The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Jaz Care Ltd**

Provider: **Jaz Care Ltd**

Date of Inspection: **20 May 2025**

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:	Jaz Care Ltd
Responsible Person:	Mr Zia Nazar
Registered Manager:	Mrs Francesca Bell (Acting)

Service Profile

Jaz Care Ltd is a domiciliary care agency based in Lurgan. The agency provides a range of personal care services to people living in their own homes. Jaz Care Ltd currently provides care to 100 service users. Services are commissioned by the Northern Health and Social Care Trust (NHSCT) and the Southern Health and Social Care Trust (SHSCT).

2.0 Inspection summary

An unannounced inspection was completed on 20 May 2025 from 10 a.m. and 5.05 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 13 December 2023 and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.
As a result of this inspection the area for improvement identified during the previous inspection was assessed as having been addressed by the provider.

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. Five areas for improvement were identified during this inspection. These related to, records management, policies and procedures, complaints management, recruitment practices and quality monitoring reports. Full details of these new areas for improvement identified can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 the previous area 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 will seek the views of those working and receiving a service from the agency and 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

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

We spoke to a range of service users, agency staff, relatives and HSC staff to seek their views of the agency.

Service users who were contacted for feedback about the agency spoke in positive terms about the care provided to them. Comments received included the following statements; "I am really super happy with them" and "they treat me well".

Staff working for the agency told us they were very satisfied with the care delivery, training and management support within the agency. Some of the comments received are as follows; "Service users get a good service and I get good support - I enjoy it" and "I absolutely love my job and working for them". A number of staff who completed the electronic survey also expressed satisfaction that the care provided by the agency was safe, compassionate, effective and well led.

Relatives who spoke with the inspector expressed mixed views about the agency; with some indicating that carers appeared to be in a rush with some communication barriers being evident between service user and carers. This was discussed with the manager who advised that training and supervision is ongoing with all carers to ensure good communication with service users and relatives. The manager also gave assurances that the monitoring of rotas and spot checks takes place regularly to ensure that service users are allocated sufficient time for all care tasks.

There was evidence that where relatives raised concerns regarding care provided through the care commissioner, this was dealt with appropriately and to their satisfaction. Other relatives contacted for feedback expressed satisfaction with the level of care provided to their loved ones. Some comments included; “they are fantastic and we would be lost without them” and “they are decent and show up on time”.

HSC staff members who provided feedback about the service commented that service users are satisfied with the care provided by the agency.

3.3 Inspection findings

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

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. Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

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. To ensure compliance with regulations, a full employment history of all potential employees must be obtained. On inspection of the most recently recruited staff, however, it was noted that a proportion of application forms did not detail all of the employees’ work histories from the age of 18 years. This has been identified as an area for improvement.

There were no volunteers deployed within the agency.

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, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of all training, including induction and professional development activities undertaken.

Checks were made to ensure that staff were appropriately registered with 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.

The interview process was reviewed and written records were retained by the agency of the person’s capability and competency in relation to their job role. Interview records were detailed and contained a scoring system.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that they received sufficient training for their roles. The manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS),

Adult Safeguarding, Medicines Management and Dysphagia, at a level appropriate to their job roles. Competency assessments were undertaken with all staff tasked with assisting with medication to ensure that they were competent in their roles and responsibilities. Staff were also provided with manual handling training which was included within the agency's mandatory training programme and covered the use of specialised equipment for mobility.

3.3.2 What are the systems in place for identifying and addressing risks?

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 but did not clearly outline the procedure for staff in reporting concerns. The policy was also undated, unratified and did not have a stated date for review. Whilst advice was given to the manager who agreed to review and amend the policy, this was also the case with other policies reviewed, and an area for improvement has been identified to ensure that all policies are subject to regular review and ratification in line with the regulations and standards.

The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to require sign-off by the Adult Safeguarding Champion. This has since been rectified.

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 records confirmed that whilst safeguarding concerns had had been managed appropriately, the storage of these records was not structured and organised with some documentation not specific to the investigation stored among these records. The manager agreed to review and rectify these records immediately.

The agency also retained records of all accidents and incidents that had occurred. A review of these records also indicated that whilst incidents had been managed appropriately, there was evidence of other documentation more specific to staff personnel files being stored among this documentation. This has been identified as an area for improvement.

