



Inspection Report

Name of Service: Sir Henry Care Ltd

Provider: Sir Henry Care Ltd

Date of Inspection: 10 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:	Sir Henry Care Ltd
Responsible Individual/Responsible Person:	Ms Penelope Roberts
Registered Manager:	Ms Penelope Roberts
Service Profile – Sir Henry Care Ltd is a Domiciliary Care Agency based in Belfast which provides a range of personal care and support services to people living in their own homes.	

2.0 Inspection summary

An unannounced inspection took place on 10 April 2026, between 10.32 am and 5.20 pm by a care Inspector.

The last care inspection of the agency was undertaken on 22 May 2025. 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.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in relation to the lack of robust governance arrangements and managerial oversight in relation to selection and recruitment processes.

A meeting with the Intention to issue one Failure to Comply notice was held on 28 April 2026. RQIA met with the Responsible Individual and a senior representative of the agency. Based on the information provided to RQIA, during this meeting, the decision was made to issue one Failure to Comply notice (FTC) in relation to selection and recruitment processes and the lack of sufficient and robust management oversight of these. Reference: FTC000256. The FTC notice was served under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007:

- Regulation 13 (a), (b), (c), (d) relating to selection and recruitment of staff.

The date for compliance is 1 July 2026, following which RQIA will undertake an inspection to assess compliance with the actions outlined in the FTC notice.

Additionally, four areas for improvement were identified during this inspection in relation to staff induction, shadowing shifts, daily notes and availability of records for inspection purposes. This is discussed in sections 3.3.1, 3.3.2 and 3.3.3. Further details of the findings of this inspection are outlined in the main body of the report.

Details of our enforcement procedures and the notices issued can be found on the RQIA web site www.rqia.org.uk

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 the 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 those working for or being supported by the agency and review a sample of records 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 staff survey.

3.2 What people told us about the service and their quality of life

The inspector spoke to one relative and staff to seek their views of the agency.

The relative spoke very positively about the standard of care provided to their loved one. The relative's comments included; "The care provided to my relative is very good" and "I have found the Manager very easy to talk to and the staff are friendly".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "I get good support from the Manager and she is always available", "Care plans are available and we read them before we give care" and "My training is up to date and we get lots of training".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to induction, regular training and continued supervision and support.

A review of the agency's staff recruitment records confirmed that the agency had not obtained an enhanced AccessNI check in respect of one staff member prior to them commencing employment.

Discussion with the Manager and review of records during and following the inspection also confirmed that the agency had relied upon enhanced AccessNI checks for a further six staff which had been obtained by Sir Henry Recruitment Ltd (RQIA ID: 020460) nursing agency, for which Ms Roberts is also the registered Responsible Individual.

This is particularly concerning as these matters were previously raised by RQIA with Sir Henry Recruitment Ltd (RQIA ID: 020460).

A further review of selection and recruitment records identified additional deficits in regard to staff employment histories; fitness declarations; suitable references and inductions.

These concerns were discussed at the meeting with RQIA on 28 April 2026 and actions included to address the deficits in staff selection and recruitment processes are included within the FTC notice FTC000256.

Four staff recruitment files were not available to review at the time of inspection. An area for improvement has been identified.

There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). 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. However, the induction record did not reflect 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. In addition, evidence of shadowing shifts for newly appointed staff had not been consistently maintained. Areas for improvement have been identified.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a training matrix. The review concluded that staff had received mandatory and other role specific training since the last care inspection, including moving and handling, dysphagia and medicines management.

3.3.2 Management of Care Records

The service user's needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service user's needs.

Discussion with the person in charge confirmed that there was not a procedure in place for the collection of completed daily notes from service users' homes; therefore there was no evidence that daily notes were audited. An area for improvement has been identified.

3.3.3 Quality of Management and Governance Arrangements

There has been no change in the management of the agency since the last inspection. Ms Penelope Roberts has been manager since 8 July 2025. Those consulted commented positively about the manager and described her as approachable and supportive.

The person in charge confirmed that there were monitoring arrangements in place in compliance with Regulations and Standards however, it was disappointing to note that records pertaining to these were not available to review at the time of inspection. This area for improvement was subsumed into the actions stated within the FTC notice FTC000256.

