The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: CarerCo

Provider: Gossip Group Ltd

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

Applicant Registered Organisation/Provider:	Gossip Group Ltd
Applicant Responsible Individual/Responsible Person:	Mr Haris Ali
Applicant Registered Manager:	Mrs Heather Logue
Service Profile: CareCo is a Domiciliary Care Agency which proposes to supply a range of personal care and domestic services to service users living in their own homes in the first instance.	

2.0 Inspection summary

An announced inspection of CarerCo took place on 16 December 2025 between 9.30 am and 1.20 pm by a care Inspector.

This inspection was underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Domiciliary Care Agencies Minimum Standards, 2021.

The inspection sought to assess an application submitted to RQIA for the registration of CarerCo as a Domiciliary Care Agency; this application also included the proposal of Haris Ali as the Responsible Individual and Heather Logue as Registered Manager.

The inspection established that processes are in place to ensure that care delivery will be safe and that effective and compassionate care will be delivered to service users. There were systems in place to ensure effective governance and managerial arrangements.

It was confirmed from a care perspective, that CarerCo was appropriately prepared for registration with RQIA as a Domiciliary Care Agency.

Following review of the information submitted to RQIA and the findings of the inspection, RQIA is considering granting the application to register with the following conditions:
that the applicant manager completes the outstanding modules of her QCF Level 5 qualification within six months of registration; and the registered persons must complete Adult Safeguarding Champion training within six months of registration.

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 proposes to perform 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 documents submitted as part of the application process.

3.2 Inspection findings

3.2.1 Quality of Management Systems

The Statement of Purpose and Service User Guide for the agency were submitted to RQIA prior to the inspection. These were assessed as meeting the regulations and standards.

The agency proposes to deliver care in service users' own homes across all Trust areas.

A system for recording complaints had been developed. The agency's proposed complaints policy and procedure was examined and was in accordance with the regulations and standards; advice was given in relation to including the contact details of the Patient Client Council, in the advocacy section. It was good to note that this was actioned following the inspection.

There was a system in place to manage any incidents; the registered persons were knowledgeable in relation to incidents which require to be notified to RQIA.

There was a policy in place to direct staff on what they should do if a service user is not at home. This is called the Failure to Gain Access Policy; the registered persons were advised to include this also in the staff Induction; and in the Staff Handbook, to ensure that this matter gets sufficient prominence within these documents. Following the inspection, it was confirmed to RQIA that these had addressed.

The agency's arrangements for safeguarding service users were discussed and the Adult Safeguarding policy reflects the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015.

Advice was given in relation to amending the policy, to ensure that the definitions and types of abuse were accurately aligned to the regional policy. Following the inspection, it was confirmed to RQIA that these had addressed. A child protection policy has also been developed and there were plans in place to provide staff with training in adult safeguarding and child protection. This will be delivered by an external provider in the first instance.

Discussions with the applicant registered persons established that they were knowledgeable in matters relating to adult safeguarding, the role of the Adult Safeguarding Champion (ASC) and the process for reporting and managing adult safeguarding concerns. The applicant Responsible Individual and Manager are both due to complete Safeguarding training in order to act as identified the ASC. RQIA is considering approval of registration with conditions imposed, to ensure that this training is completed within a specified timeframe.

The proposed arrangements for quality assurance of the services provided by the agency were discussed with the applicant registered persons. These included the ongoing review of the quality of services provided via the Responsible Individual's monthly monitoring of the service and an annual quality review process, which will include stakeholder feedback. The proposed monthly monitoring arrangements in place complied with regulations and standards.

A system is in place to monitor staff registrations with their professional body on a monthly basis. It was identified that a policy in relation to NISCC required to be developed. Following the inspection, it was confirmed to RQIA that these had addressed.

The policies and procedures were centrally indexed and subject to three-yearly review.

There were procedure in relation to Notification of Manager Absence was incorporated into the Notification of Changes policy; this was in keeping with the regulations.

The registered persons were knowledgeable in relation to the need for records to be retained for eight years, in keeping with the regulations.

There were secure storage arrangements for records in place.

The insurance indemnity certificate will be submitted to RQIA on the date registration is granted.

3.2.2 Recruitment and selection, induction and training

The agency's policy and procedure for the selection and recruitment of staff was examined and discussed during the inspection. The inspector was assured that the proposed recruitment process was robust. Advice was given in relation to further developing the policy, to include how to manage instances where requested references are not received. It was also advices to include within the policy, the need to save the emails from which the references are received; how inactive staff are defined and managed; and the need for the policy to be explicit in relation to the need for NISCC registration to be current, if an applicant was ever registered with NISCC. Following the inspection, it was confirmed to RQIA that this had been actioned.

