

Inspection Report

Name of Service: Live Connected Service

Provider: Connected Health Domiciliary Care Limited

Date of Inspection: 3 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:	Connected Health Domiciliary Care Limited
Responsible Person:	Mr Douglas Joseph Adams
Registered Manager:	Mrs Maryann Macrory
Service Profile: Live Connected is a domiciliary care agency, supported living type. The agency provides care and support to a number of service users who have a range of health needs. The service users reside in their own homes in the Limavady and Lisburn area. The agency office is located in Limavady. Care and Support is commissioned by the Western Health and Social Care Trust (WHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 3 July 2025, between 11.40 am. and 5.00 pm. It was carried out by a care inspector.

The last care inspection of the agency was undertaken on 2 May 2023 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 safe, 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.

Service users said that the care and support provided by Live Connected Service was a good experience. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

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 working for or being supported by 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

We received feedback from service users and staff.

Service users spoke positively in relation to the care and support offered by the agency. Comments included: "I feel safe with the staff. I am happy with the carers, they are wonderful. They support me 24 hours a day and I have no concerns."

Staff spoken with told us that the manager is approachable, and the service users are given a choice of activities. One told us that they are up to date with all their training and they know to keep their NISCC registration up to date.

The information provided indicated that there were no concerns in relation to the agency.

3.3.1 Staffing Arrangements

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.

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. Discussions evidenced that the manager was knowledgeable in relation to safe recruitment practices.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (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 structured 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.

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 by the manager to ensure that staff are compliant with attending the training updates.

Staff spoke positively about the training they receive and confirmed they received sufficient training to enable them to fulfil the duties and responsibilities of their role.

3.3.2 Care Delivery

Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

There were ongoing discussions following the inspection regarding the transitional arrangements of a service user, and RQIA are content that this is being carried out in a service user centred manner.

Where service users displayed behaviours which may be considered challenging, staff were required to complete additional training.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care reviews had been undertaken in keeping with the agencies policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

3.3.4 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Maryann Macrory has been the acting manager in this agency since 1 July 2025. The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

Review of a sample of records evidenced that a system for reviewing the quality of care and staff practices was in place.

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 Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

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

The Statement of Purpose required updating with RQIA's contact details and their new office address. The manager agreed to submit the revised Statement of Purpose to RQIA following the inspection.

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. The manager is aware what incidents require to be notified to RQIA in keeping with the regulations.

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

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

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 Maryann Macrory, the manager, as part of the inspection process and can be found in the main body of the report.



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