The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Enable Care Services (UK) Limited

Provider: Enable Care Services (UK) Limited

Date of Inspection: 5 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:	Enable Care Services (UK) Limited
Responsible Individual/Responsible Person:	Mrs Christine Margaret McGirr
Registered Manager:	Mrs Edel Mary Beatty

Service Profile:

Enable Care Services (UK) Limited is a domiciliary care agency which provides a range of personal and social care services, meal provision and sitting services to people living in their own homes. Service users have a range of diagnoses including dementia, mental health conditions and learning and physical disabilities. The agency provides care to 828 service users, commissioned by the Southern Health and Social Care Trust (SHSCT) and the Northern Heath and Social Care Trust (NHSCT). The agency also has a small number of private service users within the Western Health and Social Care Trust (WHSCT).

2.0 Inspection summary

An unannounced inspection was undertaken on 5 June 2025, between 10.10 am and 5.10 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 December 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 identified during the previous inspection relating to staff training was assessed as having been partially met and is therefore stated for the second time. This is discussed in more detail in section 3.3.1. A second area for improvement, relating to quality monitoring reports, was assessed as having been fully addressed by the provider. This is discussed in more detail in section 3.3.5.

Overall, the inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. One new area for improvement was identified during this inspection. This related to the storage of records. Full details of the new area for improvement identified can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Good practice was identified in relation to recruitment practices.

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 trusts.

Throughout the inspection process inspectors will seek the views of service users and the relatives of those in receipt of a service, and examine a sample of records to evidence how the 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, agency staff, relatives and HSC staff to seek their views of the agency.

Service users who were contacted for feedback about the agency spoke in positive terms about the care provided to them. Comments included; "They are fantastic, tidy and show up on time – brilliant" and; "They are unreal, couldn't be better I am very happy with them".

Relatives spoke positively to the inspector about the agency and the care provided to their loved one. Some comments included; "They are so good to my relative and only for them I would not be able to work" and; "They are very friendly and reassuring and point out anything that they are worried about".

Staff working for the agency told us they were very satisfied with the care delivery, training and management support. A number of staff who completed the electronic survey also expressed satisfaction that the care provided by the agency was safe, compassionate, effective and well led. Some comments included; "Enable Care are a great company to work for who strive to improve the daily lives of our clients and our families" and; "Brilliant agency – with them a long time".

HSC staff members contacted for feedback about the service commented that service users are satisfied with the care provided by the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment, 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 rota each day meets the needs of service users. Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

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. To ensure compliance with regulations, a full employment history of all potential employees must be obtained. On inspection of a selection of files of the most recently recruited staff, it was identified that whilst employment history of employees was documented, some did not give a specific start and end date of their previous employment which could result in gaps in employment not being robustly explored. Advice was given to the manager who agreed to ensure that where there are any gaps of employment history evidenced on application forms, this is fully explored prior to carer commencing work with the agency. This will be reviewed at a future inspection.

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 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 all training, including induction and professional development activities undertaken.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

It was positive to note that staff were provided with moving and handling training at induction, that this was refreshed yearly basis and that it covered the use of specialised equipment for mobility.

Competency assessments were undertaken with all staff tasked with assisting with medication to ensure that they were competent in their roles and responsibilities. Staff received face to face training and online training with respect to assisting with the administration or prompting of medication.

Records of all staff training were held electronically on a matrix, however, a number of staff required refresher training in several mandatory training modules such as Medicines Management, Basic Life Support, Dysphagia and Infection Control. This was discussed with the manager in light of the quality improvement plan arising from the previous inspection in response to which the agency advised of plans to carry out weekly checks of the records so that training needs could be identified and arranged in a timely way. The manager later confirmed that all outstanding refresher training for identified staff was completed and the records have been updated. As several staff's mandatory training had lapsed, an area for improvement with respect to staff training and records is stated for the second time.

3.3.2 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. The organisation had an identified Adult Safeguarding Champion (ASC) and completed separate annual position reports for each of the commissioning trusts. A discussion took place with the manager regarding the benefits of reporting on all adult safeguarding activity for the agency within one report rather than several which could be misleading. The manager agreed to get further advice and guidance around the annual position report and this will be reviewed at a future inspection.

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 Trusts in relation to adult safeguarding. A review of records confirmed that safeguarding concerns had had been managed appropriately, however advice was given in respect to creating a log at the front of the file for tracking purposes and to highlight if there are any protection plans to be implemented for the prevention and protection of harm of service users. The manager later confirmed that a tracking log has been added to the adult safeguarding records for monitoring and tracking purposes which will be reviewed at a future inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency retained records of all accidents and incidents that had occurred. A review of these records indicated that incidents had been managed appropriately. There was also a system to track incidents electronically.

3.3.3 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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

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 were no recording arrangements in place to identify service users who were subject to restrictive practices, for example, through use of bed rails or locked medication boxes. Advice was given to the manager about the need to review care practices that may amount to restrictions on liberty and to develop a way of monitoring such practices. The manager agreed to review all care records and to consider any restrictive practices that are implemented and to regularly review these so they are not used disproportionately or without regard to the service user's freedom of movement within their own home. This will be reviewed at a future inspection.

3.3.4 Care Records and Service User Input

A sample of service users' care records was examined; these 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. From reviewing a sample of care records, it was not clear whether service users had an input into devising their own plan of care as service users had not signed their own care plans. This was discussed with the manager who agreed to rectify this immediately and to ensure that service users' views are captured within care records to reflect how personal choices are considered in the delivery of their care. This will be reviewed at a future inspection.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided, and some required their food and fluids to be of a specific consistency. Staff were familiar with how food and fluids should be modified and implemented the specific recommendations of the SALT. A review of care records identified good communication with relevant professionals where there was a change in service users' eating and drinking abilities to ensure the care delivered was safe and effective.

A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date. There was evidence that regular contact was made with service users and relatives to review how care and support was being delivered, in keeping with the agency's policies and procedures and 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.

3.3.5 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards. An area for improvement had been identified from the previous inspection in respect of the agency's quality monitoring reports which were not robust and lacked detail around improvements requiring action. On examination of some of the most recent reports, it was established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives alongside an audit of the number of late/missed calls, complaints, accident and incidents and staff supervisions. Deficits that were identified within the previous quality monitoring reports informed the action plan for the following report. The quality improvement plan was therefore deemed to have been addressed by the provider.

The Annual Quality Report was reviewed and was satisfactory.

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

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

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.

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. Whilst these were stored in a locked room, they were not secure within a locked cabinet. An area for improvement has been identified.

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.

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

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

Areas for improvement and details of the QIP were discussed with Mrs Edel Beatty, Registered 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 21 Schedule 4 **Stated: Second time**	The registered person shall ensure that all records are up to date and accurate. This relates to the records of staff training to ensure that any training needs are reviewed regularly and training arranged in a timely manner. Ref: 3.3.1
To be completed by: Immediately and ongoing	**Response by registered person detailing the actions taken:** The staff overdue mandatory training are now trained and up to date. We will review this weekly and this will highlight those that are due to be trained. This will be kept up to date on our training matrix. We have another additional trainer officer which will streamline this alongside our growth.
Area for improvement 2 **Ref:** Regulation 21 (1) (a) **Stated:** First time	The Registered Person shall ensure that all records are maintained and in good order. This is in respect of the safe storage of service user care records. Ref: 3.3.5
To be completed by: Immediately and ongoing	**Response by registered person detailing the actions taken**: All records are secured in locked cabinets at all times. All rooms are locked at end of each working day. We have full security alarms on our office building and working CCTV cameras. This room highlighted is vacant from any incoming service user records.

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