

Inspection Report

Name of Service: Home Instead Down and Lisburn

Provider: Elliott Home Care Limited trading as Home Instead Senior Care

Date of Inspection: 25 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:	Elliott Home Care Limited trading as Home Instead Senior Care
Responsible Individual/Responsible Person:	Mrs Lynn Anna Elliott
Registered Manager:	Ms Mahan Salgado (Acting)
Service Profile: Home Instead Down and Lisburn is a domiciliary care agency providing personalised care and support to adults within their own homes. The agency supports individuals with a wide range of needs, including older people, those living with dementia, neurological conditions, physical disabilities and those requiring palliative or complex care. It provides companionship, personal care, respite, overnight and live-in care.	

2.0 Inspection summary

An unannounced inspection was undertaken 25 June 2026, between 10.40 am and 4.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 19 June 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.

Home Instead Lisburn and Down uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

Service users said that the care and support provided by Home Instead Down and Lisburn was a good experience. Mixed feedback was received in relation to other aspects of the agency which were discussed with the manager to address were appropriate. Refer to Section 3.2 for more details.

No areas for improvement were identified during this inspection.

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 Home Instead Down and Lisburn 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, service user representatives, 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 and their representatives; 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.

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 service user representatives consulted spoke positively about Home Instead Lisburn and Down staff. Staff were described as "polite", "understanding" of the needs of the service users and "very professional". One service user told us that the care they receive from the staff "is first class. I am delighted with the carers". Whilst a service user representative advised that they were "impressed by how quickly they [staff] developed a relationship" with their loved one.

All service users' and service user representatives consulted advised that there has been good consistency in staffing. Service user representative feedback indicated good retention of staff with one service user representative advising that the same staff have been providing care and support to their loved one for approximately five years.

We were advised that the agency were responsive to changes in service users' needs and adapted provision of care and support accordingly. One service user representative told us, "I would just say it feels like a personalised service. ... It doesn't feel like a one size fits all; we are treated as an individual family. We are always impressed that the manager knows our family when we speak with them, which I find very impressive given the number of families they are supporting".

Whilst positive feedback was received, some issues were raised regarding communication. The feedback indicated that there were concerns about the timely sharing of information pertaining to organisational changes and proposed ineffectiveness of communication with service users and/or their representatives in relation the outcome of complaint investigations.

Feedback received as part of the consultation process was considered and discussed with the acting manager, who provided assurances that appropriate action would be taken to address matters raised. These issues will be considered at a future inspection, alongside any additional information received.

Staff who provided feedback indicated that they were happy within their employment. Staff advised that there was good consistency in their scheduled calls, with adequate travel time allocated. They spoke positively about their experience of training and ongoing support provided by the agency, such as regular supervision, team meetings and guidance which they advised is readily available as needed.

Those staff spoken with were found to be knowledgeable as to service user plans as well as organisational policies and procedures and understood responsibilities for reporting any issues or concerns. One staff member told us, “I am content and happy with home instead. I can’t say a bad word about them. I love my job”.

One HSC professional provided feedback which was positive advising feedback from a service user illustrated that they are “very happy” with agency. They told us, “I have never received any negative comments or feedback in relation to Home Instead, in fact they are very sought after from members of the Down community area”.

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 with staff schedules planned in advance.

Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

A review of the agency’s procedures relating to the selection and recruitment of staff was found to be robust, with records retained well organised. 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.

The agency had procedures in place to manage instances where criminal record checks (AccessNI) were returned with a disclosure. The procedure outlined that individual risk assessments would be completed, and, where necessary, management plans developed to mitigate any identified risks. This provided assurances that suitable safeguards were in place to support safe recruitment and protect service users.

The interview process was reviewed and written records were retained by the agency of the applicant’s capability and competency in relation to their job role. Interview questions were value and behaviour based, notes recorded were detailed and there was a clear scoring system utilised to determine the outcome of interviews.

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

There was evidence that all newly appointed staff had completed a structured orientation and had completed shadowing of a more experienced staff member. It was positive to find the agency sought feedback from both the new employee and the more experienced member of staff regarding the necessity for further training prior to independently delivering care and support to service users. Discussion occurred with the manager, regarding the current induction programmes ability to evidence alignment with the Induction Programme for Social Care Practitioners Guidance provided by the Northern Ireland Social Care Council's (NISCC). The agency agreed to review this and implement any changes necessary to improve practice.

An area of good practice relating to staff training and induction was identified. The agency had developed a dedicated training account using a fictional service user profile to enable new staff to gain confidence in using the electronic care management system before accessing live records. This allowed staff to safely practise key functions, including reviewing service user records, completing daily care notes and recording incidents, within a controlled learning environment. This approach supported staff competence, promoted confidence in the use of the electronic system and reduced the risk of errors when using live service user information.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, dysphagia, at a level appropriate to their job roles. It was positive to find that staff had completed training which promoted best care delivery in respects of the bespoke needs of service users, for example staff had completed training relating to catheter and stoma care, dementia, Parkinson disease, diabetes, autism and end of life care.

