The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Connected Health Domiciliary Care Limited

Provider: Connected Health Domiciliary Care Limited

Date of Inspection: 3 June 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:	Connected Health Domiciliary Care Limited
Responsible Individual:	Mr Douglas Joseph Adams
Registered Manager:	Mr Eugene Connor
Service Profile: Connected Health Domiciliary Care Limited is a domiciliary care agency which provides a range of personal care and support to service users living in their own homes. Services are provided across the Western Health and Social Care Trust (WHSCT) area.	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2025, between 10.00 am and 2.40 pm by care Inspector.

The last care inspection of the agency was undertaken on 30 October 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 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.

It was evident that staff were well trained to deliver safe and effective care. Service users said that the care and support provided by Connected Health Domiciliary Care Limited was a good experience.

No areas for improvement were identified during this 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.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/examine 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 relative told us that they felt the communication with the service is 'brilliant'; the carers are never rushed; they have a good relationship with the service and that they have no concerns regarding the service.

Staff told us that the manager is approachable and always available; the carers are never rushed doing care calls and the staff training is effective. One staff told us that they attended a Dementia Hub as part of their training, which 'puts you in the shoes of a person with dementia' and they now have a better understanding of what it is like for those suffering with dementia.

We received feedback from a visiting professional who informed us that they have great communication with the service and that they are very proactive when managing caseloads.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

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.

There was evidence that all newly appointed staff had completed a structured orientation and 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 induction programme which also included shadowing of a more experienced staff member.

All staff received regular supervision and appraisals.

Records of all staff training were retained and were noted to be up to date. It was good to note that service user specific training had also been provided to staff; for example, dementia training.

3.3.2 Care Delivery and 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 and regularly reviewed and updated to ensure they continued to meet the service users' needs.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care workers.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan. It was good to note that all staff had up to date Swallow Awareness training and that a copy of the SALT assessment was placed in the service user file.

There was a system in place for retrieving the records of service users who were no longer receiving care and support by Connected Health Domiciliary Care Limited.

3.3.3 Quality of Management Systems

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to staff.

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 adult safeguarding policy. There was an identified ASC for the agency.

Discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints have been received since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Monthly quality monitoring visits were completed in accordance with regulations. A sample of reports were reviewed and evidenced a review of the conduct of the agency and consultation with stakeholders.

The annual quality report was reviewed and noted to include stakeholder feedback.

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

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 Mr Eugene Connor, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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