The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Homecare and Nursing Services Ltd

Provider: Homecare and Nursing Services Ltd

Date of Inspection: 5 August 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:	Homecare and Nursing Services Ltd
Responsible Individual/Responsible Person:	Mrs Helen Mary Kane
Registered Manager:	Mrs Jennifer Dodds
Service Profile – Homecare and Nursing Services Ltd is a domiciliary care agency based in Donaghadee which provides a range of personal care, social support and sitting services to 78 people living in their own homes. The South Eastern Health and Social Care Trust (SEHSCT) commission their services.	

2.0 Inspection summary

An unannounced inspection was undertaken on 5 August 2025, between 9.35 am and 3.30 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the agency is well led.

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 and restrictive practices was also examined.

A care inspector undertook the last inspection on 22 February 2024. No areas for improvement were identified.

There were no areas for improvement identified in relation to this inspection. However, some guidance was provided; in relation to the frequency and completion of care record audits; additional staff training; and updating a number of policies and procedures. The person in charge responded positively to the suggestions made and agreed to review staff training and their audit processes. The person in charge provided updated policies following the inspection, which were assessed as satisfactory.

Good practice was identified in relation to the quality of the monthly quality monitoring reports, service user involvement and mandatory training compliance.

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 the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/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 and their quality of life

As part of the inspection process, we spoke with a number of staff and contacted service users and representatives from the commissioning Trust. Service users indicated that staff treated them with respect and they were very satisfied with the support they received. The feedback staff provided indicated that staff felt supported by the manager, enjoyed working at the agency and they worked well together as part of a team. Trust representatives stated communication was excellent, staff are friendly and very approachable and they seek solutions to resolve issues promptly.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

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

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 a sample of service user' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. This policy required updating to include the addition of contact details for theTrust's complaints department. This update was completed. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. The agency had not received any complaints since the last inspection. There was evidence of a system to ensure oversight of complaints; this included a review of complaints during the monthly quality monitoring visits. Details relating to the complaints process was included in the Statement of Purpose and Service Users Guide (SUG).

There was a selection of policies available to direct staff in care delivery and support planning based on individual risk assessments. Staff confirmed they had access to policies.

The service has an operational policy, procedure or protocol that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home. This policy includes information on how to manage and report such situations in a timely manner.

There was evidence of staff meetings, staff stated they could add to the meeting agenda if there were items they wished to discuss.

3.3.2 Staffing (recruitment and 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 meets the needs of service users.

A 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. 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 monitoring of professional registrations. 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 the 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. Written records were retained by the agency of the person's capability and competency in relation to their job role. The staff handbook required updating to include details in relation to the various roles and their individual

responsibilities within the agency. The updated handbook will be reviewed at the next inspection.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff said they get an opportunity to discuss the post-registration training requirements during supervision and appraisal meetings.

Records of all staff training were available and there were mechanisms in place to support oversight of the training matrix to ensure compliance. There was good compliance with mandatory training. It was evident a number of staff had not completed dementia awareness training despite a high proportion of service users having a dementia diagnosis. This was discussed with the person in charge. They agreed to complete a scoping exercise to establish staffs' additional training needs to ensure they were trained to meet the specific needs of service users.

Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

There were no volunteers deployed within the agency.

3.3.3 Care Records

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans were kept under regular review. It was evident services users and /or their relatives participate in this process, where appropriate, and a review of the care provided is completed on an annual basis, or when changes occur.

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.

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 made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was good to note that deficits in the care records were identified during the monthly quality monitoring visits and there was evidence remedial action had been taken to address the issues. This process would be strengthened by the completion of regular, more detailed care record audits in addition to those currently completed by staff. The agency's Quality Coordinator agreed to review the current audit process and implement suggested changes.

3.3.4 Safeguarding

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures was not reflective of the Department of Health's (DoH) regional policy. An updated policy was shared with RQIA following the inspection and assessed as satisfactory. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was satisfactory.

Discussions with the person in charge 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.

There had been no safeguarding concerns since the last inspection. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.3.5 Deprivation of Liberty Safeguards (DoL-S)

The Mental Capacity Act (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 DoLS training appropriate to their job roles. The person in charge reported that none of the service users was subject to DoLS, but some restrictive practices were employed. There was a restrictive practices register in place, which was reviewed and kept up to date.

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

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