The agency completed medication competency assessments for all staff involved in the administration of medications. It was also positive to find that competency assessments were also undertaken regarding practical skills pertaining to the safe use of aids and equipment prescribed within service users' moving and handling risk assessments.

There was no competency assessment on all staff assuring they were competent in all duties and responsibilities associated with their role. In discussion with the manager, they advised this was assessed during induction and probation. To supplement this the Responsible Individual agreed to devise a suitable template for all staff, in addition to a separate competency assessment for staff expected to act up in the absence of the manager. This will be reviewed at a future inspection.

There was a robust system in place to monitor appraisal and supervision compliance which highlighted any for which was upcoming and/or overdue. There was evidence that all staff had participated in supervision at a frequency aligned to that stipulated within the organisations policy and procedures. Records evidenced staff had also engaged in appraisals.

3.3.2 Care Delivery and Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Service users' needs were assessed when they were first referred to the agency setting 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.

Service agreements were in place for all service user records sampled. These agreements, signed by the service user and/or service user representatives, clearly outlined the parameters of service provision, the responsibilities of both parties whilst providing essential information in an accessible manner regarding the agencies policies and procedures.

There was evidence of consent being sought in relation to the staff contacting/requesting information from other healthcare professionals. Information was shared with service users regarding how records would be used, stored and the period for which these records would be retained.

Service user records reviewed were found to be user-friendly, well organised and easy to follow. The plans sampled were observed to provide a holistic overview of each service user including their likes, interests and preferences. Information was readily accessible and there was clear alignment between service users' assessed needs, prescribed care and support interventions and risk management strategies.

Service users requiring a modified diet had details of the Speech and Language Therapy (SALT) Care Plan explicitly detailed within the care and risk plans.

It was positive to find that the agency had established effective working relationships with the Trust's Falls Prevention Team. This provided access to specialist advice and expertise, supporting the agency to ensure its practice remained aligned with current evidence-based guidance and best practice in falls prevention.

In addition, the agency worked collaboratively with the Trust to deliver community awareness sessions for members of the public. This demonstrated a commitment to promoting falls prevention beyond the delivery of direct care and contributed to raising awareness and supporting the health and wellbeing of the wider community.

Service user records evidenced meaningful engagement of service users and/or their representatives in the review process, ensuring that care and support remained person-centred and reflective of presenting needs.

The electronic record management system used by the agency enabled timely sharing of information in the event of any changes in service users' needs and/or risks for which staff needed to know in order to assist them in their roles.

An area of good practice was identified in relation to the quality and delivery of team meetings facilitated by the agency. Meetings were well structured and promoted learning in an engaging and interactive manner. For example, staff were shown images and encouraged to identify potential fire safety hazards, supporting the application of knowledge to practical situations. Shared learning was further enhanced through discussions of practice scenarios and the review of incidents, enabling staff to reflect on learning and consider how this could be applied to their own practice.

It was also positive to see the agency used team meetings to recognise and celebrate good practice demonstrated by staff. Employees were acknowledged for their contribution to the service, with recognition also given in respects of length of service. This helped to promote staff morale and reinforced positive practice.

Team meetings provided staff opportunities to share views, experiences and make suggestions regarding service improvements. Information relating to resources available to support staff health and wellbeing was also shared. Records reviewed demonstrated that staff and their feedback were valued reflecting a supportive culture where openness is promoted.

3.3.3 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Ms Mahan Salgado has been the acting manager in this agency since 21 July 2025.

Staff consulted commented positively about the manager who they described as supportive, approachable and able to provide guidance. Service user representatives also commented positively about the manager with one telling us, they are “very good, easy to talk to”.

There was a process in place to ensure any complaints received by the agency were appropriately managed in line with the agency’s policies and procedures. It was positive to find that the agency recorded all expressions of dissatisfaction as a complaint, and accompanying notes contained a chronological record of actions taken by the agency to resolve complaints received.

Discussion however occurred with the Responsible Individual and manager regarding the agency’s current system for recording and monitoring complaints, in its ability to demonstrate compliance with the Northern Ireland Public Services Ombudsman’s (NISPO) Health and Social Care Model Complaints Handling Procedure.

A review of complaints records identified that the system did not proficiently provide key information, including the nature of the complaint, timescales within which complaints were acknowledged and resolved or the state of the complaints process at which individual complaints were managed.

The Responsible individual acknowledged these concerns and agreed to escalate the matter within the organisation to secure prompt action. They advised the complaints monitoring system would be reviewed and strengthened to ensure it effectively evidences compliance with NISPO’s procedures. Progress in this area will be reviewed at a future inspection.

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

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. The agency had an on call system in place for which staff could seek the advice or guidance of a senior member of the team outside of office hours.

Domiciliary Care Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the setting’s adult safeguarding policy. It was established that good 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 and was found to be satisfactory.

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. The reports of these visits were completed in detail and were felt to encourage continued service improvement.

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 Ms Mahan Salgado, Acting Manager and Ms Lynn Anna Elliott, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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