The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Home Instead Down and Lisburn

Provider: Elliott Home Care Limited trading as Home Instead Senior Care

Date of Inspection: 19 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:	Elliott Home Care Limited trading as Home Instead Senior Care
Responsible Individual:	Mr Lynn Anna Elliott
Registered Manager:	Ms Sorina Puscas
Service Profile – This is a domiciliary care agency which provides personal care to people with a range of needs including older persons, people with dementia, physical disability and learning disability.	

2.0 Inspection summary

An unannounced inspection took place on 19 June 2025 between 9.30 am and 3.00 pm. The inspection was conducted by a care inspector.

The last care inspection of the agency was undertaken on 7 May 2024 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 it is delivering safe, effective and compassionate care and if the service is well led.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding The reporting and recording of accidents and incidents, complaints, whistleblowing, and Deprivation of Liberty Safeguards (DoLS) was also reviewed.

No areas for improvement were identified during this inspection.

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.

Good practice was evident in relation to service user involvement which was particularly noted in the detailed personalised care plans. There were very good governance and management arrangements in place with robust monthly monitoring evidenced in reports.

Home Instead uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users described an "excellent" service and said they were very happy and had no complaints.

Service users' relatives told us that the staff go out of their way to help and that Home Instead has really enabled their loved one remain in their own home. They very much appreciated the care and support offered by the agency.

Staff who provided feedback indicated that they were very satisfied that the care and support provided was safe. They spoke enthusiastically about the bespoke service offered to individual service users and were very positive about the support they get from management, "delighted with our management".

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. The agency operates ongoing recruitment and is actively seeking to increase the workforce.

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.

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. This was a very robust, structured, induction programme which also included shadowing of a more experienced staff member and matching of staff to meet service users' needs and preferences. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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.

The agency operated a system whereby any new staff are formally introduced to service users and their families before they deliver care and support. Relatives commented that they found the staff very good and that they appreciated the continuity of the staff provided. Calls to service users were at least one hour long and some care was delivered by live-in carers who provided round the clock care. One relative spoken with praised the efforts senior staff at the agency had gone to in designing a package of care to meet complex needs within the service user's own home.

Service users care records were held confidentially. They were person centred, detailed, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs.

Service user and/or their representatives had access to their written records.

3.3.3 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

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.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

A number of service users were assessed by Speech and Language Therapy (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. The eating and drinking care plans viewed referenced the specific level of diet noted within the SALT Care Plan.

3.3.4 Quality of Management Systems

Those consulted with commented positively about the manager and the management team and described them as supportive, approachable and able to provide guidance. Management arrangements were discussed on the day of inspection, currently Ms Sorina Puscas is managing the service and the Responsible Individual, Ms Lynn Elliot is very present and active within the agency along with the previous manager, Ms Mahan Salgado.

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 were very robust and included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was positive to note these included very positive feedback.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incident (SAI) procedures.

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.

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 Ms Sorina Puscas, (Manager) as part of the inspection process and can be found in the main body of the report.

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