

# Inspection Report

8 July 2024



## All Ireland Homecare Limited

Type of service: Domiciliary Care Agency  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> All Ireland Homecare Limited	<b>Registered Manager:</b> Ms. Monica Frances McShane
<b>Responsible Individual:</b> Miss Laura Elizabeth Wheeler	<b>Date registered:</b> 4 April 2016
<b>Person in charge at the time of inspection:</b> Ms. Monica McShane	
<b>Brief description of the accommodation/how the service operates:</b> All Ireland Homecare is a domiciliary care agency which provides personal care and support to 80 individuals with a range of needs. These include older persons and people living with a physical disability. Care and support is provided to service users living in their own homes within the South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT) areas.	

## 2.0 Inspection summary

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement and Dysphagia management were also reviewed.

Whilst good practice was identified in relation to monthly monitoring arrangements and management of complaints, some concerns were identified in regards to managerial oversight and governance arrangements. At the conclusion of the inspection, detailed feedback was provided to the Registered Manager.

In response to these concerns, RQIA invited the Responsible Individual and the Registered Manager to a meeting on 23 July 2024 to provide feedback on the inspection findings and to discuss the matters identified at the inspection in more detail. RQIA was provided with adequate assurances that the agency was compliant with regulation.

An area for improvement identified at the last inspection was assessed as met. No areas for improvement were identified as a result of this inspection.

### 3.0 How we inspect.

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Service users have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

#### **Staff comments:**

- "I get great support."
- "I'm up to date in all my training."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "First class."
- "The carers are very good They are kind and caring and look after me so well."
- "My care is definitely safe."
- "I can talk to staff if I'm worried about anything."

No responses were received to the electronic survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the domiciliary care agency was undertaken on 15 April 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 15 May 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15(2)(c) <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure the service user plan specifies the service user's needs in respect of which prescribed services are to be provided.</p> <p>This relates specifically to the shortened form of the care and support plans.</p> <p><b>Action taken as confirmed during the inspection:</b>            The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement was met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. It was positive to note there was an Adult Safeguarding Resource File in place for staff to reference.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager reported there had been no disclosures under the agency's Whistleblowing Policy.

The manager was aware what incidents require to be reported to RQIA.

Staff were provided with training appropriate to the requirements of their role. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as Food Safety Awareness, Dealing with Service Users' Money and Dementia Awareness.

Where service users required the use of specialised equipment to assist them with transfers, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

**5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective. Service users' assessed needs were recorded within care plans along with associated SALT dietary requirements.

**5.2.4 What systems are in place for staff recruitment and are they robust?**

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

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

**5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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

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

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

**Recent comments included:****Service Users:**

- “I have absolutely no problems. The staff are incredible and I enjoy the company.”
- “The care is fine.”
- “The staff are very helpful.”

**Staff:**

- “I attended my supervision and it went well.”
- “I love my job. It’s very rewarding.”
- “There is good teamwork in our area which makes a massive difference.”

**Relatives:**

- “It has taken a lot of pressure off me knowing the staff are caring. My relative speaks very highly of them.”
- “The care provided is excellent. We are more than happy.”
- “Everything is great. No problems at all.”

**HSC Staff:**

- “Absolutely no problems and always well informed.”
- “I would be confident to say it’s a very good service.”
- “I have no resent issues or complaints.”

The Annual Quality Report was reviewed and was satisfactory.

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

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

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency’s monthly quality monitoring process.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Monica McShane, Registered Manager as part of the inspection process and can be found in the main body of the report.





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