The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Helping Hands in the Community NI Ltd

Provider: Helping Hands in the Community NI Ltd

Date of Inspection: 30 September 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:	Helping Hands in the Community NI Ltd
Responsible Individual:	Mrs Jennifer Hall
Registered Manager:	Mrs Jennifer Hall - Acting
Service Profile: Helping Hands in the Community NI Ltd is a domiciliary care agency which provides care and support to service users living in the mid-ulster area.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2025, between 10 am and 3.30 pm 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 14 March 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

Service users' representatives said that the care and support provided by Helping Hands in the Community NI Ltd was a positive experience.

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 the recruitment process, and staff registrations with the Northern Ireland Social Care Council (NISCC). Improvements were also required in relation to the annual quality report.

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.

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 Quality Improvement Plan 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 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.

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' representatives described the service as being 'professional and very caring, flexible and accommodating'. They told us that Helping Hands in the Community is a 'wonderful service' and that the staff are 'extremely caring, friendly and professional'. Comments also included that the staff 'do a great job and (they) are very reliable'.

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.

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 criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, the process for reviewing references was not sufficiently robust. For example, there was evidence that references had been accepted from a friend or a relative of the applicants.

Whilst in one instance, the relative was also the staff member's current employer, the agency should have sought an additional character reference in this instance. In another staff record, whilst a reference had been received from the staff member's current employer, it was concerning that there was no evidence that a reference had been sought from their previous care-related employer. An area for improvement has been identified.

Additionally, the records reviewed identified that the employment histories were often recorded without the months of employment being included; this meant that the agency could not be assured that there was no gap in employment. Reasons for leaving employment were not consistently recorded. An area for improvement has been identified.

There was a structured, three-day induction programme for new staff which also included shadowing of a more experienced staff member. Staff were informed of their duties in relation to what they should do if they arrive at a service user's home and they cannot gain access. Whilst this was included within the staff induction, advice was given in relation to giving this section more prominence within the induction. Following the inspection, it was confirmed to RQIA that this had been actioned.

There were deficits identified in relation to the oversight of staffs' registrations with the Northern Ireland Social Care Council (NISCC), specifically when new employees had previously been registered with NISCC. For example, staff who never previously worked in a care-related role are permitted up to six-month grace period to register with NISCC. However, where a staff member was previously registered with NISCC and their registration lapses, they should not be afforded a second six-month grace period to register with NISCC. Review of records identified one such applicant who should not have started work without being registered with NISCC. Additionally, that staff member's application was submitted to NISCC outside of the second six month grace period. An area for improvement has been identified.

An area for improvement has also been identified in relation to the need for the recruitment procedure to be updated, to reflect best practice in relation to the above matters.

Records of all staff training were retained and were noted to be up to date. Advice was given in relation to retaining a matrix to capture the renewal dates of all face to face training. Given that the adult safeguarding training was delivered via an e-learning platform, the content of the training was requested to be submitted to RQIA following the inspection. Following the inspection, the content of the training was received and it was noted that the some terminology used within the training differed from the regional safeguarding policy in Northern Ireland. When raised with the manager, immediate action was taken to rectify the matter.

As part of the inspection process, the procedures for undertaking staff supervisions and spot checks on practice, were reviewed. It was evident that supervisions had been undertaken with staff in response to any concerns raised. We were unable to evidence that spot checks had taken place consistently, however, we were informed that the agency was in the process of developing a matrix to record the dates these were undertaken with staff. Following the inspection, RQIA were informed that the agency had implemented an electronic records management system, to ensure more effective monitoring and oversight of staff supervision and spot checks dates. This will be reviewed at a future inspection.

There was a process in place for appraisals to be completed at certain times of the year. Advice was similarly given in relation for the appraisal dates to be retained on a centralised matrix.

3.3.2 Care Delivery and Care Records

Review of the daily notes identified that all calls were delivered in keeping with the care plan.

