previous inspection:	15 April 2013, Primary Inspection
Date and time of inspection:	Primary Unannounced Inspection 07 October 2014 09.00 to 16.00 hours
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	5
Relatives	5
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	35	9

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 – Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Advanced Community Care is a domiciliary care agency providing community based service provision to 250 users (an increase of 50 since the previous inspection), frail elderly (80%) and physical disability / mental health (20%) living within their own home. The service operates from a central base in Lisburn and provides services within the locality areas of Belfast, South Eastern Trust (Lisburn) and within a Praxis facility in Kesh. Services are offered by approximately 90 staff (an increase of 15 since the previous inspection) and mainly focus on the provision of personal care and a small proportion of domestic tasks. The agency have recently moved to these new Lisburn offices to provide more service user friendly premises.

Two recommendations were made during the agency's previous inspection on 15 April 2013. One recommendation was found to be 'compliant' with the second recommendation assessed as 'moving towards compliance'.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Advanced Community Care was carried out on 7 October 2014 between the hours of 09.00 hours and 16.00 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 30 September and 1 October 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the registered person and manager Niall Smyth.

The inspector had the opportunity to meet with five staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Five requirements have been made in respect of the outcomes of this inspection.

Staff survey comments

35 staff surveys were issued and nine received which is a low response.

Staff comments included on the returned surveys were:

"I have never had a problem from I've been here, any issues I had were always addressed and sorted immediately"

"I personally feel that Advance Community Care give a high standard of care to their clients. We are well trained and kept updated on all aspects of our job on a daily basis."

"ACC is a great company to work for. Well organised, great support and help when needed, good communication. Great training provided with follow ups."

"Service users always appraise our company over others"

“The agency is brilliant to work for, always putting service users first as well as considering the needs of staff”

“Office staff always at hand with information. Supervisors and carers have great team work.”

Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with two service users and five relatives on 30 September and 1 October 2014 to obtain their views of the service being provided by Advanced Community Care in the Belfast locality. The service users interviewed have been using the agency for a period of time ranging from approximately eight months to four years, receive at least two calls per week and are receiving the following assistance:

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

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. There were mixed results regarding new carers being introduced to service users by a regular carer; this would be good practice for the agency to do so if possible. The majority of the people interviewed advised the UCO that there were no concerns regarding the timekeeping of the agency’s staff and they would sometimes be contacted by the agency if their carer had been significantly delayed.

All of the people interviewed were aware of whom they should contact if they have any concerns regarding the quality of care being provided by Advanced Community Care. Two relatives informed the UCO that they had made a complaint regarding one of their carer’s and that they were satisfied with the outcome of their complaint. One service user discussed an issue with the UCO relating to one carer and the matter was discussed with the registered manager as part of the inspection.

The majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service, however only one person was able to confirm that observation of staff practice had taken place in their home. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t survive without their help with my XXX.”
- “All brilliant. Nice wee girls.”
- “Consistent carer’s makes it easier for my XXX and gives me peace of mind.”
- “The carers are brilliant with XXX; all very good.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of five service users. During the home visits, the UCO noted that none of the service users were experiencing restraint in the form of bed rails or lap bands therefore there was no documentation to review in this regard.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. During the home visits, the UCO was advised that one of the service users is receiving assistance with medication by the carers from Advanced Community Care; however the medication log was not being completed consistently.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, it was noted that a number of calls had not been recorded on the sheets and there was variation in call times for some of the service users. The UCO also noted that one file did not contain a care plan and one care plan contained out of date information.

All of the above matters were discussed with the registered person and manager Niall Smyth during the inspection and requested for redress accordingly. A written return to the inspector on 15/10/14 provided satisfactory feedback to all matters raised and assurances that any matters which required attention or redress were being attended to.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated 13 November 2012 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff. The 'Monitoring and evaluation' of the agency policy dated 04 February 2013. This policy references the monitoring measures within the agency but does not detail the management and control arrangements within the agency. This has been requested for development

Discussions with the registered person and manager Niall Smyth during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. All areas of training and associated competency assessments have been requested for review.

Review of appropriate supervisions and appraisal processes for all management staff were not confirmed during inspection and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate.

Records regarding vulnerable adults and medication incidents were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

Two requirements and one recommendation have been made in relation to this theme and relate to the registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b),

revision of the staff supervision and appraisal policy and implementation of supervision and appraisal for management staff in line with Standard 9, Appendix 1 and Standards 13.2, 13.3 and 13.5.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Record Keeping' dated August 2013, and a separate short procedure for care staff on recording and reporting dated June 2014 which were found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during prior to inspection did not support full compliance in these areas and this was discussed during inspection.

