



The Regulation and
Quality Improvement
Authority

Advanced Community Care
RQIA ID: 10730
Unit 2a Ballinderry Business Park
Ballinderry Road, Lisburn
Address
BT28 2SA

Inspector: Michele Kelly
User Consultation Officer: Clair McConnell
Inspection ID: IN23811

Tel: 02890627515
Email: advanced.care@btconnect.com

**Unannounced Care Inspection
of
Advanced Community Care**

19 November and 30 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on the morning of 19 November 2015 and on 30 November 2015. Overall the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

The details of the QIP within this report were discussed with Niall Smyth, registered person and registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: 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	Date Manager Registered: 16 July 2013
Number of service users in receipt of a service on the day of Inspection: 210	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager
- Consultation with three care staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and ten relatives, either in their own home or by telephone, on 17 and 18 November 2015 to obtain their views of the service. The service users interviewed live in Belfast and surrounding areas, and receive either a sitting service or assistance with personal care, meals and medication.

The UCO also reviewed the agency's documentation relating to three service users

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. It was disappointing that no staff questionnaires were returned to RQIA following the inspection.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Five service user records in respect of findings by user consultation officer.
- Staff meeting agenda and minutes for June and September 2015
- Three staff quality monitoring records
- Service user compliments received during 2015
- Complaints log
- Monthly monitoring reports for July to October 2015
- Annual quality report

- Management staff daily contact log records/on call logs for October/ November 2015
- Missed call record and follow up actions
- Four communication records with trust professionals
- Incidents reportable to RQIA in 2015.

The Inspection

Profile of service

Advanced Community Care is a domiciliary care agency providing community based service provision to 210 users including frail elderly, service users with physical and mental health problems and children living within their own home. The service operates from a central base in Lisburn and provides services within the locality areas of Belfast and Lisburn. Services are offered by approximately 90 staff and mainly focus on the provision of personal care, sitting service and a small proportion of domestic tasks.

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 7 October 2014. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 16(2)(a)</p>	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed competency records for staff following completion of training in the areas of Vulnerable Adults and Manual Handling.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 11(1) Regulation 11(3) Regulation 13(b)</p>	<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>	Met

	<p>As discussed within theme one, criteria one and three of this report.</p> <p>Action taken as confirmed during the inspection: The inspector viewed records for management staff which evidenced that appropriate training in the areas of supervision and appraisal had been completed.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 16(2)(a) Regulation 16(4)</p>	<p>The registering person/manager is required to ensure all management staff receive supervision and appraisal compliant with the agency policy and procedure timeframes.</p> <p>As discussed within theme one, criteria three of this report.</p> <p>(Minimum Standard 13.5)</p> <p>Action taken as confirmed during the inspection: Management staff records confirm supervision and appraisal in accordance with the agency policy and procedure timeframes.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 16(2)(a)</p>	<p>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).</p> <p>As discussed within theme two, criteria one of this report.</p> <p>(Minimum Standard 13.5)</p> <p>Action taken as confirmed during the inspection: The inspector viewed training records and verified that training in the areas of Child Protection and Manual Handling was out of date for three staff. This requirement is restated.</p>	Not Met
<p>Requirement 5</p> <p>Ref: Regulation 21(2)</p>	<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>	Met

	<p>Action taken as confirmed during the inspection: The inspector viewed service users' files and noted restraint information was appropriately recorded.</p>	
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5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated.

There were mixed results regarding service users being advised of the name of, or introduced to new carers by a regular member of staff.

One service user raised concerns regarding the safe use of hoists and manual handling practices. This matter was discussed with the registered manager who agreed to investigate the matter. One relative advised the UCO of an issue relating to medication and they were satisfied with how it was handled by the agency.

The documentation relating to three service users was reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment; however two care plans were noted to be out of date. The agency's log sheets in the files reviewed were being completed appropriately by the carers.

The out of date care plans were discussed with the registered manager who confirmed that the trust care manager had recently updated these care plans however copies had not yet been placed in the service users' home file and this would be addressed. The minutes of a staff meeting for June 2015 was reviewed and evidenced discussions relating to their record keeping practice. The registered manager confirmed that record keeping would be an ongoing matter which the agency monitors closely.

