

# Inspection Report

**Name of Service: Sir Henry Care Ltd**

**Provider: Sir Henry Care Ltd**

**Date of Inspection: 7 July 2026**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

|                                                                                                                                                                                               |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Organisation:</b>                                                                                                                                                                          | Sir Henry Care Ltd  |
| <b>Responsible Individual:</b>                                                                                                                                                                | Ms Penelope Roberts |
| <b>Registered Manager:</b>                                                                                                                                                                    | Ms Penelope Roberts |
| <b>Service Profile:</b><br>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 announced inspection was undertaken on 7 July 2026 between 10.45 am and 1.40 pm by two care Inspectors.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notice (FTC Ref: FTC000256) issued on 1 May 2026 under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007:

- Regulation 13 (a)(b)(c)(d) relating to the fitness of domiciliary care workers supplied by an agency

The date of compliance for the notice was 1 July 2026. An RQIA inspector attended Sir Henry Care Ltd on the 1<sup>st</sup> of July 2026, however, no one within the agency was able to facilitate the compliance inspection and a further date of inspection was required.

The outcome of this inspection evidenced that management within the Sir Henry Care Ltd had taken appropriate action to comply with the FTC notice.

Due to the specific focus of this inspection, four areas for improvement previously identified were carried forward for review at a future inspection.

Four new areas for improvement were identified at this inspection; in relation to the agency's selection and recruitment policy and procedure, training of the Responsible Individual, record keeping and quality monitoring reports. Full details 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 information held by RQIA about this agency was reviewed. This included the previous QIP issued, registration information, and any other written or verbal information received from service users, their representatives, staff or the commissioning Trust.

#### 3.2 What people told us about the service

Due to the specific inspection focus, service users were not consulted with as part of the inspection process.

#### 3.3 Inspection findings

**FTC Ref: FTC000256 Notice of failure to comply with Regulation 13 (a)(b)(c)(d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007**

#### ***Fitness of domiciliary care workers supplied by an agency***

##### ***Regulation 13***

*The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—*

- (a) he is of integrity and good character;*
- (b) he has the experience and skills necessary for the work that he is to perform;*
- (c) he is physically and mentally fit for the purposes of the work which he is to perform; and*
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3*

##### **SCHEDULE 3**

##### **INFORMATION AND DOCUMENTS REQUIRED IN RESPECT OF DOMICILIARY CARE WORKERS**

- 1. Name, address, date of birth and telephone number.**
- 2. Name, address and telephone number of next of kin**
- 3. Proof of identity, including a recent photograph.**
- 4. Two written references, relating to the person, including a reference from the person's present or most recent employer, if any.**

- 5. Where the person has previously worked in a position which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position.*
- 6. Evidence of a satisfactory knowledge of the English language, where the person's qualifications were obtained outside the United Kingdom.*
- 7. Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body.*
- 8. A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency.*
- 9. Details of physical and mental health record, including immunisation status.*
- 10. A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.*
- 11. Details of any professional indemnity insurance.*
- 12. When Part V of the Police Act 1997 is commenced in Northern Ireland, either—*
  - (a) where a certificate is required for a purpose which is prescribed by regulations under section 113B of that Act, an enhanced criminal record certificate issued under that section; or*
  - (b) in any other case, a criminal record certificate issued under section 113A of that Act, and an application for either certificate shall be accompanied where applicable by an adult's suitability statement under section 113D of that Act.*

**The Responsible Individual must ensure that:**

- Staff are recruited and employed at all times in accordance with statutory legislation and that all necessary checks are carried out prior to an offer of employment being made
- AccessNI enhanced checks are completed and robustly scrutinised prior to an individual commencing employment with the agency
- All staff involved in the selection and recruitment of staff have received training in selection and recruitment and that such training is periodically reviewed in keeping with best practice
- All staff who are involved in the selection and recruitment process can clearly articulate their roles and responsibilities as they pertain to selection and recruitment
- There are robust arrangements in place to ensure that selection and recruitment issues are effectively addressed in a timely manner by the Responsible Individual
- Monthly quality monitoring reports are conducted under Regulation 23, in a sufficiently robust manner so as to identify, drive and sustain any necessary improvements
- A copy of monthly quality monitoring reports is maintained within the agency and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation at all times.

**Action taken by the registered person:**

1. Recruitment records reviewed confirmed that staff had been recruited in accordance with statutory legislation and all the necessary checks had been conducted prior to an employee commencing work. However, deficits were identified in relation to the agency's selection and recruitment policy and procedure, specifically regarding the sequential structure of the stages involved in the recruitment of staff. Written assurances were

sought from the Responsible Individual to immediately address the issues identified and an area for improvement was identified.

2. There was evidence that all domiciliary care staff employed had an enhanced Access NI check on file and a system was in place to robustly scrutinise these checks once received.
3. There was evidence that staff involved in selection and recruitment had received training. However; it was identified that the Responsible Individual's training required an update. . An area for improvement was identified.
4. There was evidence that this action had been met. Discussion with staff evidenced that they could clearly articulate their roles and responsibilities in relation to selection and recruitment.
5. There was evidence that a system was in place to ensure any selection and recruitment issues are effectively addressed timely by the Responsible Individual.
6. There was evidence that the quality monitoring reports reviewed illustrated that all key performance areas were reviewed. However; the reports reviewed lacked sufficient detail. An area for improvement was identified.
7. All quality monthly quality monitoring reports were available.

