The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: NI Homecare Ltd

Provider: NI Homecare Ltd

Date of Inspection: 28 July 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:	NI Homecare Ltd
Responsible Individual/Responsible Person:	Mrs Connie McLaughlin
Registered Manager:	Mrs Connie McLaughlin
Service Profile – NI Homecare LTD provides a domiciliary care service to the private and public sectors of healthcare. The agency is based in Armagh and provides and delivers domiciliary care within the Southern Health and Social Services Trust area.	

2.0 Inspection summary

An unannounced inspection was undertaken on 28 July 2025 between 10.25 am and 2.00 pm by a care Inspector.

The last inspection of the agency undertaken on 24 March 2025 was a pre- registration inspection which was conducted in order to assess the application submitted to RQIA for the registration of NI Homecare LTD as a Domiciliary Care Agency. No areas for improvement were identified during this inspection.

This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if it is delivering safe, effective and compassionate care and if the service 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, Restrictive practices and Dysphagia management was also examined.

Good practice was identified in relation to policies, procedures, induction, training and service user involvement. There were good governance and management arrangements in place.

There were no areas for improvement identified during this inspection. Details of the finding of this inspection can be found in the main body of the report.

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 service. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or Health and Social Care (HSC) staff from the Southern Health and Social Services Trust area.

Throughout the inspection process inspectors will seek the views of those receiving support, as well as those working within the service and review 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

Through actively listening to a range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. We spoke with relatives, care staff and an HSC professional to seek their views of NI Homecare Service. The information provided indicated that there were no concerns in relation to the service provided to service users.

Relatives contacted for feedback indicated that they were satisfied with the level of care provided to their loved one. One relative made the following comment: "It's an excellent service and I would recommend them as it's a great help to us".

Staff who spoke with the inspector indicated that the service users get good support from the agency, that the training has been useful and that they really enjoy working with service users.

One HSC professional contacted for feedback advised that the service provided is of good standard and that the manager is approachable and responsive to any requests made.

4.0 Inspection findings

4.1 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. Whilst the organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns, the policy required ratification and a review date. This was immediately addressed by the manager. The organisation had an identified Adult Safeguarding Champion (ASC).

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. The manager advised that no safeguarding concerns had arisen since the last inspection and was aware of the need to retain records of any referrals made to the HSC Trust in relation to adult safeguarding.

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 raising concerns in the public interest (Whistleblowing).

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

4.2 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 the least restrictive option.

A review of the training matrix indicated that appropriate training in respect of the MCA and Deprivation of Liberty Safeguards (DoLS) was not included for staff as part of their mandatory training. The manager was proactive in addressing this and has since confirmed that staff have completed the requisite training. The manager reported that none of the service users were subject to DoLS.

There was no policy for the use of restrictive interventions, however the manager confirmed that there are no service users that are subjected to restrictive practices. The manager has since furnished a policy that is available for staff to reference. It was recommended that should any restrictive practices apply to any service users in the future, that a register be compiled so that such actions are assessed with multi-disciplinary input, regularly reviewed and not used disproportionately or for longer than is deemed necessary. This will be reviewed at a future inspection.

4.3 Staff Selection, Recruitment and Induction

A review of the agency's staff recruitment records confirmed that 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 professional registrations to be monitored by the manager. Staff were aware of their responsibilities to keep their registrations up to date. 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 for new staff, which included shadowing of an experienced staff member. Written records retained by the agency of the person's capability and competency in relation to their job role were signed off by the manager at the end of the induction period.

4.4 Staff Training and Development

Staff were provided with training appropriate to the requirements of their role. The agency maintained an electronic record of all training undertaken which highlighted compliance with mandatory training areas including Manual Handling, Dysphagia and Basic Life Support, Adult Safeguarding, Infection control and Fire Safety. It was positive to note that the manager has been proactive in seeking out additional training that may be useful for staff such as training in respect of challenging behaviours and managing violence and aggression.

The manager reported that manual handling training was included within the service's mandatory training programme and there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight-bear.

Supervision is an important part in professional development and staff should complete supervision in line with their professional bodies' guidance. As this is a newly registered service, no supervisions had taken place, however there were arrangements made for this to be completed in line with the agency's supervision policy. The manager had a supervision matrix to ensure that this is arranged and completed in a timely way. This will be reviewed at a future inspection.

4.5 Care Records and Service User Input

A sample of service users' care records was examined and contained detailed information about the level of support required. 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. A review of care records identified that service users using mobility aids did not have an up to date moving and handling risk assessment completed. The manager acted promptly to request an assessment from the appropriate professional to bring all aspects of the care plan up to date. This will be reviewed at a future inspection.

There was evidence of regular contact with service users and their representatives who spoke positively about the care and support provided by the agency.

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.

4.6 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with the Regulations and Standards. A review of the agency's first quality monitoring report completed since the inspection, established that there was engagement with service users, service users' relatives and staff. HSC staff were not consulted however the manager agreed to seek consultation with healthcare professionals in future quality monitoring reports. This will be reviewed at a future inspection. The report included details of reviews of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Advice was given to the manager to ensure use of unique identifier references throughout the reports for accuracy, monitoring and tracking purposes.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to manage complaints as per the agency's policy and procedure. The manager confirmed that no complaints had been received to date in respect of the agency.

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

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

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Connie McLaughlin (Registered Manager) at the conclusion of the inspection 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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