The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Grace Care Services NI

Provider: Grace Hospital 2 Home Limited

Date of Inspection: 26 August 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:	Grace Hospital 2 Home Limited
Responsible Individual:	Mrs Alice Mhizha
Registered Manager:	Miss Carly Moore
Service Profile: Grace Care Services NI is a domiciliary care agency which provides a range of personal care and support to service users living in their own homes. Services are commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 26 August 2025, between 8:50 a.m. and 1.50 p.m.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000246, FTC000247 and FTC000248) initially issued on 17 June 2025 under The Domiciliary Care Agency Regulations (Northern Ireland) 2007; namely:

- Regulation 11 (1) relating to the quality of managerial oversight and governance arrangements
- Regulation 13 (a)(b)(c)(d)(e) relating to fitness of domiciliary care workers supplied by an agency
- Regulaion 23 (1)(2)(3)(4)(5) relating to assessment of quality of services

The date of compliance for the notices to be achieved was 26 August 2025.

During this inspection, there was evidence that improvements had been made to address the actions stated within the FTC000247 notice. There was insufficient evidence available to validate full compliance with the FTC000246 and FTC000248 notices. RQIA considered the inspection findings and decided to extend the compliance date of these two FTC notices to 17 September 2025.

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 service 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 Registered Provider to ensure compliance with legislation, standards and best practice, and to address any deficits, including any deficiencies in care and treatment, identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the FTC Notices recently issued, registration information, and any other written or verbal information received from service users, staff or the Commissioning Trust.

The findings of the inspection were discussed with the manager on 26 August 2025.

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

Due to the specific inspection focus, service users were not consulted with as part of the inspection process.

3.3 Inspection findings

3.3.1 Compliance with FTC (relating to Governance and managerial arrangements)

FTC Ref: FTC000246

Notice of failure to comply with Regulation *11.- (1) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*

Registered person — general requirements and training

Regulation 11.- (1)

The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.

The Responsible Individual should ensure that:

- A robust system is developed and implemented so as to ensure that the security of the premises is maintained at all times; this includes, but is not limited to, ensuring the confidentiality and integrity of all service user and staff records at all times in keeping with best practice.

- A robust system is developed and implemented so as to ensure that all staff undergo regular supervisions and appraisals in keeping with Regulation; this should also include effective and meaningful oversight by both the Manager and Responsible Individual.

- A robust system is developed and implemented so as to ensure that all concerns regarding the practice and/or conduct of staff are managed in line with relevant regulatory requirements; this includes timely and appropriate referrals being made to the Northern Ireland Social Care Council (NISCC) where necessary, and that any practice restrictions and/or need for further staff training is complied with in a timely and consistent manner.

- A robust system is developed and implemented so as to ensure that all notifiable incidents are managed in an effective, timely and consistent manner.

- A robust system is developed and implemented so as to ensure that the Agency's polices / procedures are reviewed in keeping with Regulation; these arrangements should also clearly evidence the effective dissemination of such policies / procedures among relevant staff.

- A robust system is developed and implemented which enables the Manager and Responsible Individual to proactively monitor and quality assure all staff training on an ongoing basis.

- The system for managing complaints is reviewed so as to ensure that complaints are recorded in keeping with Regulation and regional best practice guidance; this includes, but is not limited to, ensuring that learning arising from complaints is used to improve the quality of care delivery and service provision to service users.

- A robust system is developed and implemented so as to ensure that the quality of care delivery and service provision is evaluated on at least an annual basis and that necessary follow-up actions are taken so as to drive and sustain necessary improvements; this process should also clearly evidence the involvement of all key stakeholders.

- The Agency's Adult Safeguarding Position Report is completed by the Adult Safeguarding Champion in a robust and timely manner and that it contains all the necessary information based on the Northern Ireland Adult Safeguarding Partnership (NIASP) guidance; arrangements should also be in place to evidence how this report is utilised to identify trends/patterns; learning outcomes; and actions taken to drive and sustain quality improvement within the Agency.

- A robust system is developed and implemented so as to ensure that all actions, recommendations and learning arising from collaborative and/or performance related meetings with Health and Social Care Trusts are used to proactively enhance the quality of care delivery and service provision to service users.

Action taken by the registered persons:

1. A secure door entrance system was installed to prevent unauthorised access. Frosted glass was extended to prevent clear view from outside the premises. A clear desk policy was in place and filing cabinets were locked.

2. A robust system was in placeto ensure all staff undergo regular supervisions and a appraisals; this included spot checks designed to ensure effective and meaningful oversight by both the Manager and Responsible Individual.

3. A meeting was held with all office staff on 19 June 2025 to ensure familiarity with NISCC Fitness to Practice (Amendment) Rules 2019 and Fitness to Practice - What it means (May 2016). There was confirmation of a referral to NISCC on 18 June 2025 in relation to a former employee.

4. On inspection, there was evidence of timely and consistent management of all reportable incidents.

5. A system had been developed for review of policies. Those policies previously identified as not specific to Northern Ireland have now been updated. A review of policies was ongoing. There was, however, no dissemination to any carer for any of the policies reviewed since inspection on 19 May 2025.