A review of the recruitment procedure confirmed that pre-employment checks, including enhanced criminal record checks (AccessNI), will be completed and verified before staff members commence employment and have direct engagement with service users/nurses are supplied into any healthcare setting.

The applicant registered persons demonstrated their knowledge and understanding of the regulations and standards with regard to the required pre-employment checks. Recruitment documentation supported compliance with the regulations and standards.

The requirement for all staff to be registered with the Northern Ireland Social Care Council (NISCC) was discussed and the applicant registered persons were knowledgeable in this regard.

A system was in place for the manager to sign a Declaration of Physical and Mental Fitness on all staff, as part of the recruitment process. Following the inspection, it was confirmed to RQIA that this had been actioned.

The agency's staff handbook was examined and found to be comprehensive, outlining a range of information for staff in relation to their responsibilities. Advice was given in relation to including the contact details of the Adult Protection Gateway Services and those of RQIA in the handbook. Following the inspection, it was confirmed to RQIA that this had been actioned.

The proposed Interview proforma was reviewed; and suggestions made to ensure that this included questions such as a safeguarding scenario; what to do if a service user has fallen or how they would recognise signs of abuse. Following the inspection, it was confirmed to RQIA that this had been actioned.

The induction programme and associated documentation reflect the proposed delivery of a structured orientation and induction programme for newly appointed staff. Advice was given in relation to including Dysphagia in the list of Mandatory training modules included. Following the inspection, it was confirmed to RQIA that this had been actioned.

Staff training arrangements were examined. The inspector confirmed that a training and development plan is in place which highlights a number of areas that are mandatory. A training matrix will be used. The training policy required to include the frequency of training and to specify the elements of training that are to be provided via online training; and those that are to be provided face to face. Following the inspection, it was confirmed to RQIA that this had been actioned.

Staff supervision and appraisal arrangements were examined. Staff appraisals will occur annually and supervisions in keeping with the policy and procedures. Documentation has been developed to record the outcome of supervisions and appraisals. The registered persons were advised to develop a proforma to be used for any unplanned supervision that may be required outside of those that are planned, i.e. in response to any matters raised. Following the inspection, it was confirmed to RQIA that this had been actioned.

Spot checks on staff practice will be undertaken on a monthly basis.

The agency has developed contracts for staff.

The applicant registered persons were aware of their responsibility to ensure that an index of staff and service users is maintained and updated as necessary.

3.2.3 Planning for care delivery

The agency proposes to use a paper-based care records in the first instance.

The inspector reviewed the proposed assessment of need the agency plans on using to assess service users needs before care delivery commences.

There was a need for the proposed care plan to be set out more clearly to ensure that it clearly shows the time/duration of calls; and the tasks to be completed. Following the inspection, it was confirmed to RQIA that this had been actioned. The registered persons were aware that the care plans need to be reflective of the Trust care plans. Where there is no Trust involvement in the service users' care, the manager will develop the service users' care plans. Care plans will be kept under regular review.

The registered persons were knowleadgeable as to the risk assessments that need to be in place, such as Speech and Language Therapy (SaLT) assessments, bedrail risk assessments; and moving and handling assessements.

The agency will ensure that service users and/or their relatives will be invited to participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. A proforma for recording the care reviews required to be developed. Following the inspection, it was confirmed to RQIA that this had been actioned.

The service user agreement required to be more aligned to the minimum standards. Following the inspection, it was confirmed to RQIA that this had been actioned.

The daily notes that will be completed by the care workers will be returned to the registered office on a monthly basis.

There was a need for a proforma to be developed to audit all the daily notes returned to the registered office. Following the inspection, it was confirmed to RQIA that this had been actioned.

Where service users' care packages are ceased; a system will be put in place for recording the return of the care records.

3.2.3 Fitness of the registered persons

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

Mr Haris Ali submitted an application to RQIA to become the registered responsible individual of CarerCo. The relevant information, supporting documentation and appropriate fees accompanied the application.

A fit person interview was undertaken on 9 September 2025 at the RQIA office. Discussion with Mr Haris Ali evidenced that he had a clear understanding of their role and responsibilities as a registered person under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and service user guide
- the management of complaints
- notification of untoward events to RQIA and other relevant bodies
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding adults
- responsibilities under the Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- responsibilities under the Domiciliary Care Agencies Minimum Standards, 2011
- responsibilities under health and safety legislation
- adherence to professional codes of conduct

Registration of Mr Haris Ali with RQIA as responsible individual and Mrs Heather Logue as registered manager is pending final approval by RQIA.

5.0 Conclusion

Based on the inspection findings and discussions held, RQIA is satisfied that this proposed agency aims to provide safe and effective care in a caring and compassionate manner; and that the service will be well led by the manager/management team.

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 Mr Haris Ali, Applicant Responsible Individual and Mrs heather Logue, Applicant Registered Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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