Inspection Report

Name of Service: Elite Community Care

Provider: Mrs Ciara McCleery

Date of Inspection: 18 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:	Mrs. Ciara McCleery
Responsible Individual/Responsible Person:	Mrs. Ciara McCleery
Registered Manager:	Mrs. Ciara McCleery
Service Profile – Elite Community Care Ltd is a domiciliary care agency based in Co. Down. The agency provides personal care, social support, carer support, meal preparation and domestic duties to mainly elderly service users.	

2.0 Inspection summary

An unannounced inspection took place on 18 November 2025, between 9.55 am and 2.40 pm. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 6 August 2024 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 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, some improvement was required to ensure the effectiveness and oversight of certain aspects of the agency, such as staff recruitment. Full details, including the new area 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 the 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 registration information, and any other written or verbal information received from service users, relatives or staff.

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 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

During the inspection we received feedback from a number of service users, relatives and staff members.

Service users and their relatives described the care provided by the agency as 'excellent' and 'professional'. One service user told us that they felt safe with the staff and another that the calls never felt rushed.

All staff from whom feedback was received indicated that they were very satisfied that the agency delivered safe, effective and compassionate care and that it was well run.

The information provided indicated that there were 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 criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. It was noted, however, that only one reference was in place for one staff member and for another, no reference had been sought from their most recent employer. This has been identified as an area for improvement.

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.

All staff were issued with a Staff Handbook prior to commencing employment within the agency.

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, 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.

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 commended the training offered to them and told us that they had easy access to additional training such as Continence Care and Hydration Awareness. One staff member observed that the access to additional training and qualifications had enhanced their work ethic and motivation for their role.

Numerous staff told us about positive culture and high level of team work within the agency. Several also commented that they were proud to work for the agency.

3.3.2 Care Delivery and Care Records

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.

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.

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

There was evidence of regular audits of service user files. Evidence of completion of some identified actions was lacking from a small number of these. The manager was encouraged to

review the completion of these actions as part of the monthly quality monitoring process. This will be reviewed at the next inspection.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs. Ciara McCleery has been the manager in this agency since registration with RQIA on 24 June 2022. Multiple staff commended the management team for being approachable and 'always available for advice and support'.

While it was clear that the manager maintained a meaningful presence within the agency, this was not reflected in the staff rota. The manager agreed to update the rota immediately after the inspection to show this detail.

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.

It was noted that these reports were completed by the registered provider. The registered provider also fulfils the manager role within the agency. Time was taken during the inspection discussing the advantages of a suitable external third party completing these reports. The manager agreed to take this forward and this will be reviewed at the next inspection.

The Annual Quality Report was reviewed and was satisfactory.

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. 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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. The manager was aware what incidents should be to RQIA, in keeping with the regulations. A review of the agency's Incident and Accident Policy evidenced that it required a small number of amendments. The manager agreed to action this prior to the next inspection.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. A review of the agency's Complaints Policy indicated that it was reflective of current best practice.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff were 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. A review of the agency's Managing Late Calls policy evidenced that it required some updates. The manager agreed to action this immediately after the inspection

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	0

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 13(d) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall review the recruitment practices to ensure that two employment references are always sought. This should include one from applicants' current/last employer; where such references are not forthcoming, a procedure should be implemented to demonstrate the measures that are in place to mitigate against the risk posed. Ref: 3.3.1
	Response by registered person detailing the actions taken: Going forward from the inspection, two references will be obtained from each potential new employee and one from their most recent employment. The staff member with one reference has now two references in place. The employee who did not give a recent employer on her application was declared the reason why and i have counter signed her reasons and i am satisfied with this information. Two other references were obtained during the recruitment process.

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

The Regulation and Quality Improvement Authority

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