The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Connected Health (Care NI)

Provider: Connected Health (Care NI) Limited

Date of Inspection: 24 October 2025

1.0 Service information

Organisation:	Connected Health (Care NI) Limited
Responsible Individual:	Mr. Douglas Joseph Adams
Registered Manager:	Mr. Eugene Connor (Acting)
Service Profile – Connected Health (Care NI) is a domiciliary care agency whose registered office is based in Armagh. Staff provide care to service users in their own homes who have a range of needs including physical and learning disabilities, addictions, dementia and mental health needs. The agency provides a range of services, which include the provision of personal care, practical and social support. The Northern Health and Social Care Trust (NHSCT) and Southern Health and Social Care Trust (SHSCT) commission the services.	

2.0 Inspection summary

An unannounced inspection took place on 24 October 2025, between 11.30 a.m. and 5.00 p.m. A care inspector carried out the inspection.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training, as well as adult safeguarding. The inspection also reviewed the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

There were no Areas for Improvement identified during this inspection.

The inspector identified good practice in relation to care planning, staff training and feedback from service users and staff. There were good governance and management arrangements in place.

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 Connected Health 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 any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the inspector will seek the views of those working in and using the service and review a sample of records to evidence how the service is performing in relation to the regulations and standards.

The inspector provided information to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included telephone calls, questionnaires and an electronic survey.

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

Throughout the inspection the RQIA inspector spoke with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of using, visiting or working in the agency.

Respondents spoken to by the inspector gave positive feedback. Service users said 'the good ones are very good and the younger ones have a lot to learn but I totally understand the constraints of getting staff'. Another said the carers were 'all really nice. I rely on them so much'. Relatives of service users stated that they were 'happy with the care provided and that [my relative] thinks the carers are great'. Another said that '[my relative] had a poor experience with a previous company and we are so glad that we have Connected now'. Service users also returned questionnaires, which gave generally positive feedback about the agency.

Staff reported that they felt well treated and supported. They stated that they appreciated the flexibility of the manager. They also stated that the induction and shadowing was good. Staff completed questionnaires, which gave positive feedback about the support provided by the manager and his colleagues.

One visiting professional responded to the electronic survey and stated that they were very satisfied that the care provided was safe and effective, and commented that the manager was very good at communicating concerns.

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

The last care inspection of the agency was completed on 30 September 2024 by a care inspector. This inspection did not identify any Areas for Improvement.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

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. 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 Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware that he must inform RQIA of any safeguarding incident involving a member of the agency's staff that is reported to the Police Service of Northern Ireland (PSNI).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care they received. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency provided staff with training appropriate to the requirements of their role. The manager advised that there were service users who required assistance with moving and handling. Care plans for these service users clearly identified the name of equipment required for their care. A review of care records identified that risk assessments and care plans were up to date. The agency had undertaken care reviews in keeping with its policies and procedures.

The agency had provided staff with training in relation to medicines management. The manager advised that all staff complete medication management training and that this followed up with regular spot checks. The manager advised that there were no service users who required the administration of oral medication via syringe.

The Mental Capacity Act (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 receive help 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 Mental Capacity Act (MCA).

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users was subject to DoLS. A resource folder was available for staff to reference if needed.

4.2 What are the systems in place for the promotion of service user involvement?

From reviewing service users' care records and through discussions with service users, the inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps care plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

The inspector viewed the annual quality report, which demonstrated evidence of regular service user consultation.

4.3 What are the systems in place for meeting the Dysphagia needs of service users?

The manager reported that there were several service users who required a modified diet. The inspector viewed a sample of these care plans and confirmed that these followed the professional assessments, which had been carried out. Staff training records confirmed that all staff had received training in Dysphagia and were aware of action to take in the event of a service user choking.

4.4 What systems are in place for recruitment and are they robust?

The inspector reviewed the agency's staff recruitment records and 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. The agency checked regularly to ensure that staff were registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to check NISCC registrations monthly. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

4.5 What arrangements are in place for staff induction and training?

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. This ensured that they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a formal induction programme of at least three days, which included shadowing of a more experienced staff member. The agency retained written records of the staff member's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The inspector reviewed the training matrix maintained by the agency and found the majority of training to be up to date.

4.6 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. The inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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

The agency's registration certificate was up to date and displayed appropriately. The inspector viewed the certificate of insurance for the agency and confirmed that this was current, with the correct level of cover.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. Where the agency had received complaints, these had been managed appropriately. The agency reviewed complaints monthly as part of the monthly quality monitoring process.

There was a system in place to ensure that agency staff retrieved records 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, there is a system in place that clearly directs agency staff as to what actions they should take to manage and report such situations in a timely manner.

The inspector reviewed records of regular staff supervision as well as annual appraisals. Examination of appraisal and supervision records indicated that the agency carried these out regularly as per its policies and procedures.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no Areas for Improvement being identified. The inspector discussed the findings of the inspection with Mr. Eugene Connor (Acting Manager), as part of the inspection process. These can be found in the main body of the report.

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