The agency has a policy and procedure in place on use of restraint dated March 2011 which requires review due to 3 year policy timeframe and also to include additional areas of restraint such as lapstraps and bed rails. The agency currently provides care to several of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered person and manager to be addressed.

The agency has a policy and procedure on 'Handling Service Users Monies' dated April 2014 and records were reviewed as appropriate in this area during inspection.

Two requirements and one recommendation have been made in relation to this theme and relate to staff training compliant with the RQIA mandatory training guidelines 2012, service user home recording in compliance with regulation 21(2) and review of the agency restraint policy and staff handbook in compliance with standard 9 and appendix 1.

Theme 3 – Recruitment

The agency has achieved a level of **Compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Regulation 16(2)(a)	<p>The registered person/manager is required to ensure staff knowledge and competence following staff training in the areas of Vulnerable Adults, Infection Control and Manual Handling.</p> <p>(Minimum Standards 14.4 and 12.9)</p>	<p>Review of the staff competence process for two staff members evidenced certificates for the areas of training alongside a competency assessment completed during staff supervision. This competency assessment did not cover the area of manual handling for one staff member as this area of training is completed by an external trainer. The second staff member file did not competency assessment in the area of vulnerable adults and both matters were discussed during inspection.</p>	Once	<p>Moving towards compliance</p> <p>To be completed two months from the date of inspection</p>
2	Regulation 23 (1)	<p>The registered person/manager is required to ensure all future monthly monitoring reports detail matters concerning Vulnerable adults/ potential vulnerable adults cases and any other matters requiring follow up action during the coming month.</p> <p>(Minimum Standard 8.11)</p>	<p>Review of three monthly monitoring reports for May, June and July 2014 detailed an additional section added to the monthly report to clear reflect any current and ongoing vulnerable adult matters.</p>	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The Registered Manager, Niall Smyth is a Registered Mental Health Nurse, RMN (1985), CPN and has attained a Diploma in Health and Social services management 2002. The Registered Manager has 32 years experience across a range of programmes of care. The Operational Manager Mrs Mary MacDonnell is a qualified Social Worker with 30 years experience latterly as a Care Manager and Training Manager with SE Trust. The Quality Monitoring Officer Ms Denise Bryans has over 30 years experience in the care field and is a qualified Social Worker and Nurse. Advanced Community Care currently cares for and supports over 250 Service Users in a variety of care settings in both SE & Belfast Trust areas. Delivery of care in the clients homes is delivered by over 90 Care Staff. All three Senior Managers have attended a range of training sessions, since our last inspection including all three having attended accredited training in both Disciplinary & Grievance and Recruitment and Selection. We have applied for and been successful obtaining £8000 worth of management training Via DEL over the past year, which has allowed us to train both Senior Managers and to develop the skills of other office based staff.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated 13 November 2012 was reviewed as compliant reflecting a clear structure regarding management within the agency. The area of Management, Control and Operations of the agency is detailed within the policy 'Monitoring and evaluation' of the agency dated 04 February 2013. This policy references the monitoring measures within the agency but does not detail the management and control arrangements within the agency. This was requested for development and provided to the inspector at the close of inspection for review. This additional policy was reviewed as compliant.</p> <p>The agency structure template included the registered person and manager Niall Smyth (Director), operational manager Mary McDonnell, Quality manager Denise Bryans and two team leaders/senior care workers Amanda McGurk and Cathy Johnston and all other staff including management and care staff.</p> <p>Training records for the registered person and manager Niall Smyth were found to be in place regarding a number of areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) such as Moving and handling, Managing aggression, Infection control, Challenging behaviour and fire safety. The remaining areas were not found to be in place and were recommended for update in line with RQIA guidelines.</p> <p>The registered person and manager has also completed training in other relevant areas such as recruitment and selection but has not completed training in the area of supervision and appraisal as Niall only completes supervision and appraisal for one staff member (Mary McDonnell – operations manager). The area of supervision and appraisal training has been recommended for update</p> <p>All of the areas of training reviewed did not include a competency assessment element as all of Niall's training was completed through outside training agencies. Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for the responsible person and manager</p> <p>The registered person and manager is not currently enrolled on any additional training and this was discussed</p>	<p>Overall compliance for criteria one – Substantially compliant</p> <p>Compliant</p> <p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p> <p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p> <p>Compliant</p>

during inspection in terms of keeping abreast of new areas of development. Niall Smyth (registered person and manager) did however discuss his involvement in various process mapping exercises with organisations such as DEL (Department of Education and Learning) which are considered as areas of development. These review processes consider areas such as organisation overview, development of job descriptions, NVQ 5 implementation for other management staff within the agency.

