The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ann's Homecare Ltd**

Provider: **Ann's Homecare Ltd**

Date of Inspection: **29 January 2026**

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

1.0 Service information

Organisation/Registered Provider:	Ann's Homecare Ltd
Responsible Individual/Responsible Person:	Mrs Ann McQuade
Registered Manager:	Mrs Sarah McQuillan

Service Profile –

Ann's Homecare Ltd is a domiciliary care agency which provides care and support to adults living within their own homes. Service users have a range of needs including physical disability and mental health care needs. The agency's staff provide personal care, social support and sitting services. These services are commissioned by the Southern Health and Social Care Trust (SHSCT), Belfast Health and Social Care Trust (BHSCT) and Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 29 January 2026, between 9.15 am and 4.15 pm. A care Inspector conducted the inspection.

The last care inspection of the agency was undertaken on 19 November 2024 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 inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led.

Service users said that the care and support provided by the agency was a good experience.

Good practice was identified in relation to, mandatory training compliance and monthly monitoring report arrangements. There were good governance and management arrangements in place.

No areas for improvement were identified during this inspection. Full details can be found in the main body of this report.

The Inspector would like to thank the manager, service users, relatives and staff team for their support and co-operation during and following the inspection.

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 those working for or being supported by the agency and 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, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

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

During and following the inspection, we spoke with a number of service users, relatives and staff members to seek their views of the agency.

Service users who spoke with the Inspector said that they were very happy with the care and support provided. Some comments received included; "The girls are very good and always friendly.", "I could not speak highly enough of the service. The girls are excellent and will go out of their way to help." and "I think the service I get is of a high standard and the carers are brilliant".

Relatives who spoke with the Inspector said they were very satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included; "Care is of a high standard and I have nothing but praise for the carers." and "The carers always turn up and deliver care in a professional way".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "Great teamwork here and good communication.", "Care records are always available in the service user's home." and "A non access policy is in place and it is important if the service user is not home or you are unable to gain access it is immediately escalated".

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Examination of the agency's most recently employed care staff's 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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, programme which also included shadowing of a more experienced staff member.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, fire awareness and dysphagia. The agency also provided training in regard to human rights and food hygiene, which strengthened staff competence in these areas.

All staff had been provided with training in relation to medicines management and were required to complete a competency assessment prior to undertaking this task.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Management of Care Records and Care Delivery

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.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care staff.

A 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.

Staff also implemented the specific recommendations of Speech and Language Therapy (SALT) to ensure the care received in the setting was safe and effective and this was recorded in the service user's care records. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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

Care reviews had been undertaken in keeping with the agency's policies and procedures.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Sarah McQuillan has been the manager in this agency since 5 June 2019. Those consulted described having open and supportive relationships with the manager.

The agency maintained a monthly monitoring system for evaluating the quality of the services provided. On examination of a sample of the reports of the agency's quality monitoring it was established that there was engagement with service users, service users' relatives, staff and Health and Social Care (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. The reports of these visits were completed in detail.

The agency retained records of all accidents/incidents and a review of a sample of these records indicated that these generally had been managed appropriately. Review identified an incident that warranted discussion with NISCC regarding referral. However, discussion with the manager confirmed that the incident had not been discussed with NISCC. The Inspector requested that this matter be discussed with NISCC. Following the inspection, the manager

provided confirmation that a referral had been made to NISCC. The manager also provided assurances that all potential referrals will be discussed NISCC, and actioned as appropriate.

It was positive to note that a tracking system was in place to record accidents/incidents arising, which was reviewed on a monthly basis.

The annual quality report was reviewed and noted to include stakeholder consultation.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern (PSNI).

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 every two years thereafter. Staff who spoke with the Inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of a sample of records confirmed that these had been managed appropriately. Adult safeguarding matters were reviewed as part of the quality monitoring process.

There was a system in place to ensure that complaints were managed in line with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.
Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

There was a system in place that ensures that the agency has an operational policy where staff are unable to gain access to a service user's home.

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

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 Sarah McQuillan, 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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