Is Care Effective?

The UCO was informed by the majority of the people interviewed that they had made complaints regarding the service in regards to consistency of carers, timekeeping, rushed care and missed calls. Some of the issues raised are ongoing. All of the people interviewed are aware of whom they should contact if any issues arise.

There were mixed results regarding management visits to discuss care provided and observation of staff practice. Some of the people interviewed confirmed that they had received a questionnaire from the agency to obtain the views of the service from service users or their representatives.

Questionnaires are sent out annually by the agency to obtain the views of the service from service users or their representatives. Records of the 2014/2015 Service User Survey Report was viewed which contained feedback from service users and /or representatives. The inspector was informed by the manager that only 12 questionnaires were returned and that 56 had been issued. The inspector advised that as the agency were providing care to 210 services users the survey findings may not be representative and that future surveys should involve a larger randomised sample.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis.

No staff practise issues were identified during the spot checks which the inspector viewed in three staff files.

The inspector viewed the complaints log which did not record information contained within quality management reports which the inspector considered issues of concern, and therefore should be regarded as complaints.

A recommendation is made in respect of this matter.

Is Care Compassionate?

The majority of the people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Advanced Community Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; however the UCO was informed that consistency could be better. The inspector discussed this matter with the registered manager who confirmed that the agency had experienced a high staff turnover in the last 12 months and that he had communicated this to the HSC Trust. The registered manager outlined strategies the agency had adopted to retain staff and confirmed that at times staff leaving at very short notice has impacted on the quality of service.

No concerns were raised regarding the carers treating the service users with dignity or respect. One relative felt that on some occasions care was being rushed; the matter had been raised with the agency and had been resolved. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "Communication in the office could be better. Sometimes messages are not being passed on to the carers"
- "I've developed a rapport with the girls"
- "Have been a lot of new carers recently; consistency could be better"
- "No issues with the carers, but sometimes the office staff are not very approachable".

The inspector discussed this latter comment with the registered manager who was aware of this matter. The issue had also been mentioned to the inspector by a HSC Trust professional. The inspector was satisfied with the registered manager's response to this issue.

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition; however one service user did raise concerns regarding the use of hoists and manual handling practices. The inspector did note when following up issues from the previous inspection of 07 October 2014 that some staff require updates in Manual Handling training. A requirement is restated in respect of this and on the day of inspection the operations manager informed the inspector that she had secured placements for staff on training courses in December 2015 and January 2016.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits or surveys for the agency.

Areas for Improvement

The registered person must ensure that all issues of concern raised by service users or representatives are managed in accordance with the agency's complaints procedures and that records are maintained. The registered person must also to ensure all staff receive training in accordance with the agency policy and procedure timeframes and with RQIA training guidelines (September 2012).

Number of Requirements:	1	Number of Recommendations:	1
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a policy for management of missed calls and the inspector noted guidance given to staff in staff meeting minutes which emphasised procedures to be followed if staff were unable to access service users' properties. There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

Is Care Effective?

The UCO was informed by some of the service users and relatives interviewed that there were concerns regarding the carer's timekeeping and they are sometimes contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls recently from the agency.

The areas of dissatisfaction in respect of late or missed calls outlined by relatives and carers to the RQIA'S user consultation officer were discussed with the registered manager who explained these were largely due to unexpected staff resignations. Communications with the referring HSC Trust had taken place via telephone calls and emails. The registered manager outlined examples in respect of times when employees informed the agency of their lack of availability to work and the efforts made to ensure adequate cover for service users. The inspector was

satisfied that the agency had taken reasonable steps to ensure these calls were covered but recommends that closer monitoring of the volume and reason for late and missed calls is undertaken to try to improve service continuity. Details of these matters should be included in monthly monitoring reports.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management.

Is Care Compassionate?

The UCO was informed by the relative of a service user that care was being rushed. The relative was satisfied by the actions taken by management after reporting the matter. Three staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users.

