Inspection Report

Name of Service: Elliott Home Care (Ards) Limited trading as Home Instead Ards and North Down

Provider: Elliot Home Care Limited

Date of Inspection: 16 December 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:	**Elliot Home Care Limited**
Responsible Individual	Mrs Lynn Elliott
Registered Manager:	Ms Priscilla Noble
Service Profile Elliott Home Care (Ards) is a domiciliary care agency located in Newtownards. The agency provides supportive companionship and personal care which enables clients to remain independent in their own homes for as long as possible. Care calls are of at least 60 minutes' duration, and are based on an agreed plan of care.	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2025 between 09.45am and 2.15pm. A care inspector carried out the inspection.

The last care inspection of the agency was a pre-registration inspection undertaken on 27 January 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, compassionate care was delivered to service users, and that the agency was well led. Good practice was identified in relation to the bespoke person–centred care delivery, staff training compliance and staff recruitment processes. There were good governance and management arrangements in place. Details and examples of the inspection findings can be found in the main body of the report.

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.

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

Throughout the inspection process inspectors seek the views of the service users and their relatives who are in receipt of care and support; the home care workers who work for the agency; and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users indicated they were very satisfied with the care they received. They described staff as 'friendly and helpful'.

Representatives also spoke in positive terms about the care workers. They stated that care was 'high quality' and the staff responded to requests made in relation to care delivery. The representatives commented that staff had been trained well and mentioned the value of calls being one hour long. A comment received was discussed with the manager and assurances were provided in relation to the actions taken to resolve the matter.

A Trust professional described how effective and responsive the agency was and praised the communication with management.

A staff member confirmed that the training provided was good and that service users are provided with care which enhances their quality of life.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and 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 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. 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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. The agency maintains records which evidence they seek the applicant's full employment history and explores gaps in employment. The inspector advised that staff signatures should be on all forms completed at interview, this matter will be reviewed at a further inspection.

There was evidence that all newly appointed staff had completed a structured orientation and 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, 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.

Procedures were in place for appraising staff performance; staff had regular supervision, and spot checks. Review of training records identified that 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.

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 very thorough 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 records were very detailed and person centred and regularly reviewed. A review of a sample of care records evidenced that service users and, or their families, were very involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. Staff recorded regular evaluations about the care and support provided. 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. Care reviews had been completed 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 for identifying any

missed calls; this included spot checks on staff practice and regular contact with service users and their relatives.

3.3.3 Governance and Managerial Oversight

Ms Patricia Noble has been the registered manager in this agency since February 2025. The agency's registration, employee, and liability insurance certificate were up to date and displayed on the premises. The responsible individual as part of monthly monitoring visited the agency each month.

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, and staff and HSC Trust representatives. The reports included details of a review of a sample of service user' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Complaints received since the last inspection had been investigated thoroughly. 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. The agency maintains a register of restrictive practices and the manager advised that currently there are no service users subject to Deprivation of Liberty Safeguards (DoLs).

There were processes in place to review the quality of the service on an annual basis.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Lynn Elliott, Responsible Individual and Ms Priscilla Noble, Registered Manager at the conclusion of the inspection as part of the inspection process and can be found in the main body of the report.

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