

# Inspection Report

**Name of Service: Quality Care Services Ltd**

**Provider: Quality Care Services Ltd**

**Date of Inspection: 26 February 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>	Quality Care Services Ltd
<b>Responsible Individual:</b>	Miss Julie Elizabeth Hunter
<b>Registered Manager:</b>	Mrs Annette Daly
<b>Service Profile</b>  Quality Care Services Ltd is a domiciliary care agency located in Belfast. Care is provided to service users, the majority of whom are over the age of 65 years. Service users have a range of needs including physical disability, learning disability and enduring mental health needs. The care provided ranges from personal care, support with medication and social support including sitting services. The services are commissioned by the Belfast Health and Social Care (HSC) Trust and the South Eastern HSC Trust.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 February 2025, from 9.30 a.m. by a care inspector.

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, Restrictive practices and Dysphagia management were also reviewed.

No areas for improvement were identified.

Good practice was identified in relation to staff recruitment, the management of complaints and safeguarding.

### **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 Domiciliary Care Agency; this included registration information, and any other written or verbal information received.

Throughout the inspection process inspectors will seek the views of those receiving a service and those working for the agency. The inspector will review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users and staff 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**

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives if appropriate and staff for their opinions on the quality of the care and support, and their experiences of working in this agency.

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.

We spoke to service users, and staff to seek their views of the service. They indicated that they had no concerns in relation to the service provided.

No questionnaires were returned.

There were no responses to the electronic survey.

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

The last care inspection of the agency was undertaken on 9 June 2023 by a care inspector. No areas for improvement were identified.

### 3.4 Inspection findings

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy 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.

Staff were required to complete adult safeguarding training during induction and annually thereafter. Staff had an understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records indicated that these had been managed appropriately.

RQIA had been notified appropriately of any adult safeguarding incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Details of incidents are recorded electronically, they are reviewed by the manager and the Quality team.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

The review of care 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.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered orally 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 DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

From reviewing service users' care records it was good to note that 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.

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.

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 implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including enhanced 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 any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. However, we discussed with the manager the benefits of retaining a central record of staffs' NISCC registration numbers. They advised that the agency is in the process of putting all this information onto an electronic system. A spot check completed during the inspection indicated that staff were appropriately registered.

There were no volunteers supporting within the agency.

There was evidence that all newly appointed staff had completed a structured orientation and induction, lasting at least three-days; this included shadowing of a more experienced staff member.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Comments included: "It's going well; I have no problems. I get mostly the same carer, which is good."

The reports included details of a review of service user care records; complaints, accident/incidents; safeguarding matters; staffing arrangements including recruitment, training and NISCC registrations.

RQIA is aware of a Serious Adverse Incident (SAI) that are being investigated by the Belfast HSC Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI reports which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

Due to the relocation of the office it was noted that the agency's registration certificate was not displayed appropriately; action was taken immediately following the inspection to address this matter. Current certificates of public and employers' liability insurance were in place.

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 quality monitoring process.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

There is a policy and procedure in place that clearly directs staff from as to what actions they are required to take in the event that they are unable to access the home of a service user.

#### **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 Mrs Annette Daly, Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

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