The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Grace Care Services NI

Provider: Grace Hospital 2 Home Limited

Date of Inspection: 19 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/Registered Provider:	Grace Hospital 2 Home Limited
Responsible Individual:	Ms Alice Mhizha
Registered Manager:	Miss Carly Moore – registration pending
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 19 May 2025 between 8.50 a.m. and 3.10 p.m. This was conducted by a care Inspector.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in relation to: the lack of robust governance arrangements and managerial oversight. Deficits were noted regarding adult safeguarding arrangements; staff selection and recruitment practices; and quality monitoring.

A meeting was arranged with the Responsible Individual on 13 June 2025 with the intention of the intention of issuing four Failure to Comply notices (FTC) in respect of identified breaches under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, namely;

- Regulation 11 (1) relating to the registered person - general requirements and training
- Regulation 13 (a)(b)(c)(d) relating to the fitness of domiciliary care workers supplied by an agency
- Regulation 14 (a)(b)(c)(d)(e)(f) relating to the conduct of [the] agency
- Regulation 23 (1)(2)(a)(b)(c)(3)(4)(5) relating to assessment of quality of services

This meeting was attended by the Responsible Individual, the Manager and the Operational Manager for Grace Care Services NI. At the meeting, RQIA was provided with an action plan and some assurances in relation to the concerns identified.

RQIA was not satisfied with assurances provided by the Responsible Individual in respect of the actions taken or planned to be taken to fully embed the systems and processes into practice to drive the necessary improvements.

As a result, three FTC notices were served under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. These related to:

- Regulation 11 (1) relating to the registered person - general requirements and training
- Regulation 13 relating to the fitness of domiciliary workers supplied by an agency
- Regulation 23 relating to assessment of quality of services

The date of compliance for the FTCs is 26 August 2025. Actions required to be taken in order to ensure compliance with the Regulations are detailed in the FTC notices.

At the meeting, assurances were provided by the Agency of the actions taken since the inspection and those they planned to take to ensure the improvements in relation to adult safeguarding arrangements. On the basis of this information, the decision was made not to serve the FTC notice in respect of Regulation 14(a)(b)(c)(d)(e)(f).

The last care inspection of the agency was undertaken on 2 October 2023 by a care inspector. No areas for improvement were identified.

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 being cared for working for, or commissioning service of the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

Service users told us they had no concerns; they loved to see the carers arriving, and that they were treated with respect. Staff told us they had no issues or concerns. Relatives told us it was a great service and they did not have any complaints.

HSC Trust representatives told us that a number of review meetings had been held with the agency in response to concerns identified by the Trust. In relation to the performance of the Agency, the NHSCT continue to engage with the Agency in regards to these matters.

3.3 Inspection findings

3.3.1 Governance and Managerial oversight

As discussed in Section 2, serious concerns were identified regarding the lack of robust governance and managerial oversight of the agency.

For instance, it was observed upon arrival that the Agency premises were inadequately secured and left unattended for a period of time; notably, service user records were accessible during this period which presented a significant risk to the privacy of service users and the integrity of sensitive information.

There was no evidence to demonstrate that a robust system was in place to ensure that staff undergo regular supervisions and appraisals in keeping with Regulation and the Agency's own policies. It was of concern that there was a lack of evidence of a robust system being 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.

Review of records and discussion with the Manager highlighted that notifiable incidents had not been managed robustly and/or consistently; for example, it was noted that the agency had failed to inform RQIA of a safeguarding incident involving the Police Service of Northern Ireland (PSNI), in keeping with Regulation. Review of a second incident further evidenced that despite an undertaking by the Agency with the NHSCT that an identified staff member should receive additional medication management training, the Agency were unable to provide evidence that this had been carried out.

A review of a sample of the Agency's policies evidenced that these were inadequate and/or contained inaccurate information. It was also concerning to note that while there was a single record stating that the Agency's policies had been reviewed during January 2023, the policies sampled did not support this.

Arrangements for staff training were also considered. It was noted that while the Agency did have a policy in place requiring that staff receive specific training as 'lone workers', the Manager was unable to provide evidence of this training having ever been provided.

Furthermore, while the Agency's complaints policy referred to the need for an annual complaints report, no such report was in place. The Manager was also unable to provide an overview of the complaints received by the Agency.

It was noted that the Agency had not undertaken an Annual Quality Report, in keeping with best practice, and no formal feedback of stakeholders had been obtained.

It was also concerning to note that while the Manager informed the Inspector that they had not participated in any meetings with the Trust due to Trust concerns regarding the Agency's performance, it was subsequently confirmed that these meetings had been convened by the Trust.

The Adult Safeguarding policy was found to be in need of review and the Annual Safeguarding Position Report was found to be inaccurate.

3.3.2 Staff recruitment

Robust and effective selection and recruitment arrangements in keeping with Regulation; this includes, but is not limited to, ensuring that all necessary pre-employment checks are carried out for all staff were not evidenced as being in place. There was limited evidence that all staff interviews were conducted in line with best practice; 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.

The system which would enable the Manager to robustly and proactively audit and quality assure all selection and recruitments records within the Agency was not robust. There was a lack of evidence how such quality assurance audits are used to identify deficits, and drive necessary improvements in a meaningful and consistent manner.

3.3.3 Quality Monitoring

3.3.4 Quality of Management Systems

Monthly quality monitoring visits and reports were found to lack robustness; 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 must 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.

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