Comments included;

“We are guests in their home”

“It is so important to be polite and well mannered”.

Areas for Improvement

The registered person must closely monitor the reasons for, and the volume of late and missed calls and detailed information in respect of this should be included in monthly monitoring reports.

Number of Requirements:	0	Number of Recommendations:	1
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4.3 Additional Areas Examined

4.3.1. Staff records.

The inspector viewed three staff files and noted that one file did not have a reference from the most recent employer and that gaps in employment history were not appropriately explained. A requirement is made to ensure that the agency has full and satisfactory information in respect of each of the matters specified in Schedule 3.

5. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Niall Smyth as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 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 (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 March 2016</p>	<p>The registered person/manager is required to ensure all staff receive training in accordance with the agency's policy and procedure RQIA Guidance on Mandatory Training (September 2012).</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <ol style="list-style-type: none"> 1. All care workers have been reminded what Mandatory Training involves in terms of subject and refresher timeframes. 2. Additional training opportunities have been arranged for each of the subject areas within Mandatory Training. This information is displayed in several locations within the office and each care worker has received an individual copy. 3. The Director has written to each care worker reminding them of their responsibility to ensure their Mandatory Training is up to date; encouraging them to avail as necessary of refresher training and advising that care workers found to be out of date with any Mandatory Training requirement will be taken off rota and not allowed to work for the company until they have updated as necessary. 4. Care workers have been given improved access to their training records and are able to have individual reports printed detailing training achieved and when refresher training is due. 5. The Operations Manager is conducting an ongoing audit of all care worker training records to ensure they are up to date . The Operations Manager will be responsible for ensuring company records are updated as required and care workers are alerted when refresher training is required.
<p>Requirement 2</p> <p>Ref: Regulation 13 (d) and Schedule 3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless – full and satisfactory information is available in respect of each of the matters specified in Schedule 3.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <ol style="list-style-type: none"> 1. Since this issue was highlighted in November 2015 the company has ensured that all newly appointed staff are totally compliant with all requirements in Schedule 3. 2. An audit of all appointments between April 2014 - November 2015 is being undertaken by administrators to ensure that any deficits are followed up and a clear record is made of all action taken to ensure total compliance. 3. The company Revruiement Policy has been amended to state that if a potential employee is unable to provide a reference from paid employment within the past 3 years the reasons will be recorded and the next most recent employer sought. 4. It is not good practice to use family members as character references ever, and in the case of updating records of staff who are already in post

	<p>then Advanced Community Care will be deemed to be the most recent employer.</p> <p>5. Information to potential applicants has been revised to ensure clarity around the provision of references as above and the company Recruitment Policy has also been amended to reflect above.</p>
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Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered person must ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the actions taken.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>1. The company is now duplicating Quality Monitoring Requests(QMR) into the Complaints process ie</p> <p>a.the Trust making the Quality Monitoring Request receives a letter of acknowledgement on receipt of the QMR ,</p> <p>b the service user who is the subject of the QMR receives a letter of acknowledgement on receipt of the QMR</p> <p>c. the issue(s) raised in the QMR are investigated in an open and thorough manner</p> <p>d the outcomes of the investigation are shared with the Trust which has initiated the QMR process and with the service user involved These will include :</p> <p>i.. any immediate action required to improve practice is taken</p> <p>ii. any disciplinary action required against care workers is commenced</p> <p>iii any learning for the company which can be incorporated in to refresher training for care workers to assist in prevention of further recurrence of same issue</p> <p>iv any Policy amendments required.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager shall ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action taken when necessary.</p> <p>Refers to closer monitoring and maintaining a record of missed or late calls to ensure better service continuity.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>1. A revised system has been introduced for the logging of all missed and late calls notified to the office</p> <p>2. The Operations Manager will authorise immediate action required ; initiate any investigation required and record the outcome of any investigation</p>

Registered Manager Completing QIP	Niall Smyth	Date Completed	08/2/2016
Registered Person Approving QIP	Niall Smyth	Date Approved	08/02/2016
RQIA Inspector Assessing Response	Michele Kelly	Date Approved	09/02/16

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