The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Jark (Belfast) Healthcare Services Limited

Provider: Jark (Belfast) Healthcare Services Limited

Date of Inspection: 1 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:	Jark (Belfast) Healthcare Services Limited
Responsible Individual/Responsible Person:	Mrs. Searlain McCormack
Registered Manager:	Miss Jamie Lauren Adams
Service Profile – Jark (Belfast) is a domiciliary care agency. It provides domiciliary care workers to other regulated services. The majority of these services are located in the Belfast Health and Social Care Trust (BHSCT) and South Eastern Health and Social Care Trust (SEHSCT) areas.	

2.0 Inspection summary

An unannounced inspection took place on 1 May 2025 between 10.45 am and 3 pm. It was carried out by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 27 November 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection, one area for improvement was assessed as having been addressed by the provider. The other area for improvement has been stated again. Full details, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

It was established that staff were trained to deliver safe and effective care.

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 the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, staff or the commissioning Trust.

Information was provided to staff and other stakeholders on how they could provide feedback on the quality of services.

3.2 What people told us about the agency

No feedback was received from staff or service users.

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 training and continued supervision and support.

A 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.

The interview process was reviewed. Some interview records demonstrated limited detail and none contained a scoring system. Discussion took place with the manager regarding consideration of using a scoring system to support the interview outcome. Following inspection, evidence was received that the process for the recording interview questions had been amended to reflect the advice given.

Written records were retained by the agency of the person's capability and competency in relation to their job role. The agency has maintained a record for each member of staff of all training and professional development activities undertaken. These were noted to be up to date.

Review of records confirmed that the agency sought feedback on staff's performance on a regular basis.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Miss Jamie Adams has been manager of the agency since 2 May 2018.

Agencies are required to have a person in place known as the Adult Safeguarding Champion (ASC) in place. The ASC has responsibility for implementing the regional safeguarding protocol and the agency's adult safeguarding policy. The manger and responsible individual were identified as the agency ASCs. It was established there were good systems and processes in place to manage the safeguarding and protection for adults at risk of harm. The annual safeguarding position report had been completed.

We reviewed a sample of the monthly monitoring reports. There remained a lack of detailed engagement of staff and service users, some identified actions were not updated each month and the existing areas for improvement issued by RQIA after the last inspection were not referenced or reviewed. This area for improvement is stated for the second time.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. Review of incident records identified that they were managed appropriately. Discussion took place with the manager to confirm what incidents need to be notified to RQIA.

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.

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

4.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* the total number of areas for improvement includes one that has been stated for a second time

The area for improvement and details of the Quality Improvement Plan were discussed with the 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 **Ref:** Regulation 23(2)(b)(4) **Stated:** Second time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure that the information contained in monthly monitoring reports is robust and a full review of records is undertaken. Updates should occur monthly, include full details of engagement with service users and staff and a review of any existing areas for improvement issued by RQIA. Ref: 3.3.2
	Response by registered person detailing the actions taken: We will ensure that the information contained in our monthly reports is robust and more detailed moving forward.

Please ensure this document is completed in full and returned via the Web Portal

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