The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: M Care (NI) Ltd

Provider: M Care (NI) 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/Registered Provider:	M Care (NI) Ltd
Responsible Individual/Responsible Person:	Brenda Frances McKay
Registered Manager:	Miss Stacey Waller, Acting

Service Profile:

M Care (NI) Ltd is a domiciliary care agency currently based in Knockbracken Healthcare Park, Belfast. The agency provides domiciliary care provision to service users living in their own homes. The agency offers services which includes both personal care and domestic support. The services are commissioned by the Belfast Health and Social Care Trust (BHSCT) and the South Eastern Heath and Social Care Trust (SEHSCT).

2.0 Inspection summary

An unannounced inspection took place on 6 March 2026, between 9.30 am and 1.45 pm by a care Inspector.

his 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 found that safe, effective and compassionate care was delivered to service users and that the agency was well led. No areas for improvement were identified during this inspection. Details and examples of the inspection findings can be found in the main body of the report.

It was evident 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.

Service users and their relatives told us that they were happy with the care and support provided by the M Care (NI) Ltd staff.

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 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

The people spoken with told us that the care workers were 'very good' and that they had no concerns'. Comments included 'we are happy enough, some are very good and some not so good' but they 'always do what they are meant to do and some even ask if there is anything else they can do for us'. Another comment described the care workers as being 'lovely'.

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.

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 staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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.

Records of all staff training were retained and were noted to be up to date.

Procedures were in place for appraising the staffs' performance; supervisions and spot checks on staff' practice were undertaken in keeping with the agency's policy and procedures.

3.3.2 Care Delivery and Care Records

Service users' needs were assessed by the commissioning Trusts, when they were first referred to the agency and before care delivery commenced. The Trusts also provided a care plan, based on the service users' assessed needs.

Following this initial assessment, the agency undertook another assessment of need in the service users' homes. This was used together with the Trust care plan to develop a Tasks list, which all staff had access to on an App.

The staff used this App to record the time of arrival and departure at each call; and also to confirm when they had completed all the tasks. Where a task was not completed, an explanation for same was recorded. The staff also recorded written records of the care and support provided to service users; and these were retained in the service users' homes, until collected periodically. The App was also used to manage runs, as it enabled the management team to see how much of the run was yet to be completed at any point in the day. This is important for instances such as staff getting delayed during the course of their day.

The App was also used to update service users' care plans; and where there had been any changes in relation to service users' needs/documentation, the staff would be sent a Notification. The system also required the staff to acknowledge receipt of the Notification before they could continue using the App.

Where care plans required updating, the agency retained records of their requests to the Trust for same.

The App was used to identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and auditing of the daily notes completed by the care workers. The App also was utilised as a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes.

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, to ensure these were audited in a timely manner.

3.3.4 Quality of Management Systems

There has been a recent change in the management of the agency. Miss Stacey Waller has been the manager since 20 January 2026.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency.

Complaints and Incidents were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

RQIA had been notified appropriately of any incidents in line with requirements.

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.

The annual quality report was reviewed and noted to include stakeholder feedback.

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 setting's adult safeguarding policy.

A specific individual was identified as the agency's ASC. It was established that effective 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.

There was a protocol in place for staff to follow should staff be unable to gain access to service users' homes.

There was evidence that the agency responded to concerns, raised with them and implemented measures to enhance both practice and the quality of service provided.

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 Stacy Waller, Manger, and Mrs Brenda McKay, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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