The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Grace Care Services NI

Provider: Grace Hospital 2 Home Limited

Date of Inspection: 30 April 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:	Grace Hospital 2 Home Limited
Responsible Individual/Responsible Person:	Mrs Alice Mhizha
Registered Manager:	Miss Carly Moore
Service Profile: Grace Care Services NI is a domiciliary care agency which provides a range of personal care and support to service users living in their own homes. Services are commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 30 April 2026, between 9.30 am and 2.15 pm by a care Inspector.

The last care inspection of the agency was undertaken on 17 September 2025 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, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as the recruitment process, staff supervisions and the process for proactively identifying any missed calls. Improvements were also required in relation to undertaking service users' reviews in keeping with the agency's policy and procedures.

Service users said that the care and support provided by Grace Care Services NI was a positive experience.

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, 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.

Service users and their relatives told us that they were 'happy enough' and that the staff were 'definitely polite and respectful' and that their performance was 'fine'. The staff were described as being 'very helpful and friendly', 'absolutely brilliant', 'very, very good' and that they are 'doing a fine job'.

Some comments were made about consistency of staff and also the need for carer gender preferences to be facilitated. All those spoken with said that they had raised these matters with the manager.

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.

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. It was also noted that Grace Care Services NI, re-new AccessNI checks on all staff on an annual basis; this is good practice.

However, it was identified that the manager needed to include a Declaration of Physical and Mental Fitness on all staff, in keeping with the regulations. An area for improvement was identified.

Advice was given in relation to the need for the application form to be amended so that the reasons for leaving can be recorded on a separate line to the dates of employment. The manager welcomed this advice and agreed to implement this going forward. This will be reviewed at a future inspection.

The interview process was reviewed and written records were retained by the agency of the person's capability and competency in relation to their job role. Interview records were detailed. Advice was given in relation to including a safeguarding scenario into the current proforma.

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, six-day induction programme which also included three days of shadowing with a more experienced staff member. It was good to note that the induction form noted the length of experience the staff member, who was supporting the new 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 and for undertaking spot checks on staff' practice; a small number of these were overdue and when raised with the manager, it was agreed that these would be prioritised for completion.

Staff supervisions, however, were noted to be significantly out of date. An area for improvement was identified.

3.3.2 Care Delivery and Care Records

The agency received the care plan from the Trust at the point of referral. Based on the information contained in the Trust care plan, the agency allocated tasks on an electronic records management system, to ensure that the staff were aware of what personal care tasks needed to be completed. An initial assessment of need was also completed within the required timeframe; and these assessments informed the provider care plan, which was detailed and person-centred. Review of the care plans identified that they included any advice or recommendations made by other healthcare professionals.

The electronic system also enabled an alert to be raised if a service user did not drink their oral intake of fluids target. This would then be visible to the carer undertaking the next call. This is good practice.

There was a system in place for identifying any missed calls; however, review of records identified one call that had been missed and this had not been notified to the Trust. This was discussed with the manager who agreed to retrospectively address this. However, the system for auditing the daily notes completed by care staff, had not been completed in some time. This meant that the agency was potentially relying on service users or relatives to alert them of any missed calls. An area for improvement was identified.

Service users' annual reviews were also noted to be out of date; this was discussed with the manager, who agreed to undertake an audit of those that needed to be scheduled. An area for improvement was identified.

There was a protocol in place for staff if they could not gain access to a service user's home. This included recording on the electronic records management system and additionally, the care worker is required to make contact with the registered office, without delay. It was identified that one staff member did not fully follow this procedure. When raised with the manager, it was agreed that the manager would issue a reminder to all staff about the correct procedure.

Advice was given in relation to developing and implementing a system for retrieving the records of service users who were no longer receiving care and support by Grace Care Services NI. Whilst acknowledging that the majority of records held are electronic, there are still paper based records held within the service users' homes that should be returned to the registered office. The manager welcomed this advice and agreed to implement a system following the inspection. This will be reviewed at a future inspection.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Miss Carly Moore has been the manager in this agency since 28 February 2025. An application for registration as manager has been received by RQIA and will be reviewed in due course.

Those consulted with commented positively about the management team.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The reports of these visits were completed in detail. Advice was given in relation to using time-bound objectives in the action plans.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. It was good to note that the Trust' keyworkers had been informed of incidents in a timely manner.

Complaints were managed appropriately.

It was good to note that the manager maintained a tracker system to monitor complaints, incidents, falls, cancelled calls etc. The system also recorded instances where staff were unable to gain access to service users' homes. Advice was given regarding the need to record unexplained bruising separately, given that the 'explained bruising' may be recorded on the falls tab. Advice was also given in relation to the need for the tracker to include service users who have a Speech and Language Therapy (SALT) diet and for those requiring restrictive practices, such as bedrails. This should enhance management oversight of these areas.

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.

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. There were effective systems and processes in place to manage the safeguarding and protection of adults at risk of harm.

The annual safeguarding position report was not due for completion and will be reviewed at a future inspection.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Carly Moore, 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 from the date of the inspection	The Registered Person shall ensure that a Declaration of Physical and Mental Fitness is undertaken on all staff, as part of the recruitment process; and this must also be completed for all existing staff. Ref: 3.3.1
	Response by registered person detailing the actions taken: A full audit of all recruitment files has been completed. A new Declaration of Physical and Mental Fitness form has been formally incorporated into the recruitment process and is now mandatory for all new starters prior to commencement of employment. The declaration has also been retrospectively completed for all existing staff. To ensure ongoing compliance, the Registered Manager will complete quarterly audits of recruitment files and maintain a compliance tracker to evidence that all required documentation is present and up to date.
Area for improvement 2 **Ref:** Regulation 16 (4) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that staff supervisions are undertaken in keeping with the policies and procedures, starting with those that are significantly out of date. Ref: 3.3.1
	Response by registered person detailing the actions taken: A full review of staff supervision records has been undertaken. A revised supervision schedule has been implemented to ensure all staff receive supervision in line with company policy and regulatory requirements. Staff with significantly overdue supervisions were prioritised and have now been brought back into compliance. A monthly audit of supervision completion will be undertaken by the Registered Manager, with outcomes reported through the agency's governance and quality monitoring processes to ensure sustained compliance.
Area for improvement 3 **Ref:** Regulation 14 (a)(b) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that the system for identifying missed calls is robust; this should include systematic auditing of the daily notes completed by care staff; and where any missing entries in the records cannot be accounted for, this should be assumed to be a missed call and reported to the Trust accordingly. Ref: 3.3.2

	Response by registered person detailing the actions taken: The system for identifying and responding to missed calls has been strengthened. Daily audits of electronic care notes are now being completed, with any missing or incomplete entries investigated immediately. Where an entry cannot be accounted for, it will be treated as a potential missed call and reported to the Trust in line with policy. A weekly management audit has been introduced to ensure the robustness of the process, and outcomes will be reviewed as part of monthly quality monitoring to ensure early identification of any trends or concerns.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 8 **Stated:** First time	The Registered Person shall ensure that service users' annual reviews are undertaken in keeping with the agency's policies and procedures. Ref: 3.3.2
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken**: A full audit of service users' annual review dates has been completed. A new tracking system has been implemented to ensure all reviews are scheduled and completed within required timescales and in accordance with agency policy. The Registered Manager will monitor review compliance monthly, with any overdue reviews escalated and prioritised. Compliance will also be reviewed as part of the agency's monthly quality monitoring process.

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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