

# Unannounced Care Inspection Report 19 February 2018



## Advanced Care (NI) Ltd

**Address: Unit 2a Ballinderry Business Park, 58 Ballinderry Road,  
Lisburn, BT28 2SA**

**Tel No: 02890627515**

**Inspector: Caroline Rix**

**User Consultation Officer: Clair McConnell**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Advanced Care (NI) Ltd is a domiciliary care agency based in Lisburn which provides personal care, practical and social support and sitting services to 140 people living in their own homes. Service users have a range of needs including physical disability, learning disability, dementia and palliative care. A number of services are provided to babies with life limited care needs. The Belfast and South Eastern Health and Social Care Trusts (HSC trusts) commission the majority of their services. A small number of staff are supplied into supported living schemes commissioned by private organisations.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Advanced Care NI Ltd/Niall Smyth	<b>Registered Manager:</b> Mary Jane MacDonnell
<b>Person in charge at the time of inspection:</b> Mary Jane MacDonnell	<b>Date manager registered:</b> Awaiting Registration

### 4.0 Inspection summary

An unannounced inspection took place on 19 February 2018 from 09.30 to 17.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection.

An area requiring improvement was identified in relation to records confirming staff registration with their regulatory body and is included within the quality improvement plan attached to this report.

Service users and families communicated with by the User Consultation Officer (UCO), presented a range of feedback regarding the service provided by Advanced Care agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager during inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Niall Smyth the registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 7 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 June 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Notification of Incidents records
- Correspondence with RQIA
- User Consultation Officer (UCO) report

As part of the inspection the User Consultation Officer (UCO) spoke with two service users and six relatives, by telephone, on 15 and 16 February 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

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

During the inspection the inspector spoke with the manager, a senior care worker and a care worker.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. At the time of issuing this report no staff surveys had been returned to RQIA via Survey Monkey.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Two new staff member's recruitment and induction records
- Two long term staff members' supervision and appraisal records
- Staff training records
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Four service users' records regarding referrals and care planning
- Four service users' records regarding ongoing review, and quality monitoring
- Daily logs returned from service users' homes

- Monthly monitoring reports for November 2017 to January 2018
- Annual quality report
- Communication records with HSCT professionals
- A range of compliments records
- A range of complaints records
- A range of incident records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered person Niall Smyth at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 June 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 14.9 Stated: First time	Where shortcomings in systems are highlighted as a result of investigation, additional identified safeguards are put in place. (regarding staff quality monitoring as part of vulnerable adult protection/action plans, where appropriate)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that staff quality monitoring had been carried out in line with their policy and procedure. The supervision and quality monitoring of staff following safeguarding matters had been reviewed and additional measures implemented.	
<b>Recommendation 2</b> Ref: Standard 3.5	The service user is informed of the names of the staff coming to his or her home prior to the service commencing.	<b>Met</b>

<p><b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b> Records viewed by the inspector evidenced that service users had been informed of the names of the staff coming to his or her home prior to the service commencing.</p>	
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p><b>Action taken as confirmed during the inspection:</b> Records evidenced that the quality of services provided had been evaluated on an annual basis and follow-up action taken. Key stakeholders had been requested to provide their views as part of this process.</p>	<b>Met</b>
<p><b>Recommendation 4</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time</p>	<p>The registered manager ensures the agency delivers services effectively on a day to day basis. (regarding service user quality monitoring)</p> <p><b>Action taken as confirmed during the inspection:</b> Records evidenced that the agency had reviewed their quality monitoring procedure and restructured their senior care workers' role to include service user monitoring. The inspector viewed evidence that the reorganisation of service user contacts and monitoring visits has been effectively implemented.</p>	<b>Met</b>
<p><b>Recommendation 5</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the services provided, and any actions taken by the registered person or registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b>                  The inspector confirmed that monthly monitoring reports had been completed by the registered person. The content of these reports had been reviewed and were found to be appropriately detailed.</p>	
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**6.3 Inspection findings**

**6.4 Is care safe?**  
**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The UCO was advised by the majority of the service users and relatives that there were no concerns regarding the safety of care being provided by Advanced Care. One relative had previously made a complaint regarding one member of staff which has been addressed. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user’s security and that the new carer had knowledge of the required care.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples given included manual handling skills, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Consistency is great. XXX recognises everyone.”
- “Everyone’s great.”
- “The majority of the carers are brilliant.”

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Two files were reviewed relating to recently appointed staff, which confirmed all the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. These staff files supported an induction process lasting more than three days as required.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The records confirmed the majority of the staff are registered with The Northern Ireland Social Care Council (NISCC). The newly appointed staff are not yet registered but records evidenced that they have submitted their registration applications to NISCC. The manager discussed the system used to identify when staff are due

to renew registration. The inspector found records had not been consistently maintained to verify all staff are registered or applied to be registered with NISCC, therefore this is an area for improvement to be addressed.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Adult Safeguarding’ policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. The registered manager is named as the agency’s Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures.

The agency’s whistleblowing policy and procedure was found to be satisfactory. The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

Staff training records viewed for 2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness and epilepsy awareness. Staff spoken with during the inspection confirmed the availability of ongoing update training alongside supervision and appraisal processes and quality monitoring within service users homes.

