The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: One 2 One Care and Support Services (NI) Ltd

Provider: One 2 One Care and Support Services (NI) Ltd

Date of Inspection: 5 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:	One 2 One Care and Support Services (NI) Ltd
Responsible Individual/Responsible Person:	Mrs. Fiona Dawson - Pugh
Registered Manager:	Mrs. Leanne Murray

Service Profile –

One 2 One Care and Support Services NI (Ltd) is a domiciliary care agency based in Randalstown. Staff provide personal care and support to service users living in their own homes. The service is commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 5 September 2025 between 10 am and 3.30 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 14 November 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as staff recruitment and monthly monitoring quality arrangements.

Service users said that the care and support provided by the agency was a good experience.

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.

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, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those working in and supported by the agency; and review/examine 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

We spoke to a range of service users and staff to seek their views of working for and receiving support from the agency.

Service users told us that the agency's staff are kind, thoughtful, caring and polite. One commented that the staff's support 'allows me to live in my own home'.

Staff fed back that they really enjoyed their job. They were confident that if they raised any concerns that these would be dealt with immediately by the agency's management team.

The information provided indicated that there were no concerns in relation to the service.

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. Staff told us that there were no issues with the rotas or the timing of calls.

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. It was noted, however, that no written explanation had been sought for gaps in some staffs' employment records. This has been identified as an area for improvement.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The interview process was reviewed and written records were retained by the agency of the person's capability and competency in relation to their job role. Interview records were detailed and contained a scoring system.

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 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 got sufficient training for their roles.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

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. The agency utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes.

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 records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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.

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. The manager was identified as the appointed ASC for the agency. It was identified that some information contained in the agency's Adult Safeguarding Policy required to be updated. The amended policy was sent to the inspector after the inspection.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The Annual Safeguarding Position Report had been completed.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs. Leanne Murray has been the manager in this agency since 17 May 2022. Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

It was positive to note that there were clear staffing structures in place within the agency. This supported the service in promoting safe and effective care for service users.

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. It was noted that the reports were completed by the manger with no oversight or input by the registered individual – this is not in keeping with the Regulations. Furthermore, the reports did not offer any analysis of incidents or accidents that had occurred within the agency. This has been identified as an area for improvement.

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 was satisfactory.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with manager and Operational 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 13(d) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that recruitment records include a satisfactory written explanation of any gaps in employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: We will ensure we check gaps between leaving education and starting employment.
Area for improvement 2 **Ref:** Regulation 23(1) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that a system is established and maintained for evaluating the quality of the services which the agency arranges to be provided. This relates to the requirement for the registered individual to have oversight of the monthly monitoring reports and for the reports to review any potential trends relating to incidents or accidents. Ref: 3.3.3
	Response by registered person detailing the actions taken: I will make sure to include any patterns from findings when completing the monthly monitoring and share this within the report.

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

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