The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Visiting Angels Northern Ireland

Provider: P&U Healthcare Solutions Limited

Date of Inspection: 8 September 2026

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

1.0 Service information

Organisation:	P&U Healthcare Solutions Limited
Responsible Individual:	Mr Upender Singh
Registered Manager:	Mr Upender Singh
Service Profile – Visiting Angels provides a variety of domiciliary care packages tailored specifically to the needs of the service user. These packages will include the delivery of care to adults in their own homes.	

2.0 Inspection summary

A short notice, post registration inspection was undertaken on 8 September 2026 between 9.35 am and 2.00 pm by a care Inspector.

The last care inspection of the agency was a pre-registration inspection which was undertaken on 16 December 2025 by a care Inspector. No areas for improvement were identified. The agency has been registered since 17 December 2025 and became operational since 9 January 2026. 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/day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff were well trained to deliver safe and effective care. Service users said that the care and support provided by North West care was a good experience. Refer to Section 3.2 for more details.

No areas for improvement were identified during this 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 Visiting Angels Northern Ireland 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 who are in receipt of care and support; service user representative; staff who work for the agency; commissioners; and review 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

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

Service user feedback was sought by the agency on a monthly basis and returns illustrated a high level of engagement. It was also positive to find that information was easily accessible to service users' and their families as to how to make a complaint.

Service users told us that they were very happy with the care they receive, that they felt safe and respected.

Relatives shared that the carers were gentle, compassionate and displayed a willingness to be present. The management of this agency were praised for the ease of communication and their flexibility. Other comments from relatives included that the carers were reliable, stayed for the duration of the call, do a brilliant job. One relative described the carers as being "Truly Angelic" A response to the electronic survey included the comments "Wonderful service , person centred approach from all staff and management, great communication and the service goes above our expectations".

Staff members reported feeling supported, having no concerns, having high levels of job satisfaction, feeling valued and encouraged.

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 was evidence of robust systems in place to manage staffing. The agency advised that it operates continuous recruitment.

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.

There was evidence that all newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. Additional assurances were obtained by the agency regarding new employee's knowledge, skills and competency through direct feedback obtained by more experienced staff who had facilitated the completion of shadow shifts. In discussion with the manager it was positive to find additional support and/or training were provided based on feedback as needed.

There was a system in place for professional registration, with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory bodies, to be monitored by the manager.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. Training provided to staff included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and dysphagia, at a level appropriate to their job roles.

It was positive to find that the agency provided staff with additional training to ensure service users' assessed needs could be safely met, such as pressure ulcer management, dementia awareness, catheter care and palliative care.

There was a system in place to monitor supervision compliance and evidence that staff engaged in supervision at a frequency which aligned with that stipulated within the organisations' policies and procedures. Records evidenced that appraisals had been scheduled for completion on an annual basis.

3.3.2 Care Delivery and Management of Care Records

There was evidence of effective communication systems which ensured timely sharing of information about any changes to the service users' care, which the staff needed to assist them in their roles.

Service users care records were held confidentially in line with data protection regulations. These records are stored electronically and a system of regular review has been established. The manager had agreed at inspection that this review will be recorded in the monthly monitoring reports.

A service agreement provides clarity, protection and consistency for service users, outlining what support will be provided, how it will be delivered and the responsibilities of both the individual and the agency. All service user records reviewed contained a signed agreement which was reflective of unique circumstances and needs of the individual. There was evidence that matters pertaining to consent had also been reviewed and discussed with service users and/or their representatives.

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. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided.

Risk assessment and management plans reviewed were found to be acceptable.

Staff recorded regular evaluations about the care and support provided; this promotes oversight by enabling review of the quality of care and identifying any emerging issues or needs. Staff were aware as to reporting responsibilities regarding any observed changes in service user needs and/or risks. Services' user consent was evident for any family / representative who could access their care record.

3.3.3 Quality of Management Systems

Mr Upender Singh has been the registered manager in this agency since registration of the service in December 2025. Service users, their relatives and staff have all commented positively in relation to Mr Singh.

There was a system in place to manage and monitor complaints received by the service. Information reviewed demonstrated sufficient communication with the complainant throughout the management of the complaint. No complaints have been received by this agency. It was positive to note that the complaints process is being reviewed to ensure that it is aligned with the Northern Ireland Public Services Ombudsman's (NISPO) Model of Complaints Handling Procedures. This will be reviewed at future inspection.

There is a system in place to review incidents. No incidents have occurred.

There was a protocol in place for staff to follow should they be unable to gain access to the service users' homes; this ensures that staff respond consistently and in a timely manner, supporting the safety and welfare of service users. It was good to note that this reviewed on a regular basis with staff.

Domiciliary Care Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the setting's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report will be reviewed at future inspection.

A monthly monitoring report was completed each month by the Responsible Individual / Registered Manager. This report included consultation with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail with actions that endeavoured to ensure continuous quality improvement.

The annual quality report and Service User feedback report for the agency will be reviewed at future 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 Mr Upender Singh, 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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