The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Aspire Care Ireland**

**Provider:** **Aspire Care Ireland Limited**

**Date of Inspection:** **18 November 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:** | Aspire Care Ireland Limited |
| **Responsible Individual/Responsible Person:** | Mrs Sinead Cox |
| **Registered Manager:** | Deirdre Donnell (Acting) |
| **Service Profile:** Aspire Care Ireland Limited is a domiciliary care agency, which provides care and support to 22 adults and children living in the Derry and Strabane area. Service users are supported by 25 staff. The service users pay for the care and support provided via direct payment arrangements. | |

## 2.0 Inspection summary

An unannounced inspection took place on 18 November 2025, between 9.45 am and 1.45 pm 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 9 December 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. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as the annual quality report and the annual safeguarding position report.

Service users said that the care and support provided by Aspire Care Ireland was a good experience.

As a result of this inspection five areas for improvement previously identified were assessed as having been addressed by the provider; two areas for improvement have been stated for the second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 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 Quality Improvement Plan 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 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/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

## 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.

Service users' relatives told us that the care and support provided by Aspire Care Ireland was a good experience. One relative told us that the staff were 'brilliant' and that they felt 'over the moon' with the service provided. Another relative said that they had 'nothing but good to say' about them; and described having confidence in the management to deal with any concerns raised.

## 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.

There was evidence of robust systems in place to manage staffing. 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.

Advice was given in relation to amending section 3 of the application form, to remove reference to staff being supplied to services other than domiciliary care. Advice was also given in relation to ensuring employment histories are obtained from applicants going back to school leaving age. These matters will be reviewed at a future inspection.

A review of the records confirmed that all staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). The manager was advised to record the staffs' registration renewal dates and the dates their fees were due. This will be reviewed at a future inspection.

Newly appointed staff, had completed an orientation and induction, to ensure they were competent to carry out the duties of their job. An area for improvement, previously identified, was not met and has been stated for the second time; this related to the need for a formalised Induction Workbook to be developed and implemented, to evidence the areas covered within the Induction Period. Advice was further given to ensure that the Induction process is reflective of the NISCC Induction Standards.

Records of all staff training were retained and were noted to be up to date.

Procedures were in place for appraising staff performance and all staff received regular supervision and spot checks on their practice.

### 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.

It was good to note that the Assessment of Need and the Care plans have recently been developed as two separate documents; and the Assessment of Need was completed within two days of the service commencing.

Care plans, however, were not consistently reviewed following any incidents; nor did they include the number of calls provided. An area for improvement previously identified in this regard has been stated for the second time. RQIA acknowledges that the Trust does not provide the agency with a copy of the Trust care plan where service users are under direct payment arrangements.

There was a system in place for identifying any missed calls; this included spot checks on staff practice and regular contact with service users and their relatives. Advice was given in relation to maintaining a list of all calls cancelled by service users/relatives; this should enhance the auditing process, where the manager can cross reference this list against the daily notes completed by the care workers. A centralised list of any missed calls should also be retained.

A review of a sample of daily notes evidenced that whilst they were legible, the staff making the entries did not record the dates appropriately. They also left a line blank before making the next entry. This is not in keeping with good standards for record keeping. Given that the agency is imminently due to introduce an electronic records management system, it was agreed that the manager would follow up with the care workers in relation to the identified deficits.

This will be reviewed at a future inspection.

Advice was also given in relation to the timeliness of written notes being returned to the registered office. The electronics records management system, when introduced, should rectify this matter.

There was a robust system in place for retrieving the records of service users who were no longer receiving care and support by Aspire Care Ireland.

### 3.3.3 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mrs Deirdre Donnell has been the manager in this agency since 1 December 2024.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail; however, advice was given in relation to ensuring that any areas for improvement included in the RQIA QIP are reviewed every month up to the next inspection. Advice was also given in relation to providing more detail regarding the comments made by service users/relatives. These matters will be reviewed at a future inspection.

Review of incident records identified that they were managed appropriately. There was a process in place to manage any complaints; advice was given in relation to keeping a centralised log of any complaints received.

The annual quality report was reviewed and was found not to be sufficiently comprehensive; it did not provide an overview of the quality of the service, nor did it provide sufficient detail regarding stakeholders' views. The report also did not identify any continuous quality improvement measures taken or planned. An area for improvement has been identified.

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 responsible individual was identified as the appointed ASC for the agency. 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. However, this had been incorporated into the annual quality report and was not sufficiently detailed. The responsible person was signposted to the appropriate template. An area for improvement has been identified.

There was a protocol in place for staff to follow where service users were not at home at the scheduled call time.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

## 4.0 Quality Improvement Plan/Areas for Improvement

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

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 0 | 4* |

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Deirdre Donnell, 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 Minimum Standards, revised 2021** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 12.1<br><br>**Stated:** Second time | The registered person shall develop and implement a formalised Induction Workbook, to evidence the areas covered within the Induction Period.<br><br>Ref: 3.3.1 |
| **To be completed by:**<br>Immediate from the date of the inspection | **Response by registered person detailing the actions taken**:<br>A formalised 2 day induction programme is now in place for all new starts reflective of all areas to be covered during Induction including NISCC standards |
| **Area for improvement 2**<br><br>**Ref:** Standard 8<br><br>**Stated:** Second time | The registered person shall ensure that care plans are reviewed following any incidents; and that they are reflective of the number of calls provided.<br><br>Ref: 3.3.2 |
| **To be completed by:**<br>Immediate from the date of the inspection | **Response by registered person detailing the actions taken:**<br>All care plans have now been reviewed and updated to reflect the number of visits & times of all visits provided. Process for reviewing care plans after incidents has been made more robust with training cascaded to relevant staff |

| | |
|---|---|
| **Area for improvement 3**<br><br>**Ref:** Standard 8.12<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that the annual quality report is comprehensively completed and that it provides a detailed overview of the quality of the service, including details of stakeholders' views; the report should also identify any continuous quality improvement measures taken or planned.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>A Comprehensive report has been completed detailing the overall quality of the service, incuding thoughts of stakeholders and includes ongoing measures and plans for quality and improvement. |
| **Area for improvement 4**<br><br>**Ref:** Standard 14.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that the annual safeguarding position report is completed in keeping with good practice.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>A full Safeguarding postion report is now completed. |

***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