It was discussed and reviewed during inspection that the registered person and manager is currently registered with NMC. This was confirmed through the NMC online service during inspection.

Compliant

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>8:10 The Operational Manager, and Quality Performance manager and Senior Care workers regularly supervise staff to ensure adherence to policy in this area. Where practice is deemed to be in 'danger of falling below the accepted standard this is addressed with the individual staff member and an improvement plan is implemented, learning for any situation is always passed on to the full care team via newsletters and staff meetings etc.</p> <p>7:13 Medication errors are reported in accordance with ACC policy and legislation and contractual requirements</p> <p>12:9 All training sessions are evaluated and evidence is available on this site. The Training Officer reviews and evaluates all feedback and keeps herself abreast of best practice by obtaining information via RQIA, NISCC and SCIE websites and by reflecting any discussions with other senior managers in relation to learning gained from complaints, incidents and untoward events.</p> <p>13:5 All staff are appraised yearly following completion of their probationary period</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
	<p>Overall compliance for criteria two – Substantially compliant</p>

<p>The agency Supervision and appraisal policy and procedure dated March 2014 was clearly referenced regarding practices for care staff and office based staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect. Submission of a second supervision policy for office based staff which includes management staff dated October 2014 was reviewed following inspection and confirmed as compliant.</p>	<p>Compliant</p>
<p>Supervision and Appraisal for the registered person and manager does not currently takes place as Niall Smyth (Registered person and manager) is the director of the company and has a number of operational management staff under his management.</p>	<p>Compliant</p>
<p>The inspector reviewed the agency log of three incidents reported through to RQIA over the past year (one potential vulnerable adult incident and two medication incidents. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the incidents within appropriate timeframes or satisfactory explanation given if there had been a delay in reporting (as was evident in one case).</p>	<p>Compliant</p>
<p>Monthly monitoring reports are completed by an outside consultant John McElneeny who works in an appropriate associated field of work. These reports are then overviewed by the registered person and manager Niall Smyth. Three monthly reports reviewed during inspection for May, June and July 2014 were found to be detailed, concise and compliant. Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate.</p>	<p>Compliant</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>7.9 The Registered Manager and Quality Performance Manager are qualified nurses whilst the agency's Operational Manager/Training Officer is a qualified Social Worker who until last year worked as a Primary Care Manager with SE Trust.</p> <p>We also commission a lot of external training ie: First Aid, and Manual Handling. We also receive a lot of specialist training from Training Officers with Belfast HSST as we work with a lot of children with special needs. We also have six staff trained in MVA(Managing Violence and Agression) via Praxis Care training Department and for the second year in a row we have a large number of staff trained in Epilepsy Awareness and Management on site by the SE Trust Epilepsy Speciality Trainer.</p> <p>13B ACC conform to all requirements necessary for the employment of new staff. All new potential employees must complete application form, pass a basic Maths and English test, successfully complete a six question interview and satisfy the panel regarding their fitness to work. They must all complete an enhanced Access NI check and complete full induction (delivered by both internal and external trainers). Following completion of induction all staff must complete a period of shadowing with an experienced Care Worker prior to commencing employment and working directly with Service Users.</p> <p>12:4 The Registered Manager ensures that all new staff provide evidence of training completed prior to appointment. A range of training is provided by the agency throughout the year and we have developed a relationship with both Belfast Metropolitan College and South Eastern Regional College which will lead to an even larger Training Programme, including increased numbers of staff completing QCF. As previously</p>	<p>Compliant</p>