There was a system in place for identifying any missed calls; this included regular auditing of the daily notes completed by the care workers, which were returned to the registered office on a monthly basis. However, as discussed in section 3.3.1, ensuring that staff receive regular spot checks on their practice, would strengthen the oversight of any missed calls. The agency had an effective system in place for recording any calls that had been cancelled by the service users or their relatives. This was checked as part of the auditing process.

There was evidence the agency developed care plans which were generally person centred; as part of the inspection process, we were assured that the care plans reflected all of the tasks included in the Trust care plan. An area for improvement previously identified in relation to this had been addressed.

The service user agreement had been updated on a regular basis and it was positive to note that they accurately included the names of the staff who were assigned to provide the care and support. The manager was advised of the need for the service user agreement to be dated at the time of completion or any subsequent updates.

All service users had an 'All About Me' document in place, which detailed information about the service users' history and likes and dislikes; this is good practice.

The agency also ensured that body maps were completed on a weekly basis for all service users who received personal care calls. Whilst this is good practice, the agency was advised that service users' consent would need to be sought and documented in this regard. Following the inspection, it was confirmed to RQIA that this had been implemented.

The care plan referenced any Speech and Language Therapy (SALT) Care Plans, as appropriate.

There was a robust system in place for retrieving the records of service users who were no longer receiving care and support by the agency.

3.3.3 Quality of Management Systems

Mrs Jennifer Blanche Hall is the responsible individual of the agency. She has also been the acting manager since 15 February 2025.

The agency's quality monitoring visits were undertaken by an identified person within the agency. The reports were detailed and included positive feedback from service users and their relatives on the quality of care delivery.

There was a process in place to ensure that complaints were managed appropriately; where complaints had been received it was evident that appropriate action had been taken.

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. The manager was identified as the appointed ASC for the agency. However, discussion with the manager identified that they had not completed training in relation to their roles and responsibilities of being the ASC. RQIA acknowledges that the manager took immediate action to address this; and booked to attend the course in January 2026. This matter will be reviewed at a future inspection.

The annual safeguarding position report had been completed.

The annual quality report was reviewed and noted to include feedback from service users and/or their relatives. However, staff feedback and feedback from Trust representatives should be included within the annual quality report. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jennifer Blanche Hall, 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 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that references are received from the applicant's previous or current employer; where the most recent employer is not-healthcare related and there is a previous healthcare related employment noted, a reference from this should be sought; evidence of attempts made to obtain references should be retained (email records). Ref: 3.3.1
	Response by registered person detailing the actions taken: As the Registered Person, I will ensure that all references are appropriately received and documented, including those from the applicant's previous or current employer. I will verify that recent employment is not healthcare-related, and I will retain evidence of attempts to obtain references, such as email records.
Area for improvement 2 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that employment histories include the months of employment, in addition to the year; and reasons for leaving should also be recorded. Ref: 3.3.1
	Response by registered person detailing the actions taken: All employment histories including month and year of employment will be recorded. The reason for leaving employment will also be recorded.
Area for improvement 3 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that any staff new to the care profession are registered with NISCC within six months of starting employment; where applicants have ever previously been registered with NISCC, they must re-register before commencing employment, regardless of whether they allowed their registration to lapse. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff new to the care profession will be registered with NISCC within six months of starting employment. I will also verify that applicants previously registered with NISCC are re-registered before beginning employment, regardless of whether their registration has lapsed.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 11.1 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the recruitment procedure is reviewed to include the matters identified during the inspection, specifically the management of references, the recording of employment histories and NISCC registrations. Ref: 3.3.1
	Response by registered person detailing the actions taken: I can confirm that the recruitment procedure has been reviewed. This review included the matters identified during the inspection, specifically the management of references, the recording of employment histories, and NISCC registrations
Area for improvement 2 **Ref:** Standard 8.12 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that the annual quality report includes feedback from staff and the commissioning Trust. Ref: 3.3.3
	Response by registered person detailing the actions taken: The annual quality report includes feedback from staff and the commissioning Trust.

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

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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