On review of these records following the inspection, it was concerning to note that the inspection findings in relation to the selection and recruitment of staff had not been identified; as such, RQIA is concerned that the quality assurance arrangements are insufficiently robust so as to identify deficits and address them in a meaningful, consistent and timely manner.

These concerns were discussed at the meeting with RQIA on 28 April 2026 and specific actions included within the FTC notice FTC000256.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the previous inspection. Discussions with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Minimum Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Penelope Roberts, 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 21 (1) (c) Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that the records specified in Schedule 4 are maintained and are at all times available for inspection at the agency premises by a person authorised by the Regulation and Quality Improvement Authority. Ref: 3.3.1 & 3.3.3 Response by Registered Person detailing the actions taken: - All missing staff files were located, reviewed and fully updated. - Each recruitment file now contains the required documentation as per Schedule 3 including Enhanced AccessNI check, references, proof of identity, employment history, fitness declarations and inductions. - All recruitment files are now stored in a filing cabinet dedicated to domiciliary care, clearly labelled and accessible for inspection at any time. - The Selection and Recruitment Policy and Procedure has been revised, explained and distributed to recruitment administrators. - A Compliance Officer has been appointed to ensure staff are recruited and employed in accordance with statutory legislation and selection and recruitment policy and procedures. - The Compliance Officer conducts ongoing compliance audits on all new applicant files using an inhouse audit tool aligned with regulations and minimum standards. - No new care staff will be offered employment or allocated shifts before the new applicant's recruitment file is signed off by the Registered Manager. - Recruitment administrators completed refresher training course on selection and recruitment. - Any selection and recruitment issues or outstanding registration documents beyond five working days are escalated in accordance with defined escalation routes. - Recruitment administrators receive supervision monthly or when required. - Monthly Quality Monitoring is conducted by an independent quality monitoring officer and the findings fully documented and promptly addressed as well as made available for inspection. - Clear governance responsibilities and defined reporting lines for the Registered Manager, the Deputy Manager and Compliance Officer are in place. - A structured monthly audit has been implemented that includes Schedule 3 compliance; staff and service user feedback, induction and training; supervision, incidents management and and complaints.

Area for improvement 2 Ref: Regulation 16 (5) (a) (b) (i) Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that new domiciliary care workers are provided with appropriately structured induction training lasting a minimum of three full working days; and that during that induction training the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person. Ref: 3.3.1 Response by Registered Person detailing the actions taken: - All three full working day induction sessions are documented and signed off by the Lead Inductor. - A new domiciliary care worker is paired with a suitably qualified and competent senior care worker who will complete 3 days shadowing shifts. - The Registered Manager reviews and approves all shadowing documentation and signs off the care worker before any independent working. - A standardised Induction Compliance Checklist is now completed by the Compliance Officer for every new care worker, confirming attendance at all induction sessions, shadowing days completed, competency sign off by the Registered Manager and accompaniment by an experienced senior domiciliary care worker during all service user initial contacts. - The checklist is stored in the staff recruitment file and available for inspection at all times. - All senior care workers and supervisors have been briefed on their responsibility to accompany new care workers and accurate completion of shadowing shifts.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 Ref: Standard 12.1 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that newly appointed staff complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. Ref: 3.3.1 Response by Registered Person detailing the actions taken: - Northern Ireland Social Care Council (NISCC) Induction Programme with seven modules is now incorporated in the Agency's Structured Three Day Induction & Orientation Programme to reflect NISCC's Induction Standards and to ensure full compliance with induction training standards and to ensure

	new care workers are competent to carry out their duties in line with the agency's policies and procedures.
Area for improvement 2 Ref: Standard 8.10 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall develop a system for collecting completed daily notes and auditing the returned daily notes. Records must be retained of the action taken in respect of any poor record keeping standards identified. Ref: 3.3.2 Response by Registered Person detailing the actions taken: - A policy and procedure on 'System of Retrieval of Service User Notes' is now in place to ensure that completed daily notes are collected from the service user's home, audited, deficits identified and corrective actions taken documented. - A standardised audit tool is now used to review all returned notes, assessing completeness, evidence of person centred care, recording of risks, incidents and changes in service user needs and the appropriateness of language used. - All care staff completed refresher training in Record Keeping. - Audit findings are documented, addressed promptly and stored on site for inspection. - All audit outcomes are now included in monthly governance meetings.

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