The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **LBN Homecare Services- Holywood Healthcare**

Provider: **LBN Homecare Services**

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:	LBN Homecare Services Ltd t/a Holywood Homecare
Responsible Individual:	Ms Lucinda Baxter
Registered Manager:	Ms Heather Maclure
Service Profile – Hollywood Homecare is a Domiciliary Care Agency, which supplies a range of personal care and domestic services to service users living in their own homes.	

2.0 Inspection summary

An unannounced post registration inspection took place on 18 November 2025 between 9.45 am and 1.45 pm; this was conducted by a care inspector.

The last care inspection of the agency was a pre-registration inspection which was undertaken on 4 July 2025 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 the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. However, an improvement was required to ensure the effectiveness and oversight of recruitment. Full details, including the area 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 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.

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

Service users told us the service was excellent and they “had absolutely no concerns”.

Staff told us that; “The training programme provided at Holywood Homecare is very thorough throughout and explained extremely well, making sure us as carers would be able to ensure our customers are receiving high quality care. Every customer we would take care of have completely different needs, which is why our training is so important as it covers every aspect”. “Every question I would have as an employee is answered immediately and never left overlooked. At Holywood Homecare we are treated like family, everybody is treated very fairly, and we have a good working relationship with our employers”.

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.

Review of the agency’s staff recruitment records confirmed that all criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Employment records did not consistently contain evidence that all gaps in employment were identified or explored. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with NISCC. 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 induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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, at least three-day 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.

Records of all staff training were retained and the manager maintained oversight of the training to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. The staff were also trained in, catheter care, continence care, dementia, diabetes awareness, end of life care, epilepsy, equality and diversity among other training topics.

Procedures were in place for appraising staff performance.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

Records reviewed evidenced that staff were prompt in recognising service users' needs.

3.3.3 Management of 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care.

There was a system in place to ensure that completed notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

3.3.4 Quality of Management Systems

Ms Heather Maclure has been the manager in this agency since 8 July 2025. Those consulted commented positively about the manager and described her as supportive.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

No incidents had occurred since the last inspection.

The agencies plan to complete an annual quality report, which will be reviewed at future inspection.

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 safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Lucinda Baxter, Responsible Individual, and Ms Heather Maclure, 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 Schedule 3 (8) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall ensure that all pre employment checks are undertaken, this relates specifically to the identification of, and exploration of gaps in employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: Holywood Homecare has a system now in place to ensure that any gaps in employement, including maternity leave are documented in the employees file

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