

Inspection Report

Name of Service: Unique Homecare NI Ltd

Provider: Unique Homecare NI Ltd

Date of Inspection: 25 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:	Unique Homecare NI Ltd
Responsible Individual/Responsible Person:	Mrs. Debra Walton
Registered Manager:	Mrs. Debra Walton
Service Profile – Unique Homecare NI Ltd is a domiciliary care agency. Staff provide care in line with individual care plans to enable service users to continue to live supported in their own homes. Service users are living with a range of disabilities and reside in the Belfast Health and Social Care Trust (BHSCT) or South Eastern Health and Social Care Trust (SEHSCT) areas.	

2.0 Inspection summary

An unannounced inspection took place on 25 March 2025, between 10.20 am and 3 pm. It was carried out by a care inspector.

The last care inspection of the agency was undertaken on 7 September 2023 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 agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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.

Service users' relatives were happy with the care and support provided by the agency.

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.

We would like to thank the manager, service users' relatives, staff team and SEHSCT key worker for their support and co-operation during 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included User Friendly questionnaires and an electronic survey.

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

We spoke to a range of service users' relatives, staff and one key worker to seek their views on the service provided by Unique Homecare.

Service users' relatives told us the length of the calls provided works very well and that the agency is very solution focused. They commended the staff and their level of skill and knowledge.

Staff told us they were very satisfied that the care and support provided is safe, compassionate, effective and well led. Staff commented that call times were adequate and that service users were treated with dignity and respect. Several staff highlighted the benefits of consistently providing care and support to the same service users.

We spoke with a service user's key worker from the local Health and Social Care Trust (HSCT) on the day of inspection. They stated that they found agency to be an excellent company who were very approachable and good at reaching out to families.

The information provided indicated that those spoken with had no concerns in relation to the service.

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. Staff said there was good teamwork, that they felt well supported in their role and that they were satisfied with the staffing levels

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 (NISCC) or the Nursing and Midwifery Council (NMC) 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.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that receive sufficient training for their roles.

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 and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate.

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.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. These recommendations were recorded in service users' care plans.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions, being helped to do so when needed, and any decisions made on their behalf are in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLS, the required documentation was in place and was kept under regular review.

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

3.3.3 The arrangements to ensure robust managerial oversight and governance

The new manager has been in post within the agency since 29 August 2024. Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance. They also described the company as very well organised and commended the high priority given to staff wellbeing.

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 there was consistent month on month review of any action plans developed within the reports.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. The manager was aware what incidents required to be notified to RQIA.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the adult safeguarding champion and the process for reporting and managing adult safeguarding concerns.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Where staff are unable to gain access to a service users home, there is an operational policy in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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