The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Helping Hands in the Community Ni Ltd

Provider: Helping Hands in the Community NI Ltd

Date of Inspection: 14 March 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:	Helping Hands in the Community NI Ltd
Responsible Individual/Responsible Person:	Mrs Jennifer Hall
Registered Manager:	Mrs Jennifer Hall - Acting
Service Profile – Helping Hands in the Community NI Ltd is a domiciliary care agency operating from offices in Maghera. The agency provides personal care and support to adults living in their own homes in Maghera, Castledawson, Draperstown, Portglenone and Ballymena areas.	

2.0 Inspection summary

An unannounced inspection took place on 14 March 2025 between 10.10 am and 4.00 pm. It was carried out by care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 June 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and one new area for improvement was identified. Full details, including the area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

It was established 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.

Service users said that the care and support provided by Helping Hands in the Community NI Ltd was a good experience.

The inspector would like to thank the manager, service users, relatives and staff for their help and support in the completion of 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 the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those receiving care and support from and working 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

We received feedback from a range of service users, relatives and staff regarding their views of the care and support provided by the agency.

Service users told us that the care they receive is exceptional. All who provided feedback highly commended the staff, stating that they found them very helpful, dedicated and kind and that they always felt listened to.

Relatives were very positive in relation to the care and support provided by the agency. RQIA was told of the invaluable nature of the service provided, and that staff always went above and beyond to ensure that service users' needs were met to the highest standard. The high level of staff training, the respect for confidentiality and the dedication shown by staff was highlighted. One relative told us 'I have the utmost confidence in this company'.

Staff spoken with, told us that they had no concerns in relation to the care and support provided. We were told that the rota was clear and there was good support from the management team. Staff were confident that if they raised a concern, it would be dealt with appropriately.

The information provided indicated that they had no concerns in relation to the service.

3.3 The inspection

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. The staff rota was reviewed and found to be satisfactory.

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's (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

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, 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.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. Training provided included Dignity in Care, Adult Safeguarding and Dysphagia, at a level appropriate to their job roles. Staff commented on the high quality of their training.

There was evidence that all staff received regular supervision in line with the agency's policy.

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

3.3.2 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

However, a review of records identified that some of these care plans did not contain up to date changes or recommendations made by healthcare professionals. An area for improvement has been identified in this regard.

Service users care records were held securely.

Risk assessments such as Speech and Language Therapy (SALT) assessments, Bedrail risk assessments and Moving and Handling risk assessments were noted to be up to date.

Care reviews had been undertaken in keeping with the agency's 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 was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner. There was evidence that any issues identified as a result of these audits were followed up.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. Any restrictive practices were reviewed alongside the care plan review and the multidisciplinary review.

3.3.3. Quality of Management Systems

Acting management arrangements are currently in place within the agency. RQIA is aware that there has been an appointment to the post of manager and will keep this matter under review.

Those consulted with commented positively about the management team and described them as approachable and able to provide guidance.

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

Advice was given to the manager to ensure that the name of the monitoring officer was recorded monthly and there was a consistent month on month review of any Action Plans identified.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process and reported to the commissioning Trust. The manager was aware what incidents required to be notified to RQIA.

The annual quality report was reviewed and noted to include stakeholder feedback.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the adult safeguarding policy. The manager and another specific individual were identified as the appointed ASCs for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The annual safeguarding position report had been completed.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

An Area for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15(2)(a) **Stated:** First time	The registered person shall ensure that care plans fully reflect any updates advised by the Commissioning Trust and clearly specify the service users' needs. Ref: 3.3.2
To be completed by: Immediate and ongoing from the date of inspection	**Response by registered person detailing the actions taken:** Moving forward we will ensure to obtain full detailed information from the NHSCT on the referrals regarding Catheter care ti include type of catheter, when to change etc.We will ensure that HHCNI care plans hold full iup to date nformation.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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