There was a system to track incidents, and this was placed on the front of the file. Advice was given to the manager in respect of adding an additional column to the existing record so that any trends arising from accidents and incidents could be easily identified. This has since been implemented by the manager and will be reviewed at a future inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.3.3 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

There were no recording arrangements in place to identify service users who were subject to restrictive practices, for example, through use of bed rails or locked medication boxes. Advice was given to the manager about the need to consider any restrictions on liberty and to develop a way of monitoring such practices. This will ensure that these are kept under regular review so they are not used disproportionately. This will be reviewed at a future inspection.

3.3.4 Care Records and Service User Input

A sample of service users' care records was examined; these contained sufficient information about the level of support required and service users had an input into devising their own plan of care. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency. It is on this basis that the previous quality improvement plan issued in respect of written care plans was deemed to have been met.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided, and some required their food and fluids to be of a specific consistency. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified and implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

A review of care records identified that moving and handling risk assessments and care plans were up to date. 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.

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.

3.3.5 Governance & Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of a selection of reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Whilst reports included details of a review of service user care records, accident/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements, one report incorrectly stated that there were no complaints received and no areas for improvement arising from the previous inspection; this did not therefore reflect on the actions taken to meet the Quality Improvement Plan. Advice was given in relation to ensuring that any areas for improvement included in the RQIA QIP are reviewed every month up to the next inspection. This has been identified as an area for improvement.

The Annual Quality Report was reviewed and was satisfactory.

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

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The complaints policy and process was examined and found to be undated, unratified and without a date for review. A review of the complaints which had been received since the last inspection found that whilst the complaints procedure had been followed appropriately, records pertaining to complaints were not stored separately from accidents and incidents records which made them difficult to trace and track. Advice was given to the registered manager in respect of ensuring complaints are stored separately with a tracker to monitor their progress. The manager was also encouraged to share any identified learning with staff on a regular basis and in respect of any changes in practice that may arise from a complaint. This has been identified as an area for improvement.

The agency's Data Records Management Policy was reviewed and whilst there was a system in place to ensure that records were retrieved from discontinued packages of care, it was not dated, ratified, did not include a review date and did not state how long records would be stored once collected. The manager agreed to review this policy and process and this will be managed as part of the QIP.

Where staff are unable to gain access to a service user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

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
Total number of Areas for Improvement	4	1

Areas for improvement and details of the Quality Improvement Plan were highlighted to Mrs Francesca Bell, Acting Manager, 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	
Area for improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** From date of inspection and ongoing	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3**.** This relates to ensuring full employment history of each employee is obtained from the age of 18 years. Ref: 3.3.1
	Response by registered person detailing the actions taken: Application forms have been reviewed to capture any gaps in employment history and is now in placein respect of each of the matters specified in schedule 3
Area for improvement 2 **Ref:** Regulation 21 (1) (a) **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall ensure that all records are maintained and in good order. This is in respect of records relating, but not limited to, Adult Safeguarding, Complaints, HR records and Accidents and Incidents. Ref: 3.3.2
	Response by registered person detailing the actions taken: All records have been reviewed and new folders implemented maintained and in good order not limited to and to include all of the above areas

Area for improvement 3 **Ref:** Regulation 23 (2)(c) **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The report shall describe the extent to which the agency has responded to the recommendations made or requirements imposed by RQIA. This relates to Quality Monitoring reports. Ref 3.3.5
	Response by registered person detailing the actions taken: The quality monotoring reports have been reviewed and do include recommendations made or regulations imposed by the RQIA and all responses documentated
Area for improvement 4 **Ref:** Regulation 22 (8) **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall maintain a record of each complaint including the details of the investigation made, the outcome and any action taken in consequence. Ref 3.3.5
	Response by registered person detailing the actions taken: Records are maintained of each complaint, details of investigation name of service user and action taken
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 9.5 **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure that all policies and procedures are subject to a systematic 3 yearly review; any revision to or introduction of new policies and procedures are to be ratified by the registered person**.** Ref: 3.3.2
	Response by registered person detailing the actions taken: The policy and procedure manual has been reviewed to ensure all policies are reviewed and ratified to include new policies by the RM

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews