Inspection Report

Name of Service: Zoe Life Care

Provider: Zoe Life Care Ltd

Date of Inspection: 6 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:	Zoe Life Care Ltd
Responsible Individual:	Miss Jean Estareja
Registered Manager:	Mrs Sarah Dioso
Service Profile: Zoe Life Care proposes to deliver person-centred domiciliary care to service users in their own homes. The agency intends to provide this service within the Belfast and Northern Health and Social Care Trust areas in the first instance.	

2.0 Inspection summary

An announced pre-registration inspection was completed on 6 March 2026 by a care inspector between 9.50 a.m. and 1.55 p.m.

The inspection sought to assess an application submitted to RQIA for the registration of Zoe Life Care as a Domiciliary Care Agency.

The inspection examined Zoe Life Care's governance and management arrangements, reviewing areas such as proposed staff recruitment processes, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing and service user involvement were also reviewed.

During the inspection, a number of documents were found to require minor amendment. These were submitted after the inspection and found to be satisfactory. There were no areas for improvement identified as a result of this inspection.

Good practice was identified in relation to policies, procedures, documentation, induction and the arrangements for staff training. There were good governance and management arrangements in place.

The Inspector confirmed that, from a care perspective, Zoe Life Care was appropriately prepared for registration with RQIA as a Domiciliary Care Agency.

3.0 The inspection

3.1 How we Inspect

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

3.2 Are there operational management systems and arrangements in place that support and promote the delivery of quality care services?

The Inspector examined the agency's proposed complaints policy and procedure and confirmed that it was in accordance with the regulations and standards. A system had been developed for the recording of complaints.

The Inspector discussed the agency's arrangements for safeguarding service users. The agency's Adult Safeguarding policy reflected the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015. The Responsible Individual and Manager confirmed that the agency would provide staff with training in adult safeguarding.

The Manager confirmed that she had completed Adult Safeguarding training in order to act as the identified Adult Safeguarding Champions (ASC). The Responsible Individual had also completed training in this area to ensure sufficient oversight of all aspects of adult safeguarding. In discussions with the Manager, the Inspector established that she was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

The Inspector discussed proposed arrangements for quality assurance of the services provided by the agency with the Manager. A comprehensive schedule of monthly audits to cover all aspects of the operation of the agency had been devised. There will be an ongoing review of the quality of services provided by the agency via a process of monthly monitoring and an annual quality review process. The Responsible Individual will complete the monthly monitoring review which will include engagement with service users, service users' relatives, staff and HSC Trust representatives. A report of the monthly monitoring will include details of a review of care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The Inspector confirmed that the proposed monthly monitoring arrangements complied with regulations and standards.

The agency's insurance certificate was submitted after the inspection and was found to provide the required level of cover.

3.3 Are there robust systems in place for the recruitment, training and development of staff?

The Inspector examined the agency's policy and procedure for the recruitment of staff and discussed this with the Manager who confirmed that the agency had not yet recruited staff. A review of the recruitment procedure confirmed that pre-employment checks, including criminal record checks (AccessNI), would be completed and verified before any staff member would commence employment and have direct engagement with service users.

The Inspector confirmed that the proposed recruitment documentation supported compliance with the regulations and standards.

The Inspector discussed the requirement for all care staff to hold Northern Ireland Social Care Council (NISCC) registration and the Manager confirmed that this would be the case. The agency had a system in place to regularly monitor the registration status of all staff.

The Inspector examined the agency's staff handbook and found it to be comprehensive, outlining a range of information for staff in relation to their responsibilities.

The Inspector examined the agency's proposed staff training and induction arrangements. The agency had a training and development plan in place which highlighted a number of areas that were mandatory. The Manager confirmed that a comprehensive record of training would be in place for all staff.

The Manager confirmed that all newly appointed staff would complete a structured orientation and induction programme, having regard to NISCC's Induction Standards for new workers in social care. This was to ensure staff were competent to carry out the duties of their job in line with the agency's policies and procedures. The Manager confirmed that induction would include shadowing shifts. The Inspector confirmed that the proposed induction programme and associated documentation reflected the proposed delivery of a suitable orientation and induction programme for newly appointed staff.

The Inspector examined the proposed arrangements for staff supervision and appraisal. It was confirmed that staff appraisals will occur annually and supervision at regular intervals, with more frequent supervision during the first six months of employment. The agency has developed documentation to record the outcome of supervisions and appraisals.

The agency has developed contracts for staff. The Manager was aware of her responsibility to maintain and update as necessary an index of staff and service users.

3.4 What are the systems in place for ensuring service users' care needs are met?

The Inspector reviewed the proposed care planning system and was assured that this would meet the needs of service users following a multi-disciplinary assessment of needs, as appropriate.

The service users care plan system will contain details about their likes and dislikes and the level of support they require. The agency will keep care and support plans under regular review per its policies and procedures. The agency will ensure that service users and/or their relatives will be invited to participate, where appropriate, in the annual review of the care provided, or when changes occur.

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 Miss Jean Estareja, Responsible Individual, and Mrs Sarah Dioso, 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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