Inspection Report

Name of Service: Healthnet Homecare Ltd

Provider: Healthnet Homecare (UK) Ltd

Date of Inspection: 20 November 2025

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:	Healthnet Homecare (UK) Ltd
Responsible Individual/Responsible Person:	Mrs. Jill Doyle
Registered Manager:	Ms. Heather McNeely
Service Profile – Healthnet Homecare is registered with RQIA as a Nursing Agency. The agency's office is located in South Derbyshire, England. The agency supplies nurses to patients virtually and within their own homes to support the management of complex conditions via specialised therapies. Healthnet Homecare is commissioned by the majority of the Health and Social Care Trusts in Northern Ireland.	

2.0 Inspection summary

An announced inspection took place on 20 November 2025, between 9.30 a.m. and 1.25 p.m. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 28 January 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 the nurses provided safe, effective and compassionate care in the settings they were supplied to work in and that the agency was well led. Full details of the inspection findings, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Service users said they were satisfied with the standard of nurse supplied. Refer to Section 3.2 for more details.

It was established that the nurses 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 patients, staff or commissioning Trusts.

Throughout the inspection process inspectors will seek the views of patients, staff and service users; 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 and staff on how they could provide feedback on the quality of services. This included an electronic survey.

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

One service user described the agency as 'very good' and highlighted their high level of responsiveness if any issues were raised. The nurses were described as 'very professional'.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

A review of the agency's staff recruitment records confirmed that pre-employment checks including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings.

A review of the records confirmed that all registered nurses were appropriately registered with the Nursing and Midwifery Council. Information regarding registration details, renewal and revalidation dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

It was good to note that registered nurses had supervisions undertaken in accordance with the agency's policies and procedures.

There was a system in place to ensure that the registered nurses were scheduled with patients where their skills closely matched these patients' needs. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles.

3.3.2 Quality of Management Systems

There had been no change in the management of the agency since the last inspection. Ms. Heather McNeely has been the registered manager in this agency since 14 October 2024.

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. The manager was identified as the appointed ASC for the agency. 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.

There were monthly quality 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 and staff.

There was no evidence of any annual evaluation of the quality of the services provided by the agency. This is not in keeping with the minimum standards. This has been identified as an area for improvement.

Some amendments were required to the agency's Statement of Purpose and Service User Guide. These will be reviewed at the next inspection.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. A review of the agency's Complaints Policy evidenced that it was reflective of current best practice.

A selection of the agency's policy and procedures were reviewed. It was noted that the procedure for managing the absence of the manager lacked some detail. The person in charge immediately agreed to action this. This is be reviewed at the next inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure

The alphabetical list of staff employed by the agency was up to date.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date along with current certificates of public and employers' liability insurance.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with the Manager and Deputy Director of Nursing 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 Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 **Ref:** Standard 1.13 **Stated:** First time **To be completed by:** Ongoing from date of inspection	The Registered Person shall evaluate the quality of services provided by the agency on at least an annual basis. Ref: 3.3.2
	Response by registered person detailing the actions taken: Having discussed this with the HealthNet Board it has been agreed that an annual activity and quality report will be produced specifically relevant to Northern Ireland. This will typically be compiled at the end of the HealthNet financial year which is May. There will be an approximate eight week turnaround time and therefore this document will be published by July.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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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