<p>stated a range of specialised training for those staff working in specialised areas with specific service users is provided as required. 13:1 All three Senior Managers within ACC have had training in Appraisal, Supervision for Supervisors, Recruitment and Selection, and Disciplinary and Greivance.</p>	
<p>Inspection Findings:</p>	
<p>The agency holds a training and development policy and procedure dated June 2014 which sits alongside the annual training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the operational manager Mary McDonnell were found not to be compliant with RQIA guidelines and require updating. Records for the quality manager Denise Bryans did not contain medication, service users monies or food hygiene and one of the two team leaders/senior care workers Cathy Johnston did not contain moving and handling training in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>The inspector was unable to evidence supervision training for Denise Bryans (Quality manager) but did review appraisal training for this staff member. Neither areas of training were available for Mary McDonnell (Operational manager) and this was discussed during inspection</p> <p>Most areas of training reviewed for management staff did not included a competency assessment element. Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p>	<p>Overall compliance for criteria three – Substantially compliant</p> <p>Compliant</p> <p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p> <p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>8.10 All supervisory staff working practices are reviewed via supervision, incidents, accidents; untoward events staff meeting, quality reports, stake holders meetings, satisfaction surveys including the people planner system whereby work practices are reviewed as part of the quality monitoring.</p> <p>7.13 Medication errors and audits are part of the monthly quality report from the quality monitoring officer. These are reported to the registered manager and are reported as per operational policy.</p> <p>12.9 Training evaluations are completed and summarised monthly as part of the monthly report.</p> <p>13.5 ACC have an annual appraisal after completion of the probationary period .As part of the appraisal process an action plan is completed and arrangements are in place for staff to be booked into annual training or whereby they have expressd an interest in.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Appraisal for the operational manager Mary McDonnell has not been completed to date as this manager will only be in post one year from November. Denise Bryans (Quality manager) has not been appraised during the previous years and Cathy Johnston (Team leader/senior carer) had appraisal completed in 2014.</p> <p>Supervision for the management team varied in the number of supervisions completed with some management staff having three sessions while others had two sessions. All staff supervisions were requested for review in line with the agency policy timeframes.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registered person and manager Niall Smyth for future consideration (as required).</p>	<p>Overall compliance for criteria four –Moving towards compliance</p> <p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p> <p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p> <p>Not applicable</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>Regulation 21(1) The registered person ensures that the records specified in Schedule 4(11) are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on Recording and reporting care practices dated August 2013, a separate short procedure for care staff on recording and reporting dated June 2014 and Handling service user’s monies dated April 2014 were reviewed as compliant. The Restraint policy dated March 2011 requires review due to 3 year policy timeframe and also is required for review to include additional areas of restraint such as lapstraps and bed rails. Review of the staff handbook dated August 2012 details all areas except restraint and this has been requested for review. Submission of the revised restraint policy dated October 2014 was reviewed following inspection and confirmed as compliant. Confirmation was also provided that this information has been appended to the staff handbook.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications or antibiotics. The inspector did recommend recording the number of tablets as good practice • Medication agreement reviewed in three service user files • The agency hold a separate money agreement • Money recording sheet 	<p>Overall compliance for criteria one – Substantially compliant</p> <p>Compliant</p> <p>Compliant</p>

<ul style="list-style-type: none"> • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template does not include records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as not containing a specific section on recording and reporting. No staff competence issues have arisen in this area as discussed during inspection with Niall Smyth (registered person and manager).</p> <p>Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as substantially compliant in these areas. A few areas were found not to be up to date and have been requested for review.</p> <p>Niall Smyth (registered person and manager) discussed records management as a regular topic for discussion during staff meetings/group supervision, review of three recent staff meeting minute records dated 06 October 2014, 02 June 2014, 24 February 2014 evidenced this topic.</p> <p>Review of five service user files prior to the inspection by the UCO did not confirm consistent recording in the general notes and medication records. One care plan was noted to be out of date and one file reviewed did not contain a care plan.</p> <p>Review of service user records during the inspector visits and discussion with Niall Smyth (registered person and manager) during inspection confirmed that restraint is in place for a few service users in respect of bedrails. Review of two service user files during inspection evidenced one of the two records has evidence regarding bed rails while the second file did not contain this information.</p>	<p>Compliant</p> <p>Substantially compliant</p> <p>To be completed two months from date of inspection</p> <p>Compliant</p> <p>Substantially compliant</p> <p>To be commenced with immediate effect</p> <p>Substantially compliant</p> <p>To be commenced with immediate effect</p>
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<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>ACC has a Handling Service Users Money Policy which must be adhered to at all times by all staff. Training in this area is also provided as part of the induction of new staff. A Handling Service Users money sheet is held in all Service Users files and this must be signed by the Service User prior to any financial/dealing transaction between Service User and Domiciliary Care Worker. All transactions are completed in this sheet and signed by both service User/Advocate/N.O.K and Care worker. Careworkers (as per policy) never accept monies for services provided by the agency. Records are kept of all amounts paid by service Users or family for prescribed services.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the care plans during the UCO home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. This was however discussed during the inspection day by the inspector with Niall Smyth (registered person and manager) as taking place for a number of service users. Review of records for three service users during inspection confirmed compliance.</p>	<p>Overall compliance for criteria two – compliant</p> <p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
<p>ACC's Registered Manager oversees all aspects of Recruitment. One of the three Senior Managers are involved in all interviews. The Quality Performance Manager, Ms Denise Bryans is the designated Access NI Signatory and the agency has been deemed Access NI cleared. ACC have devised a proforma to ensure all aspects of the recruitment process are completed as per requirement and regulation. An enhanced NI check is completed for all staff prior to employment commencing. All staff personnel files, are available for inspection at our offices All staff files has been audited by Senior Managers in 2014</p>	Compliant
Inspection Findings:	
<p>Review of the staff recruitment policy dated September 2014 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11.</p>	<p>Overall compliance for criteria one – Compliant</p> <p>Compliant</p> <p>Complaint</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector chose not to review the 2013 complaints given the time of the inspection late in the calendar year. Review of three of the 2014 complaints during the agency's inspection confirmed all records to be compliant.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Niall Smyth (Registered person and Manager)**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Amanda Jackson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Advanced Community Care