#### 4.0 Quality Improvement Plan/Areas for Improvement

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

|                                              | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 4*          | 4*        |

\* the total number of areas for improvement includes four that are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Gift Ziyaye, Deputy 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                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 21 (1) (c)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>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.<br><br>Ref: 2.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                | <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 16 (5) (a) (b) (i)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>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.<br><br>Ref: 2.0                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                | <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Regulation 11 (3)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate from the date of the inspection             | The Registered Person shall ensure training as appropriate is undertaken on regular basis to ensure they maintain relevant knowledge and skills for the management of the agency. This includes, but is not limited to, recruitment and selection training.<br><br>Ref: 2.0 and 3.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                | <b>Response by registered person detailing the actions taken:</b><br>-The Registered Person successfully completed online training in recruitment and selection. This course directly supports safer recruitment practice, employment background checks including AccessNI compliance, fair selection processes and equality legislation.<br>-For ongoing assurance and governance, the recruitment and selection training has been added onto the training matrix to be completed and refreshed annually by all staff involved in hiring staff.<br>-A training matrix audit will be completed monthly to ensure staff involved in recruitment and selection remain compliant.<br>-Any gaps identified will be addressed immediately and documented through the agency's monthly quality monitoring system. |

|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                           | -The Registered Person will continue to undertake management level Continuing Professional Development (CPD) to ensure knowledge and skills remain current and aligned with regulations and standards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Area for improvement 4</b><br><b>Ref:</b> Regulation 23 (1)(4)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>Immediate from the date of the inspection | The Registered Person shall ensure quality monitoring reports are completed in a meaningful manner, with specific and achievable actions included as required to drive continuous agency improvement.<br><br>Ref: 2.0 and 3.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                           | <b>Response by registered person detailing the actions taken:</b><br>-The Agency's template for the Monthly Quality Monitoring Report has been redesigned to ensure it captures meaningful analysis and drives improvement. The template now includes SMART actions (Specific, Measurable, Achievable, Relevant, Time bound) to ensure clarity and accountability.<br>-All actions arising from monitoring are now recorded within an Action Plan that specifies the responsible person for each action and completion date by which the action must be achieved.<br>-A Red Amber Green rating system has been implemented as a performance indicator to highlight priority areas requiring immediate attention; provide a visual summary of progress and risk and to support effective governance oversight by the Registered Provider.<br>-All actions identified through quality monitoring are now tracked weekly by the Registered Provider to ensure timely progress; reviewed formally each month until fully completed.<br>-Outcomes and learning are shared with relevant staff to support continuous improvement and embed good practice. |
| <b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021</b>                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 12.1<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>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.<br><br>Ref: 2.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                           | <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 8.10<br><b>Stated:</b> First time<br><b>To be completed by:</b>                                                     | 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.<br><br>Ref: 2.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Immediate from the date of the inspection                                                                                                                                      | <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 11.1<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate from the date of the inspection | <p>The Registered Person shall ensure the policy and procedures pertaining to the selection and recruitment of staff provides detailed overview as to processes which comply with legislative requirements and DHSSPS guidance.</p> <p>Ref: 2.0 and 3.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <ul style="list-style-type: none"> <li>-A comprehensive review of the selection and recruitment of staff policy and procedures has been completed which provides a detailed overview of the processes which align with legislative requirements and DHSSPS guidance.</li> <li>-The policy provides a detailed step by step overview of each stage of the recruitment process ensuring clarity, consistency and compliance.</li> <li>-The updated policy clearly outlines pre-employment requirements in line with matters specified in Schedule 3 of regulations.</li> <li>-To support consistent implementation, the policy includes clear instructions on escalation if recruitment documentation is missing or incomplete; defined responsibilities for the Registered Manager, Compliance Manager and Administrative Staff.</li> <li>-To support policy implementation the Registered Provider and all staff involved in selection and recruitment completed accredited training in selection and recruitment of staff training which will be refreshed annually to maintain compliance.</li> <li>-The updated policy has been shared with all staff involved in recruitment who have signed an acknowledgement and compliance statement confirming they have read and understood the updated policy and procedures.</li> <li>-Recruitment staff are supervised monthly or when need arises.</li> <li>-Compliance with the policy is now monitored through monthly governance audits.</li> <li>- The new Compliance Offer overseas compliance of recruitment files which continue to be audited monthly by an Independent Monitoring Officer.</li> <li>-Any deficits identified by the Independent Monitoring Officer will be addressed immediately and recorded in the Quality Improvement Plan.</li> <li>-The policy and procedures will be reviewed annually or sooner if legislation or DHSSPS guidance changes.</li> </ul> |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Standard 5.6<br><br><b>Stated:</b> First time                                                                                 | <p>The Registered Person shall ensure the best practice guidelines are followed in respect to the appropriate management of recording errors.</p> <p>Ref: 2.0 &amp; 3.2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To be completed by:</b><br>Immediate from the date of the inspection | <b>Response by registered person detailing the actions taken:</b><br>-The record keeping policy and procedure has been reviewed and updated.<br>-The correct method for amending errors which is single line strike through, date and initials/signature in black ink has been communicated and reiterated to all staff concerned.<br>-The audit tool now includes checking that any errors have been corrected appropriately. |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

***\*Please ensure this QIP is completed in full and uploaded via Web Portal\****



## 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](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews