

# Inspection Report

<b>Name of Service:</b>	<b>Aspire Care Ireland</b>
<b>Provider:</b>	<b>Aspire Care Ireland Limited</b>
<b>Date of Inspection:</b>	<b>9 December 2024</b>

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>	Aspire Care Ireland Limited
<b>Responsible Individual:</b>	Mrs Sinead Cox
<b>Registered Manager:</b>	James Gerald Campbell
<b>Service Profile:</b>  Aspire Care Ireland Limited is a domiciliary care agency, which provides care and support to six adults and children living in the Derry and Strabane area. Service users are supported by six staff.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 December 2024 from 9.30 a.m. to 2.30 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the pre-registration inspection on 14 December 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as the Declaration of Physical and Mental Fitness, the interview process, training and induction, the assessment of need and the care plans; and the service user agreement.

Service users and their representatives spoke positively regarding the care and support. Refer to Section 3.2 for more details.

## 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 any previous areas for improvement issued, 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 those in receipt of care provided by the agency staff and those working for the agency. We also review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

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

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

We spoke to service users' representatives and received positive feedback on the care workers. Those spoken with described the care workers as 'brilliant', 'excellent' and 'reliable'. One comment included that the care workers would get a score of 'ten out of ten'. Another service user's relative described how the care workers 'made a real difference' to their lives, describing how they would be fast enough bringing any medical needs to the family's attention.

Staff consulted with spoke positively about their work and described working for Aspire Care Ireland as being 'one of the best places I have ever worked for, they are 100 percent'.

We did not receive any responses from the staff online survey or questionnaires.

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

Areas for improvement from the last inspection on 14 December 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 28 (a)(b)(c)(d)(e)(f)(g)(h)	The registered person shall ensure that the Notification of Changes policy reflects the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, Regulation 28.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 2	The Statement of Purpose shall be reviewed to ensure the following matters are included: <ul style="list-style-type: none"> <li>• The needs of the service users to include Autism, Mental Health, Frail elderly and Complex Care</li> <li>• The details of the Patient Client Council, the Northern Ireland Public Services Ombudsman and the telephone number of RQIA</li> <li>• The name of the Adult Safeguarding Champion and a brief summary of their role</li> <li>• The annual quality monitoring process</li> <li>• The monthly quality monitoring process</li> <li>• Reference to the policies outlined in Appendix 1 of the Minimum Standards</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11	<p>The registered person shall ensure that the Recruitment policy is further developed to ensure that it reflects the following:</p> <ul style="list-style-type: none"><li>• The need for the registered manager to sign off a Declaration of Physical and Mental Fitness prior to staff being supplied</li><li>• The steps to be taken should something be identified on the AccessNI check</li><li>• The need to obtain a Certificate of Good Character should a staff member hail from a country that is not checked by AccessNI</li><li>• The safeguards in place in the event that references are not obtained in keeping with regulation.</li></ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12	<p>The registered person shall ensure that the staff handbook clearly outlines the process for staff to follow in the event that a service user does not appear to be at home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	

### 3.4 Inspection findings

#### 3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, it was noted that the interview template was not comprehensive and would not have adequately assessed applicant's level of knowledge; an area for improvement has been identified.

An area for improvement has also been identified in relation to the need for the Declaration of physical and mental fitness to be signed off by the manager, in keeping with the regulations.

The agency maintained a record for each member of staff of all training and professional. However, an area for improvement has been identified relating to the need for staff training in record keeping and Deprivation of Liberty Safeguards (DoLS).

Whilst those spoken with advised that all new staff shadowed a more experienced staff member, when they first started employment, an area for improvement has been identified relating to the need for a formalised Induction Workbook to be developed, to evidence the areas covered within the Induction Period. In addition, advice was given regarding the need for the shadowing shift to be recorded on the staff rota (web-roster).

There was no evidence of any staff shortages in care workers.

### 3.4.2 Management of Care Records

Service users' needs were assessed when they were first referred to the agency. The Assessment of Need and Care plan were incorporated into the one document. An area for improvement has been identified to ensure these are retained as two separate documents and that the Assessment of Need is completed within two days, in keeping with the domiciliary care agencies minimum standards.

Whilst the care plans were noted to be detailed and person-centred, it was identified that the care plans had not been updated following the reporting of an incident. Additionally, the care plan ought to have been updated, when there was an increase in the number of days/hours for the service users. An area for improvement has been identified in this regard. Additionally, it is recommended that the agency retain copies of the Trust care plans, as appropriate.

An area for improvement has been identified in relation to the Service User Agreement which had not been signed by the service user or the manager; this should have been signed within five days of the service starting.

Care worker daily notes were returned to the office on a regular basis and subject to timely audit. There was evidence of follow up with staff to any matters identified.

Advice was given in relation to implementing a system to record any missed calls, or any calls which had been cancelled by family members. Advice was also given regarding the need to implement a system to ensure the notes pertaining to discontinued packages of care are returned in a timely manner.

### 3.4.3 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mr James Gerald Campbell has been the Registered Manager since 29 August 2024; staff commented positively about the manager and described them as being 'brilliant' and 'very thorough'.

There were monthly quality monitoring arrangements in place in keeping with the Regulations. Advice was given regarding the appropriateness of the Manager being delegated this responsibility. Advice was also given regarding ensuring traceability of the records reviewed and stakeholders consulted with. The Responsible Individual welcomed this advice and agreed to address this going forward. It was also advised that the reports are retained in the office at all times for inspection purposes.

Whilst there was evidence that any complaints, incidents and safeguarding matters were managed appropriately, it is advised that these records are held centrally and retained for inspection purposes.

Advice was given in relation to developing an Alphabetical List of staff names with their start dates and dates AccessNI checks were received.

It is also advised that the agency export and print information from the AccessNI web-portal on a monthly basis, to evidence that Aspire Care Ireland have undertaken the AccessNI checks; this is due to information only being available on the AccessNI webportal for a 90-day period. This information should be made available for inspection.

Similarly, there needs to be an Alphabetical List of service users' names, with the date they started receiving care and support from Aspire Care Ireland, alongside their contact telephone number and next of kin details. This will be followed up at future inspection.

The Northern Ireland Social Care Council (NISCC) register was checked on a monthly basis, to ensure that all staff remained registered.

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

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sinead Cox as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (d) <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that the Declaration of physical and mental fitness is signed by the manager.  Ref: 3.4.1
	<b>Response by registered person detailing the actions taken:</b> Declarations of physical and mental health fitness signed by the manager.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, (revised) 2021	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that the interview process is further developed to ensure that it is sufficiently comprehensive to adequately assess the applicant's level of knowledge.  Ref: 3.4.1
	<b>Response by registered person detailing the actions taken:</b> Interview porcess and questions under review to adhere to the above.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that staff receive training in respect of record keeping and Deprivation of Liberty Safeguards (DoLS).  Ref: 3.4.1
	<b>Response by registered person detailing the actions taken:</b> Staff members compeleted the required training.



<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall develop and implement a formalised Induction Workbook, to evidence the areas covered within the Induction Period.  Ref: 3.4.2  <b>Response by registered person detailing the actions taken:</b> In delvelopment to evidence the areas covered.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 3.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that the Assessment of Need and the Care plans are developed as two separate documents; and the Assessment of Need must be completed within two days of the service commencing.  Ref: 3.4.2  <b>Response by registered person detailing the actions taken:</b> New form added in addtion to the care plan.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that care plans are reviewed following any incidents; and that they are reflective of the number of calls provided; copies of Trust care plans should also be retained, as appropriate.  Ref: 3.4.2  <b>Response by registered person detailing the actions taken:</b> All Care plans reviewed and up to date.
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that the Service User Agreement is signed by the service users and the Manager within five days of the service starting.  Ref: 3.4.2  <b>Response by registered person detailing the actions taken:</b> Working progress for these to be signed by family members and clients.

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Authority

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