7 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Niall Eugene Smyth (registered person and manager receiving feedback)** during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 16(2)(a)	<p>The registered person/manager is required to ensure staff knowledge and competence following staff training in the areas of Vulnerable Adults and Manual Handling.</p> <p>(Minimum Standards 14.4 and 12.9)</p> <p>As discussed under requirement one within the follow up section of this report.</p>	Twice	Advanced Community Care has now revamped their training programme so that a competency assessment is included in every training session provided including Vulnerable Adult and Manual Handling. All staff will also have all competencies signed off in all mandatory training areas during their probationary period.	To be completed two months from the date of inspection
2	Regulation 11(1) Regulation 11(3) Regulation 13(b)	<p>The registered person/manager is required to ensure all training records and associated competency records for the manager and management staff are compliant with Regulation 11(1), Regulation 11(3), Regulation 13(b), Standards 8.17 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.as appropriate.</p> <p>As discussed within theme one, criteria one and three of this report.</p>	Once	Advanced Community Care are in contact with various training providers regarding senior managers attending the required mandatory training as per regulation and RQIA mandatory training guidelines. With regard to training in the areas of supervision and appraisal Advanced Community Care believe that this requirement has been met via training delivered earlier this year via Allen People Solutions Ltd, entitled Effective Performance Management. A copy of the course content is	To be completed three months from the date of inspection

				included (App 1) If it is felt by the inspector that this training does not meet requirements the registered manager will arrange for the appropriate training to be delivered to senior managers within the time frame outlined (i.e. 3 months).	
3	Regulation 16(2)(a) Regulation 16(4)	The registering person/manager is required to ensure all management staff receive supervision and appraisal compliant with the agency policy and procedure timeframes. As discussed within theme one, criteria three of this report. (Minimum Standard 13.5)	Once	Policy has been reviewed and amended to include arrangements for management staff as well as care staff. The policy will reflect minimum requirements and the agency will endeavour as best practise to have supervision more often than required.	To be completed three months from the date of inspection
4	Regulation 16(2)(a)	The registering person/manager is required to ensure all staff receive training compliant with the agency policy and procedure timeframes and in compliance with RQIA training guidelines (September 2012). As discussed within theme two, criteria one of this report. (Minimum Standard 13.5)	Once	The staff member whose training was out of date has been told she must update her training on the next available training date. This will be happening over the next month either as part of our update training calendar or as part of the induction programme for new staff. This will depend on the availability of the staff member. To prevent any reoccurrence of this issue for any staff member I have assigned the task of monitoring	To be completed two months from the date of inspection

				the requirement for staff training updates to Mandy Gardiner. She will flag any potential gaps in our compliance one month prior to the non-compliance date and pass these details to Senior Managers for actioning.	
5	Regulation 21(2)	<p>The registering person/manager is required to ensure service user home records including restraint information and staff recording is maintained in compliance with Regulation 21(2).</p> <p>As discussed within theme two, criteria one of this report.</p> <p>(Minimum Standard 5.2)</p>	Once		To be commenced with immediate effect.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Niall Smyth
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Niall Smyth

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A. Jackson	10/12/14
Further information requested from provider			