

Inspection Report

Name of Service: Unique Homecare NI Ltd

Provider: Unique Homecare NI Ltd

Date of Inspection: 2 June 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:	Unique Homecare NI Ltd
Responsible Individual/Responsible Person:	Mrs. Debra Walton
Registered Manager:	Mrs. Debra Walton
Service Profile – Unique Homecare NI Ltd is a domiciliary care agency. Staff provide care in line with individual care plans to enable service users to continue to live supported in their own homes. Service users are living with a range of disabilities and reside in the Belfast Health and Social Care Trust (BHSCT) or South Eastern Health and Social Care Trust (SEHSCT) areas.	

2.0 Inspection summary

An unannounced inspection took place on 2 June 2026, between 9.10 am and 4.30 pm. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 25 March 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 found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report. No areas for improvement were identified during this inspection.

Service users said that the care and support provided by the agency was a positive experience.

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.

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 who are in receipt of care and support; the staff who work for 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 survey.

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

We spoke to a range of service users, relatives and staff to seek their views of the care and support provided by the agency.

Service users told us how the service had 'changed their life for the better'.

Service users' relatives praised the service, telling us that the staff felt 'like part of the family' and that they 'would be lost without them'.

Staff consistently fed back how well supported they felt in their job'; one told us that the company valued 'compassion, respect and quality care', another that the 'company goes above and beyond for both staff and service users'.

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 support in keeping with their care plans.

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. Staff commended the high quality of their induction.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

Records of all staff training were retained and were noted to be up to date. Staff confirmed they received sufficient training for their roles and that their training was 'ongoing'. Service user specific training had also been provided to staff. For example, where a service user required a specialist emergency system for the management of a medical condition, all staff had been provided with the required training.

Service users described the staff who supported them as 'wonderful'; they told us how they promoted their independence and made them feel very much at ease and respected. Staff expressed how well they worked together as a team and commented on the strong working relationships in place between staff.

3.3.2 Care Delivery and Care Records

Service users' 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, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SLT) Care Plan.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty safeguard (DoLS), the care records contained the relevant authorisation documents. A central register was in place to enable tracking of any DoLS due for review.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

All staff had been provided with training in relation to medicines management. There was a robust procedure in place for the management of any medication errors.

Service users commended the care provided. One told us 'I really feel like I'm being cared about as well as being cared for'.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs. Deborah Walton has been the registered manager in this agency since 28 August 2024.

Those consulted with commented very positively about the management team and described them as supportive, approachable and able to provide guidance. Comments received included 'the service is extremely well led' and 'management often check in on staff and are very present and involved with both staff and service user well-being.

The annual quality report was reviewed and was satisfactory.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. 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 agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. The annual safeguarding position report had been completed.

Staff told us that they would have no issue in raising any concerns regarding service users' safety, care practices or their environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Service users spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

There was a process in place to manage any complaints. The agency's Complaints Policy was reflective of current best practice.

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.

There was a protocol in place for staff to follow should they be unable to gain access to the service users' homes; this ensures that staff respond consistently and in a timely manner, supporting the safety and welfare of service users.

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 the person in charge, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

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