The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hutchinson at Home**

Provider: **Hutchinson Homes Limited**

Date of Inspection: **10 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:	Hutchinson Homes Limited
Responsible Individual/Responsible Person:	Mrs. Naomi Carey
Registered Manager:	Mrs. Lisa Gifford

Service Profile –

Hutchinson at Home is a domiciliary care agency which provides support to service users living in their own home. Services are commissioned by the Northern Health and Social Care Trust (NHSCT) and include personal care, medication support and meal provision.

2.0 Inspection summary

An unannounced inspection took place on 10 November 2025, between 9.45 a.m. and 2.45 p.m. It was carried out 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 11 February 2025; 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. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as staff induction procedures and management of policies and procedures. As a result of this inspection, the areas for improvement previously identified were assessed as having been addressed by the provider. 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.

Service users said that the care and support provided by agency was a good experience. Refer to Section 3.2 for more details.

It was established that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

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 Trust.

Throughout the inspection process inspectors will seek the views of those supported by and working in 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

We received a range of feedback from service users, relatives and staff about being supported by and working within the agency.

One service user told us that the staff 'ensure my needs are met with the greatest care' and multiple told us that staff were supportive and caring.

Relatives described the service as 'fantastic' and described how it took a lot of pressure off the whole family.

Staff referred to the good working environment within the agency.

The information provided indicated that they had no concerns in relation to the service.

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.

A 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.

An issue was identified in relation to the manager's access to and oversight of recruitment records for staff who were assigned relief shifts within the agency. Discussion took place with the Responsible Individual regarding this matter after the inspection and this matter has now been resolved.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (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 orientation and induction. However, the induction period was not of the required duration as specified in regulations. This has been identified as an area for improvement.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

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.

Staff told us that they had no issues with the duty rotas. It was positive to note that the daily duty rota provided details on the manager's presence within the agency.

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 and included any advice or recommendations made by other healthcare professionals.

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.

There was a system in place that enabled service users to provide regular feedback on the care and support offered by the agency. Service users told us that the staff were a delight to have in their homes and described them as 'confident, efficient and sympathetic'.

Relatives were also very positive about the agency, conveying the friendliness and caring nature of staff. One told us their loved one could not remain living at home without the support of the carers.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

The agency maintained a register of restrictive practices; this required updating to include when these practices had last been reviewed. This will be monitored at the next inspection.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs. Lisa Gifford has been the manager in this agency since 1 July 2022. Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance. Comments received included 'office staff are very efficient and 'I'm confident the agency will call me if they have any concerns'.

There were monitoring arrangements in place in compliance with 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 Annual Quality Report was reviewed and was satisfactory.

The agency's Statement of Purpose (SOP) required updating to include increased clarity relating to services provided. This will be reviewed at the next inspection.

A sample of the agencies policies and procedures were reviewed. Some were undergoing review. It was noted that the policies and procedures were not centrally indexed or stored in one location on the agency's computer systems. This hampered ease of access and resulted in protracted time being spent during the inspection locating them. This has been identified as an area for improvement.

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. 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. The annual safeguarding position report had been completed.

Where staff are unable to gain access to a service user's home, the service has an operational procedure that clearly directs staff from the agency 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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 16(5)(a) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure a new domiciliary care worker is provided with an appropriately structured induction training lasting a minimum of three full working days. Ref: 3.3.1
	Response by registered person detailing the actions taken: We have a robust induction porforma in place for all new domiciliary care staff which reflects the minimum three full working days.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 9.3 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure policies and procedures are centrally indexed and easily accessible to office staff Ref: 3.3.3
	Response by registered person detailing the actions taken: All policies and procedures are now centrally indexed and easily accessible to office staff. These are available to view in both in file and online.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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