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

**Areas for improvement**

One area for improvement has been identified in relation to developing a system to verify all staff maintain their NISCC registration.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. One relative advised that they had experienced a number of missed calls from the agency. Service users are usually introduced to new carers by a regular member of staff.

No issues regarding communication between the service users, relatives and staff from Advanced Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service as well as receiving a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "I'm very happy."
- "Very well looked after."
- "Very thoughtful and friendly."

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained detailed information and evidenced that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone or during monitoring visits. The care coordinators role had been expanded since the last inspection, with each having a specific geographical area for which they are responsible to monitor quality of services.

The manager indicated that they are not always invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives. The records did evidence that an amendment form from the trust detailing any agreed change to the original care plan had been provided.

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The agency's policies and procedures on 'record keeping' and 'confidentiality' were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff. The inspector viewed one example where a staff member recording practice was found to be incomplete and records evidenced that this matter had been appropriately managed. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff spoken with demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs were identified. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home; although it was stated that most service user homes have a coded keypad entry system in place.

The manager confirmed a small number of calls had been missed, as highlighted during relative's discussion with the UCO. The inspector reviewed records relating to the missed calls and found the matters had been appropriately addressed with the staff involved and feedback given to the service user's relatives.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Advanced Care. Examples of some of the comments made by service users or their relatives are listed below:

- "Lovely girls."
- "Chatty, respectful and so pleasant."
- "Some go the extra mile. We really appreciate the extra things they do for us."

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was generally supported during the UCO discussions with service users' and their families.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed through records viewed in the agency office and discussions with staff. Records

highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the manager. One staff member described how he had been asked by a service user to provide support during the spouse’s funeral day and subsequently supported that service user transition into a nursing home. This was both rewarding and emotional for the staff member, who described it as ‘a privilege to be asked’.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

The agency’s compliments records were viewed; these contained positive feedback from service users’ relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- “The family of xxx are very impressed by the professionalism and competence demonstrated by the care workers during their calls. They had been extremely anxious about having care workers in their home. The family appreciate that care workers listen to their concerns and are keen to do whatever they can to make this difficult time a bit more bearable for them all.” (Email message from a trust care manager on behalf of a service user’s family).
- “Thanks you so much to all the lovely staff for doing a great job. Xxx has a few favourites but thank you to them all.” (Email from relative of a service user).

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The agency’s RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Mary MacDonnell, an office manager, an office administrator and two senior care workers, a team of care workers provides domiciliary care and support services to 140 people living in their own homes.

The Statement of Purpose and Service Users’ Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the staff indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards and available in hard copy manuals. Staff described how they access the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative advised that complaints had been made regarding missed calls and the care provided by one member of staff.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff members spoken with demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints and incidents log was viewed for the period 1 April 2016 to inspection date 19 February 2018 with a range of complaints and incidents recorded. The inspector reviewed a sample of complaints records which supported appropriate management, review and resolution of the complaints. The inspector reviewed records relating to the complaints discussed with the UCO and found these matters had been appropriately addressed with the staff involved and feedback given to the service user's relatives.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. The agency has had a number of safeguarding and notifiable events that required to be reported since their last inspection. The records evidenced that each matter has been reported and managed appropriately.

Monthly monitoring reports were viewed for November 2017 to January 2018. These reports evidenced that the registered person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of service user and staff monitoring, feedback and compliments/ complaints along with views of other professionals; and evidenced how any issues arising had been managed.

The registered person shared a commissioning trust audit report of October 2017 with the inspector, which provided very positive feedback to the agency in relation to high standards and continuity of care provided. The report did highlight record keeping issues and the need for some care plans to be reviewed by care managers, all areas have now been addressed.

The annual quality review report for 2016/2017 viewed had been completed with a summary of feedback and an action plan. Records were available to confirm that a summary of this report had been shared with service users in early 2017.

The staff spoken with indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Niall Smyth registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)Schedule 3 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 07 April 2018</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(7) details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1. Each of our current group of care workers have been asked to supply their NISCC Certificate of Registration to the office for copying and inclusion in their individual Personnel File which is stored securely in a locked filing cabinet which cannot be accessed without specific written permission from either the Registered Manager or the Director</li> <li>2. New care workers are advised at interview that they will be required to register with NISCC prior to employment and that they must bring their Certificate of Registration to the office for copying and inclusion in their Personnel File if they are successful in gaining employment with the company. New care workers are advised that their information is stored securely in a locked filing cabinet which cannot be accessed without specific written permission from either the Registered Manager or the Director.</li> <li>3. When care workers leave the company records as above will be retained according to statutory retention periods in force at that time.</li> <li>4. All data held by this company is compliant with the upcoming General Data Protection Regulation.</li> <li>5. As of 01/04/2018 an end of month audit will be taken of all publicly accessible individual care worker information held by the Northern Ireland Social Care Council.</li> <li>6. All care workers are personally responsible for immediately informing the Registered Manager or Director if they are involved in any investigatory or disciplinary action which may impact on their continuing registration with NISCC.</li> </ol>

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



The **Regulation** and  
**Quality Improvement**  
**Authority**

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

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)