The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Nursing & Caring Direct Ltd

Provider: Nursing & Caring Direct Ltd

Date of Inspection: 7 March 2025

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1.0 Service information

Organisation/Registered Provider:	Nursing & Caring Direct Ltd
Responsible Individual/Responsible Person:	Mr Liam O'Loane
Registered Manager:	Mrs Jennifer Ruth Parker
Service Profile Nursing & Caring Direct Ltd is a domiciliary care agency based in Lisburn which provides a range of personal care, social support and sitting services to approximately 200 people living in their own homes. Their services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 7 March 2025 between 10.15 am and 3.00pm by a care Inspector.

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, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management were also examined.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to service user involvement and quality assurance monitoring questionnaires. There were good governance and management arrangements in place.

We would like to thank the manager and staff team for their help and support in the completion of the inspection.

3.0 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.

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

Throughout the inspection process inspectors will seek the views of those working for the agency, service users who receive support and the relatives of service users. A sample of records will also be examined to evidence how the agency is performing in relation to the regulations and standards.

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. We spoke with a range of service users, relatives, agency staff and HSC staff to seek their views of Nursing & Caring Direct Ltd. The information provided indicated that there were no concerns in relation to the agency.

Some comments received from service users included: "I am happy with them. They are lovely girls, very helpful, and are never rushing away" and "I am very pleased with the carers – they do anything I need".

A number of respondents completed the service user/relatives questionnaires and indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Some other comments received from relatives included: "The service is going very well - they are all very pleasant, clean, tidy and respectful" and; "They treat my relative amazingly – they are on time and always go above and beyond – she loves seeing them coming".

No staff responded to the electronic survey, however some staff spoken to during inspection indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Some comments included; "I love it and think the service users get good care – I don't rush them and I get to know their ways" and; "I am very happy with the training I get and think they are very flexible – I love the clients and I can give them a good service".

Two HSC staff members contacted for feedback on the agency commented as follows: "Having worked with NCD for the past 20 years I feel they have excellent communication - they have a good knowledge base of the clients and are good at reporting any issues/concerns they have about clients and their welfare" and; "I have the highest regard for the care and quality provided by Nursing and Caring Direct. Clients speak highly of all care workers".

4.0 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 7 September 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 7 September 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (d); Schedule 3 **Stated:** second time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. All pre-employment checks are to be completed before the care worker has direct engagement with service users. Ref: 5.2.4	**Met**
	Action taken as confirmed during the inspection: Inspector viewed recruitment files of the last 3 employees and confirmed that all pre-employment checks, including exploration of gaps in employment, had been completed prior to direct work with service users.	

5.0 Inspection findings

5.1 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. The manager advised that no adult safeguarding concerns had been raised since the last inspection.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. It was positive to note that staff attended face to face adult safeguarding training which the manager felt was effective in promoting open discussions and better understanding of adult safeguarding policies and procedures. 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

5.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 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 and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly.

5.3 Staff Selection, Recruitment and Induction

The quality improvement plan issued at the previous inspection on 7 September 2023 related to the agency's recruitment process and had identified that a full employment history had not been obtained for newly recruited employees. The inspector reviewed the recruitment records of more recently recruited staff and was satisfied all gaps in employment had been fully explored prior to commencing employment with the agency. All pre-employment checks had also been undertaken in keeping with the regulations including criminal record checks (AccessNI), which were verified before they 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. Staff were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

5.4 Staff Training and Development

Staff were provided with training appropriate to the requirements of their role. The agency maintained an electronic record of staff of all training undertaken which was regularly reviewed to ensure compliance. The manager also advised of plans to update the current system which would further aid in identifying in advance if any staff member required refresher training. This will be reviewed at a future inspection. Staff who spoke with the inspector advised that they were happy that the training provided equipped them for their caring role and were aware of the need to keep their mandatory training up to date.

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

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The manager advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff assisted with this task.

The manager confirmed that staff receive both individual and group supervision each year alongside an appraisal which is completed on a yearly basis with individual staff.

5.5 Care Records and Service User Input

A sample of service users' care records was examined and contained sufficient information about the level of support required. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency and were kept under regular review. It was good to note that service users had their individualised choices and preferences documented within care and support plans which are kept under regular review and are evaluated on an annual basis, or when changes occur.

There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate. A number of service users were assessed by Speech And Language Therapist (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. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. It was positive to note that staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

5.6 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with the 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.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance. The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The complaints policy had been recently reviewed and complaints are collated monthly. A review of complaints received since the last inspection confirmed they had been appropriately managed and were reviewed as part of the agency's quality monitoring process.

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.

Where staff are unable to gain access to a service user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jennifer Parker, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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