The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Grace Care Services NI

Provider: Grace Hospital 2 Home Limited

Date of Inspection: 17 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:	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 17 September 2025, between 9:40 a.m. and 11:40 a.m.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000246E1 and FTC000248E1) which were 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
- Regulaion 23 (1)(2)(3)(4)(5) relating to assessment of quality of services

After an inspection on 26 August 2025, the date of compliance for these notices was extended to 17 September 2025.

During this inspection, there was sufficient evidence of improvements to address the actions stated within the notices.

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 17 September 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: FTC000246E1

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 place to ensure all staff undergo regular supervisions and 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. There was a robust plan in place to review policies and the dissemination of policies to staff had commenced, with firm plans in place for this to continue.

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. These reports contained actions plans and recommendations that will be reviewed at future inspections. An Annual Quality Report was available; this was reviewed and found to be acceptable.

9. An Adult Safeguarding position report was available on inspection; the information contained within the report was found to be accurate.

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

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

FTC Ref: FTC000248E1

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 June, July and August 2025; these reports contained a time bound action plan outlining how areas for improvement are being addressed. The reports contained feedback from service users, representatives of service users, care staff and referring professionals. The reports evidenced meaningful, timely and contemporaneous review by the Manager.

2 Monthly quality monitoring visits were found to facilitate robust and meaningful quality assurance of service provision and care delivery; the reports included a review of the security of the premises and the ongoing review and dissemination of

the Agency's policies/procedures. The reports contained accurate information in relation to complaints and safeguarding. These reports also contained review of management of any matters arising from collaborative working with Health and Social Care Trusts.

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

4.0 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices FTC000246E1 and FTC000248E1.

The Regulation and Quality Improvement Authority

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