The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Silver Cloud Care NI

Provider: Silver Cloud Care NI Ltd

Date of Inspection: 22 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:	Silver Cloud Care NI Ltd
Responsible Individual/Responsible Person:	Mrs Roisin Catherine McLeod
Registered Manager:	Mrs Roisin Catherine McLeod
Service Profile Silver Cloud Care NI provides a package of wraparound services such as personal care, home help, meal preparation and home and garden maintenance. The service aims to provide these services in order to support service users to remain in their own homes.	

2.0 Inspection summary

An unannounced inspection took place on 22 May 2025, between 11.25 am and 4.40 pm. The inspection was conducted by a care inspector.

The last care inspection of the agency was undertaken on 12 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 care delivery was safe and that 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.

Good practice was found in relation to governance arrangements and quality improvement supporting well led care and support in the agency.

We wish to thank the manager and staff for their support and cooperation during 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 living or working in agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

We spoke to a range of staff, service users and relatives to seek their views of the care and support provided by the agency.

Staff who spoke with us spoke positively in regard to care delivery and management support within the agency. Two comments included the following statements; "I got a very good induction including an induction with each service user." And "We as an agency strive to provide person centred care".

Service users told us that they were very satisfied with the care and support provided. Two comments from service users included the following statements; "The service is excellent". And "The girls that support me are wonderful and I have a great relationship with them all".

Relatives told us that they were satisfied with the care and support provided. Two comments included the following statements; "The carers are knowledgeable, kind and have a helpful attitude." And "I have great confidence in the service".

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)

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection. The manager confirmed that the agency's recruitment processes are in line with the required regulations and standards. Discussions evidenced that the manager was knowledgeable in relation to safe recruitment practices.

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.

There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). 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 induction programme which also included shadowing of a more experienced staff member.

Review of records and discussion with the manager confirmed that there is a system in place to ensure all staff receive appropriate training to fulfil the duties of their role on an ongoing basis. This includes a programme of refresher/update training for staff, which is monitored on a monthly basis to ensure that staff are compliant with attending the training updates.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Staff comments included: "Good training and refresher training provided."

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery and Management of Care Records

Staff referred to the sense of fulfilment/job satisfaction they receive from building relationships with the service user, both in gaining their trust and developing an understanding of their individual wishes and preferences.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced.

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

Staff recorded regular evaluations about the care and support provided. A staff member told us; "The care plans are very detailed and always up to date."

Staff confirmed that they felt care provided by the agency was safe. They reported that they were given all relevant information to ensure that they could meet the needs of the service user.

The agency has collaborated effectively with the service user and their next of kin and a range of Trust representatives. Discussions with staff confirmed that they were aware of their obligations in relation to reporting any issues regarding a service user's wellbeing and they had effective access to management support and advice including provision of out of hour's support.

3.3.3 Quality of Management Systems

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The service is managed on a day to day basis by the manager with the support of a team leader. Staff who spoke with the inspector during inspection could clearly describe their roles, responsibilities and lines of accountability. They described positive working relationships in which issues and concerns could be freely discussed. Staff comments included; "The manager is motivated and committed." It was positive to note that the manager spoke very highly of the staff and this was reciprocated.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to staff.

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. The manager was identified as the appointed ASC for the agency.

Discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. 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.

Monthly quality monitoring visits were completed in accordance with regulations. A sample of reports were reviewed and evidenced a review of the conduct of the agency and consultation with stakeholders.

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

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