The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Sir Henry Care Ltd

Provider: Sir Henry Care 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:	Sir Henry Care Ltd
Responsible Individual:	Ms. Penelope Roberts
Registered Manager:	Ms. Penelope Roberts
Service Profile Sir Henry Care is a Domiciliary Care Agency which proposes to provide a range of community based care and support services in the greater Belfast area in the first instance.	

2.0 Inspection summary

An announced pre-registration inspection took place on 22 May 2025 between 09.00 a.m. and 12.30 p.m. The inspection was carried out by a care inspector.

This inspection was underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
- The Health and Personal Social Services (Quality, Improvement and Regulation) (2003 Order) (Commencement No. 4 and Transitional Provisions) Order (Northern Ireland) 2007
- The Regulation and Improvement Authority (Registration) (Amendment) Regulations (Northern Ireland) 2007
- The Regulation and Improvement Authority (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2007
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Domiciliary Care Agencies Minimum Standards, 2021.

The inspection examined the agency's governance and management arrangements, reviewing areas such as proposed staff recruitment processes, 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 were also reviewed.

The inspection sought to assess an application submitted to RQIA for the registration of Sir Henry Care Ltd as a Domiciliary Care Agency.

An application was also submitted for the registration of Ms. Penelope Roberts as both the Responsible Individual and Registered Manager.

There were no areas for improvement identified during this inspection.

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

It was confirmed from a care perspective, that Sir Henry Care Ltd was appropriately prepared for registration with RQIA as a Domiciliary Care Agency.

The findings of the inspection were provided to Ms. Penelope Roberts (Applicant Responsible Individual and Registered Manager) at the conclusion of the inspection.

3.0 The inspection

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

The Statement of Purpose and Service User Guide for Sir Henry Care Ltd were submitted to RQIA prior to the inspection. These were assessed as meeting regulations and standards. The agency proposes to deliver home-based packages of care in the greater Belfast area.

The agency's proposed complaints policy and procedure was examined and was in accordance with the regulations and standards; a system for recording complaints had also been developed.

The agency's arrangements for safeguarding service users were discussed and the Adult Safeguarding policy reflects the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015. Training will be provided in the safeguarding of adults and children.

The manager has completed Safeguarding training in order to act as the identified Adult Safeguarding Champions (ASC). The deputy manager is also completing this training.

Discussions with the manager established that she was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

The proposed arrangements for quality assurance of the services provided by the agency were discussed with the manager. These included the ongoing review of the quality of services provided via the registered person's monthly monitoring of the service and an annual quality review process. The monthly monitoring arrangements in place complied with regulations and standards. A review of the agency's monthly monitoring arrangements included engagement with service users, service users' relatives, staff and HSC Trust representatives. The report also included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The insurance indemnity certificate was reviewed during inspection and found to be satisfactory.

3.2 Are there robust systems in place for the recruitment, training and development of staff?

The agency's policy and procedure for the recruitment of staff was examined and discussed during the inspection. While no staff had yet been recruited, the inspector was assured that the proposed recruitment process was robust. A review of the recruitment procedure used in a sister company of the agency confirmed that pre-employment checks, including criminal record checks (AccessNI), had been completed and verified before the staff member commenced employment and had direct engagement with service users. The manager demonstrated her knowledge and understanding of the regulations and standards with regard to the required pre-employment checks. Recruitment documentation supported compliance with the regulations and standards.

The requirement for all staff to be registered with the Northern Ireland Social Care Council (NISCC) was discussed and the manager was knowledgeable in this regard. A system is in place to ensure that the registration status of all staff will be monitored by the manager on a monthly basis.

The agency's staff handbook was examined and found to be comprehensive, outlining a range of information for staff in relation to their responsibilities.

Staff training and induction arrangements were examined. The inspector confirmed that a training and development plan is in place which highlights a number of areas that are mandatory. A copy of the proposed training matrix was viewed by the inspector and found to be comprehensive. External training agencies will provide the training. Medication management will be included.

The inspector was assured that all newly appointed staff would complete a structured orientation and induction programme, having regard to NISCC's Induction Standards for new workers in social care. This is to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. The induction programme and associated documentation reflects the proposed delivery of a structured orientation and induction programme for newly appointed staff.

Staff supervision and appraisal arrangements were examined for the sister company. The inspector reviewed agency's policies in these areas and these confirmed the frequency of supervision and appraisal. Staff appraisals will occur annually and supervision quarterly. Documentation has been developed to record the outcome of supervisions and appraisals.

The agency has developed contracts for staff. The manager was aware of their responsibility to ensure that an index of staff and service users is maintained and updated as necessary.

3.3 What are the systems in place for ensuring service users' care needs are met?

The inspector reviewed the proposed care planning system and was assured that this would meet the needs of service users following a multi-disciplinary assessment of needs if appropriate. The manager advised that the agency will use a paper-based care planning system in the first instance.
The service users care plan system will contain details about their likes and dislikes and the level of support they require. Care and support plans will be kept under regular review. The agency will ensure that service users and/or their relatives will be invited to participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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 Ms Penelope Roberts (Applicant Responsible Individual and Registered Manager), as part of the inspection process and can be found in the main body of the report.

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