The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Connected Health Domiciliary Care Ltd

Provider: Connected Health Domiciliary Care Ltd

Date of Inspection: 10 August 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:	Connected Health Domiciliary Care Ltd
Responsible Individual/Responsible Person:	Mr. Ryan Williams
Registered Manager:	Ms. Lorraine Corr

Service Profile –

Connected Health Domiciliary Care Ltd is a domiciliary care agency based in Belfast which provides personal care, social support and sitting services to people in their own homes.

Service users have a range of needs associated with learning disability, physical disability, dementia and mental health conditions. Services are commissioned by the Belfast, South Eastern, Southern and Northern Health and Social Care (HSC) Trusts in Northern Ireland.

2.0 Inspection summary

An unannounced inspection took place on 10 August 2026, between 9.30 am and 4.45 pm. It was carried out by two care Inspectors.

The last care inspection of the agency was undertaken on 22 February 2026 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.

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

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.

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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trusts.

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.

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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users commented that the care and support offered by the agency was 'perfect' and that staff were 'caring, wonderful and compassionate'.

No staff responded to the electronic survey.

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 were clear staffing structures in place to support the service and the manager.

Consultation with a sample of 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.

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 member.

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.

A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements. Where a member of staff's training was due to expire arrangements were in place for them to undergo refresher training. Service users told us that they felt staff were well trained and 'knew what they were doing'.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

Regular staff meetings were held, with minutes recorded and circulated to ensure staff unable to attend remained informed. There was liaison with the person in charge after the inspection that offered assurances that the minutes of these meetings will be structured to ensure maximum compliance with the agency's policy and procedure.

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.

Service users told us that they were very satisfied with the care and support offered by the agency. They commented that they felt 'safe' with staff and that the care provided was personalised to them.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

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

There was a robust system in place for retrieving the records of service users who were no longer receiving care and support by the agency.

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.

Spot checks on staff practice were undertaken on a regular basis; Discussion took place with the manager regarding some potential improvements to the recording of these.

Service users told us that they knew how to contact the service if they needed to. The manager informed the Inspectors that there are plans in place to improve telephone access to agency staff for outside callers. RQIA welcomes this development.

The agency's Infection Prevention and Control Policy was reviewed; it was noted that some pertinent information for staff included in this Policy was not contained in the Employee Handbook. The manager agreed to update the Employee Handbook immediately after the inspection.

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

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection.

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; however, advice was given in relation to ensuring that unique identifiers were used for service users and staff and any action plans generated were time bound and subject to detailed review.

There was a system to ensure that complaints were managed in accordance with the agency's policy and procedure. There was a Complaints Log in place for retaining details of the nature of any complaints received, investigations undertaken, outcome and any learning. Discussion took place regarding the need for the Log to evidence the complainants' satisfaction. This will be reviewed at the next inspection.

Agencies 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 annual safeguarding position report had been completed.

Discussions with the ASC established that they were knowledgeable in matters relating to adult safeguarding, and the process for reporting and managing adult safeguarding concerns.

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. It was

good to note that these were reviewed in detail as part of the monthly quality monitoring process. RQIA had been notified appropriately of any incidents in line with requirements

The policy and procedure with regard to whistleblowing was discussed with the manager. This is outlined to staff during their induction. It was noted by the Inspectors that the Whistleblowing Procedure for staff was in place on the front of each daily notes booklet. There is a dedicated whistleblowing phone line within the agency that allows staff to report any concerns without going through their direct line manager. The manager reported that there had been no disclosures from staff under the Whistleblowing Policy since the previous inspection.

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. Lorraine Corr, Manager and Mr. Eugene Connor, Director of Operations, as part of the inspection process and can be found in the main body of the report.

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