

# Inspection Report

**Name of Service:** Daisy Care

**Provider:** Daisy Care Ltd

**Date of Inspection:** 15 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Daisy Care Ltd
<b>Responsible Person:</b>	Ms Siobhan McCormac
<b>Registered Manager:</b>	Miss Fionnuala Lavery
<b>Service Profile –</b>  Daisy Care was registered as a Domiciliary Care Agency in December 2023 and plan to provide a variety of domiciliary care packages tailored specifically to the needs of the service users. These packages include a delivery of care to adults with complex medical needs, physical disabilities, learning difficulties, mental health issues or social need. Services provided include personal care, meal provision, medication assistance and social support. These services are commissioned by the Belfast Health and Social Care Trust (BHSCT), and a number of private clients also receive care.	

## 2.0 Inspection summary

A short notice announced post registration inspection took place on 15 April 2025 from 12:30 pm to 3:00 pm. This was conducted by a care Inspector.

The inspection was undertaken to evidence how the domiciliary care agency is performing in relation to the regulations and standards.

The last care inspection of the agency was a pre-registration inspection which was undertaken on 1 December 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The agency has recently secured a contract with the Belfast Health and Social Care Trust (BHSCT) and provide a service to a number of private service users.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

### 3.0 The inspection

#### 3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

#### 3.2 What people told us about the service and their quality of life

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users spoke positively about their experience of the agency; they said they knew how to make a complaint and found the staff cordial and willing, with one service user remarking that they were very pleased in every aspect.

Staff spoke positively in regard to the agency, remarking that the management team are brilliant, they love their job, feel listened to and a consistent message from each of the staff was that they considered it the best care company.

Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular training and continued supervision and support.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council

(NISCC), there was a system in place for professional registrations to be monitored by the manager.

The interview process was reviewed, written records were retained by the agency of the person's capability and competency in relation to their job role. Some changes to the recruitment process was suggested to the manager who will consider these going forward.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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. Following the inspection, the documents to record the induction and work shadowing has been amended. This will be reviewed at future inspections.

Records of all staff training were retained and were noted to be up to date. A system is in place to monitor training; the manager is upgrading this system. This will be reviewed at future inspections. Service user specific training had also been provided to staff.

A system is in place to ensure that staff supervisions and appraisals are planned and monitored.

### 3.3.2 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed.

A restrictive practice register will be established and maintained by the manager.

### 3.3.3 Quality of Management Systems

Miss Fionnuala Lavery has been the manager in this agency since 27 May 2024.

Those consulted with; Service users, staff and relatives commented positively about the management team and described them as supportive, approachable and able to provide guidance.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency.

No complaints were received since the last inspection. The agency has a system in place for managing complaints which includes identification and processes for shared learning.

A review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. It was identified that there was evidence that Trust' keyworkers had been informed of incidents in a timely manner.

The annual quality report is planned and will be reviewed at future inspections. The annual formal feedback report from service users is planned and this will be reviewed at future inspections.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The manager and the responsible individual have both recently attended training as Adult Safeguarding Champions. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The agency plan to produce an annual safeguarding position report. This will be reviewed at future inspections.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, or the quality of services provided by the agency.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the responsible individual and the manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



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



**Twitter:** @RQIANews