6. Training information was reviewed on the electronic system which identified expired and training due to expire. Evidence was found of ongoing monitoring and appropriate action taken in relation to the training by the Manager.

7. The records of complaints clearly recorded details relating to complaints, any actions taken to address complaints and measures taken to ensure learning arising from complaints is used to improve the quality of care delivery and service provision to service users.

8. A system to evaluate the quality of care delivery had been commenced and completed questionnaires from service users and staff were available for review. The manager had discussed plans for the collation of the results and the production of a report of the feedback from service users with action plans and recommendations. No Annual Quality Report was yet available.

9. While the safeguarding file contained detailed actions in relation to safeguarding incidents, no amended Adult Safeguarding position report was available to correct the finding on inspection on the 19 May 2025 that a report contained inaccurate information. An Adult Safeguarding Poistion Report for the period October 2024 to August 2025 was reviewed. This report contained a signed declaration of accuracy on the 6 August 2025 but the report was found to be inaccurate as information regarding safeguarding referrals was omitted.

10. There was evidence of performance related meetings with Health and Social Care Trusts being used to proactively enhance the quality of care delivery and service provision to service users.

There was insufficient evidence available to validate full compliance with this Failure to Comply Notice. RQIA considered the inspection findings and decided to extend the compliance date of this FTC Notice (Ref: FTC000246E1) to17 September 2025.

3.3.2 Compliance with FTC (relating to fitness of domiciliary care workers supplied

FTC Ref: FTC000247

Notice of failure to comply with Regulation 13. (a)(b)(c)(d)(e) *of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*

Fitness of domiciliary care workers supplied by an agency

Regulation 13. –

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—
(a)he is of integrity and good character;
(b)he has the experience and skills necessary for the work that he is to perform;
(c)he is physically and mentally fit for the purposes of the work which he is to perform; and
(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3 .

The Responsible Individual should ensure that:

- Robust and effective selection and recruitment arrangements are in place in keeping with Regulation; this includes, but is not limited to, ensuring that all necessary pre-employment checks are carried out for all staff.

- All staff interviews are conducted in line with best practice; this includes, but is not limited to, ensuring that interviews are structured, consistently documented, with all decisions being clearly recorded to support transparency, fairness and accountability throughout the selection and recruitment process.

- A robust system is developed and implemented which enables the Manager to robustly and proactively audit and quality assure all selection and recruitments records within the Agency; this system must also evidence how such quality assurance audits are used to identify deficits, and drive necessary improvements in a meaningful and consistent manner.

Action taken by the registered persons:

1 There was a robust recruitment and selection process in place with all pre employment checks completed.

2 There was a structured interview process with records of transparent decision making.

3 There was a robust system in place for the auditing and quality assurance of selection and recruitment records.

There was sufficient evidence available to validate compliance with this Failure to Comply Notice.

3.3.3 Compliance with FTC (relating to assessment of quality of services)

FTC Ref: FTC000248

Notice of failure to comply with Regulation 23. (1)(2)(3)(4)(5) *of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*

Asssessment of quality of services

Regulation 23. -

(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.
(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—
(a)arranges the provision of good quality services for service users;
(b)takes the views of service users and their representatives into account in deciding—
(i)what services to offer to them, and
(ii)the manner in which such services are to be provided; and
(c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.
(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.
(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.
(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

The Responsible Individual should ensure that:

- Monthly quality monitoring visits and reports are robustly and comprehensively completed in keeping with Regulation; these reports must contain a time bound action plan outlining how areas for improvement are to be addressed and/or kept under meaningful review by the Responsible Individual/Manager; these reports must also evidence meaningful, timely and contemporaneous review by the Manager on an ongoing basis.

- Monthly quality monitoring visits facilitate robust and meaningful quality assurance of service provision and care delivery; this includes, but is not limited to, a review of: the security of the premises and service users'/staff records; staff supervisions and appraisals; management of concerns regarding staff conduct and/or practice; management of notifiable incidents;

the ongoing review and dissemination of the Agency's policies/procedures; the management of complaints; the management of all safeguarding incidents; the management of any matters arising from collaborative and/or performance related meetings with Health and Social Care Trusts.

Action taken by the registered persons:

1 Monthly monitoring reports were reviewed from visits in May, June and July 2025; the visits were by the Responsible Individual, with the exception of the July visit. There was no evidence of the views of care staff and no robust time bound action plan was evident.

2 Monthly quality monitoring visits did not facilitate robust and meaningful quality assurance of service provision and care delivery as they did not include a review of the security of the premises, service users'/staff records, ongoing review and dissemination of the Agency's policies/procedures and the management of any matters arising from collaborative working with Health and Social Care Trusts.

There was insufficient evidence available to validate compliance with this Failure to Comply Notice. RQIA considered the inspection findings and decided to extend the compliance date of this FTC Notice (Ref: FTC000248E1) to 17 September 2025.

4.0 Conclusion

Evidence was not available to validate compliance with all of the Failure to Comply Notices.

Two of the FTC notices have therefore been extended and compliance must be achieved by 17 September 2025.

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