The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Connected Health Domiciliary Care Ltd

Provider: Connected Health Domiciliary Care Ltd

Date of Inspection: 26 February 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:	Connected Health Domiciliary Care Ltd
Responsible Individual/Responsible Person:	Mr. Ryan Williams
Registered Manager:	Ms. Lorraine Corr
Service Profile – Connected Health Domiciliary Care Ltd is a domiciliary care agency based in Belfast which provides personal care, social support and sitting services to people in their own homes. Service users have a range of needs associated with learning disability, physical disability, dementia and mental health conditions. Services are commissioned by the Belfast, South Eastern, Southern and Northern Health and Social Care (HSC) Trusts in Northern Ireland.	

2.0 Inspection summary

An unannounced inspection took place on 26 February 2026, between 9.10 am and 3.00 pm. It was carried out by two care Inspectors.

The last care inspection of the agency was undertaken on 27 March 2025 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 found 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. No areas for improvement were identified.

It was established that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

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 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 commissioning Trusts.

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

Comments from staff in relation to the care and support provided by the agency were positive. They told us that the agency was a 'great company' and commended the high level of support they received from the management team.

No questionnaires were returned.

One relative raised an issue about which RQIA are currently in communication with the agency.

3.3 Inspection findings

3.3.1 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. There were clear staffing structures in place to support the service and the manager.

Review of the 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.

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.

Records of all staff training were retained and were noted to be up to date. 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 first aid, Communication Channels within Connected Health and Recording and Reporting.

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.

3.3.2 Care Delivery and Care Records

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing. Discussion took place with the person in charge regarding some potential improvements to the structure of the minutes of the meetings.

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.

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. A staff member told us that 'changes are always being made to ensure our service users receive the best possible care perfectly tailored to their needs'.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

A number of service users were assessed by a Speech and Language Therapist (SLT} with recommendations provided and some required their food and fluids to be of a specific consistency. These recommendations were referenced in care plans.

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

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms. Lorraine Corr has been the registered manager in this agency since 10 May 2018.

Staff commented positively about the management team. Staff described the managers as 'amazing' and one told us that their manager 'was always on standby if they were needed'.

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.

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Discussion took place with the manager regarding some suggested improvements to the structure of the reports and the need to evidence their oversight by the Responsible Individual.

RQIA had been notified appropriately of any incidents in line with requirements; no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Complaints were reviewed as part of the monthly monitoring process.

The Statement of Purpose (SOP) required some updates to ensure full compliance with Standards. General discussion also took place regarding the need for the SOP for each of the provider's services to fully reflect the contact details of each service. This will be reviewed at the next inspection.

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 manager, as part of the inspection process and can be found in the main body of the report.

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