The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Nursing and Caring Direct Ltd

Provider: Nursing and Caring Direct Ltd

Date of Inspection: 19 March 2026

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:	Nursing and Caring Direct Ltd
Responsible Person:	Mr Liam O'Loane
Registered Manager:	Mrs Jennifer Parker
Service Profile – Nursing & Caring Direct Ltd is a domiciliary care agency based in Lisburn which provides a range of personal care, social support and sitting services to approximately 200 people living in their own homes. Their services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 19 March 2026 between 10.30 am and 3.30pm by a Care Inspector.

The last care inspection undertaken on 7 March 2025 by a Care Inspector identified no areas for improvement. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if it is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users. No areas for improvement were identified during this inspection. Details of the findings of this inspection are outlined 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.

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 HSC staff. A review of a sample of records is also undertaken 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

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.

A service user who was contacted for feedback said that they were happy with the standard of care provided by the agency.

Relatives who spoke with the inspector advised that they were very satisfied with the care and support provided by the agency to their loved ones. One relative made the following comment: “every one of them are all very willing - without them I just couldn’t do it”.

Staff who spoke with the inspector felt satisfied with the training and managerial support provided and that the service users receive a good service.

A Healthcare professional who provided feedback on the agency during the inspection said that they were very accommodating and helpful. They said they could not praise them enough and that any concerns raised were addressed immediately.

3.3 Inspection findings

3.3.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. Although the organisation had an identified Adult Safeguarding Champion (ASC), a review of the ASC’s training certificate identified that this had expired. This was discussed with the manager who made efforts to rectify this immediately and refresher training was arranged at the next available date. The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).
The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. The manager confirmed that one adult safeguarding concern had been raised since the last inspection. A review of records pertaining to this confirmed that the agency had responded appropriately to concerns raised in line with the Adult Safeguarding policy and procedures.

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. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to raising concerns in the public interest (Whistleblowing).

The agency retained records of all accidents/incidents and a review of these records indicated that they had been managed appropriately. It was positive to note that a tracking system was in place to record all the accidents/incidents arising which was reviewed on a monthly basis. It was recommended that use of unique identifiers and more succinct referencing of the incidents would aid in ensuring accuracy of reporting and recording as well as identifying any patterns and trends arising. This advice was welcomed by the manager who agreed to implement these recommended changes which will be reviewed at a future inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

3.3.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff are required to complete Deprivation of Liberty Safeguards (DoLS) training as appropriate to their job roles. The manager confirmed that there were no service users subject to DoLS within the agency.

There was evidence that restrictive practices such as the use of bed rails were applied only under the direction of the multidisciplinary team. All restrictive interventions were recorded on a central register and reviewed regularly to ensure proportionality and necessity for the safety and well-being of the service users concerned.

3.3.3 Staff Recruitment, Induction and Training 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.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

To ensure compliance with regulations a full employment history together with any gaps of employment of all potential employees must be obtained. A review of the records of one staff member recruited since the previous inspection identified that no explanation had been recorded for a two-year gap in the employee's work history. This was discussed with the manager who took immediate steps to address this. Evidence was provided to the inspector after the inspection to confirm all gaps had been explored and recorded. The manager gave assurances that more robust scrutiny around all future employee's work history will ensue to ensure compliance with the Regulations and Standards. This will be reviewed at a future inspection.

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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 induction programme which also included shadowing of a more experienced staff member.

A review of induction and training records confirmed that staff had completed training in Dysphagia and in relation to responding to choking incidents. Other mandatory training elements included Moving and Handling, Medication Administration, Infection Control, Awareness in Basic First Aid, Food Hygiene and Pressure Ulcer Awareness and Prevention.

3.3.4 Care Records and Service User Input

A sample of service users' care records examined confirmed that these contained sufficient information about the level of support required and that moving and handling risk assessments and care plans were up to date. 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.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded within the service user's care records. Staff who spoke with the inspector indicated that they were familiar with how food and fluids should be modified and that they implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

3.3.5 Governance and Managerial Oversight

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 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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a system in place that ensures that the service has an operational policy where staff are unable to gain access to a service user's home.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jennifer Parker (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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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