The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Clanconnel Home Care Ltd T/A Home Instead**

**Provider:** **Clanconnel Homecare Ltd**

**Date of Inspection:** **9 September 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:** | Clanconnel Homecare Ltd |
| **Responsible Individual/Responsible Person:** | Ms Una O' Duil |
| **Registered Manager:** | Miss Jennifer Speers |
| **Service Profile –** The agency is a domiciliary care agency, conventional type. The services are provided by personal visits, at agreed times, to meet the needs of the clients and their chosen life style. The visit can vary in length from one hour per day to up to 24 hours, seven days a week, including weekends and holidays. | |

## 2.0 Inspection summary

An unannounced inspection took place on 9 September 2025 between 9.00 am to 3.30 pm, this was conducted by a care inspector.

The last care inspection of the agency was undertaken on 25 June 2024 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 service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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. One area for improvement was identified, this was related to complaints documentation.

## 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 the service users/relatives who are in receipt of care and support; workers 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Staff told us that; they enjoyed working for the agency, were pleased with the training provided, and are well supported. The staff shared that they were very satisfied with management and feel valued as a member of staff.

## 3.3 Inspection findings

### 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. Checks were made to ensure that staff were appropriately registered with NISCC. 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 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 robust, structured, at least 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. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. Service user specific training was also provided which included catheter care and Dementia training. Evaluations

undertaken on the training provided, indicated a positive response from the staff members, with the bespoke training facility and scenario based interactive training being appreciated.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development. Records evidenced that appraisals had been completed on an annual basis.

### 3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a system in place to ensure that the activities offered to service users were geared towards their individual needs and preferences. Service users' needs were met through a range of individual activities.

Records reviewed evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

### 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, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Service users, where possible, were involved in planning their own care.

### 3.3.4 Quality of Management Systems

Miss Jennifer Speers has been the manager in this agency since 10 February 2025.
Those staff consulted commented positively about the manager and described her as supportive, approachable and able to provide guidance.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. Advice was shared on inspection as to how these reports could be further enhanced. This will be reviewed at future inspections.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. However, on inspection, a number of documents were not available. An area for improvement has been identified. The agency has received a number of compliments from service users and their families.

The annual quality, service user and staff feedback reports were reviewed and found to be of a high standard.

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

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

## 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement have been identified where action is required to ensure compliance with Regulation.

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 1 | 0 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Una O' Duil, Responsible Individual, and Miss Jennifer Speers, Registered 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**<br><br>**Ref:** Regulation 22<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediately from the date of inspection | The Registered Person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence The registered person shall supply to the Regulation and Improvement Authority at its request a statement containing a summary of the complaints made during the preceding twelve months<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manger and Responsible Person have reviewed the policy and procedure in relation to managing complaints and will ensure that any complaints are logged promptly. They will ensure that a record of each complaint is maintained including details of the investigations made, the outcome and any action taken. A statement containing a summary of the complaints made during the preceding twelve months will be supplied to RQIA at its request. |

The Regulation and Quality Improvement Authority

**The Regulation and Quality Improvement Authority**

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews