The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Quality Care Services - Newry

Provider: Quality Care Services Ltd

Date of Inspection: 10 July 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:	Quality Care Services Ltd
Responsible Individual/Responsible Person:	Miss Julie Elizabeth Hunter
Registered Manager:	Mrs. Samantha Bond (Acting)

Service Profile –

Quality Care Services - Newry is a domiciliary care agency which provides care to service users in their own homes. Service users are aged over 18 years and have a range of physical and mental health care needs. The agency's staff provide a range of care and support including personal care, practical and social support, and sitting services.

The services provided are commissioned by the Southern Health and Social Care (HSC) Trust and the South Eastern HSC Trust.

2.0 Inspection summary

An unannounced inspection took place on 10 July 2025, between 9.30 am and 4.00 pm. It was carried out by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 12 February 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

Enforcement action resulted from the findings of this inspection. A number of breaches of regulations and standards were identified. This gave rise to serious concerns regarding effective governance and oversight within the agency. The breaches were in relation to staff training, the presence of the manager, knowledge of staff left in charge of the agency and a lack of effective quality assurance of the service by the Responsible Individual. Concerns were also identified in relation to record keeping, professional registrations and the Service User Guide.

A Serious Concerns meeting was held on 30 July 2025 with Miss Julie Hunter, Responsible Individual, Mrs. Samantha Bond, Acting Manager, Mrs. Annette Daly, Registered Manager, Quality Care Services, Belfast (RQIA ID 10926) and Ms. Wendy McCall, Director of Operations to discuss these shortfalls.

During the meeting the Responsible Individual provided a full account of the actions taken/to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed and submitted a robust action plan.

Following the meeting, RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed.

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 the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trusts.

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

There were no responses to the questionnaires or 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.

A review of the agency's 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 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 induction programme which also included shadowing of a more experienced staff member.

During the course of the inspection, deficits were identified in regard to the system used to maintain the agency's alphabetical list of staff to ensure that this accurately reflected those staff currently being supplied by the agency. This area for improvement has been stated for a second time

A review of governance records highlighted that there were inadequate arrangements in place with regard to ensuring that all staff receive their refresher mandatory training in a timely and proactive manner. For example, it was noted that six identified staff's training had lapsed, two of which were being actively supplied into service users' homes despite their refresher training being out of date. It was also concerning that this risk had not been identified by the agency and that these staff were only removed from duty during the inspection and until their training was refreshed, at the request of the Inspector. An area for improvement in this regard has been stated for the second time.

Evidence could not be provided on the day of inspection that there was a robust system in place for the monitoring of staffs' professional registrations. This is stated as an area for improvement and subsumed into that relating to the agency's monthly quality monitoring reports.

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 held confidentially.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. These recommendations were recorded in service users' care plans.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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 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

3.3.3 Quality of management systems

There has been no change to the management arrangements in the agency since the last inspection; Mrs. Samantha Bond remains the acting manager.

There was an absence of records in place to assure RQIA that the manager had a meaningful and consistent presence within the agency in order to maintain effective oversight. It was also noted that staff working within the agency were unsure as to who held the acting manager role. This has been identified as an area for improvement.

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/day care setting. A review of a sample of these monthly quality monitoring reports evidenced that these were not being fully completed and were, on occasions, inaccurate. As previously stated, the reports did not review staffs' professional registrations. Further deficits noted included that identified action plans were not updated on a regular basis and there was no review of any trends relating to accidents or incidents. This has been identified as an area for improvement for the second time.

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

The Annual Quality Report was reviewed and was satisfactory.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed.

The Service User Guide was reviewed. It was noted that this was not reflective of the regulations and standards. This has been identified as an area for improvement.

Where staff are unable to gain access to a service user's home, the service had an operational policy that clearly directed staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

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
Total number of Areas for Improvement	4*	1*

*the total number of areas for improvement includes three that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs, Annette Daly, person in charge, at the conclusion 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	
Area for improvement 1 **Ref:** Regulation 21(1) **Stated:** Second time **To be completed by:** Immediate and ongoing from the date on inspection	The Registered Person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; This relates specifically to the alphabetical staff list. Ref: 3.3.1
	Response by registered person detailing the actions taken: QCS operates robust and auditable electronic record keeping systems, which enable all reports to be securely exported into spreadsheet format for review and analysis. These reports can be filtered to support timely, accurate, and transparent reporting. All operational systems report in this manner. The Branch Manager is responsible for ensuring that any documentation submitted is appropriately filtered and presented in alphabetical order to support regulatory review and assurance processes.
Area for improvement 2 **Ref:** Regulation 23(1) **Stated:** Second time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This system should include the review of a range of key areas including staff professional registrations. The resultant reports should be completed accurately, in detail and review any trends relating to incidents of accidents. Ref: 3.3.3
	Response by registered person detailing the actions taken: QCS has an established and embedded quality assurance framework to evaluate the quality of services arranged and delivered across the organisation. The Registered Person maintains overall accountability for this system, ensuring it is implemented consistently and reviewed on a regular basis. The quality monitoring system includes structured review across a range of key areas: • Staff professional registrations and employment compliance

	• Training completion, competency assessments, and supervision • Incidents, accidents, safeguarding concerns, and complaints • Care delivery standards, spot checks, and service user feedback Quality and performance data is captured through robust electronic systems, enabling accurate reporting and analysis. Our regional Head of Quality and Regional Operations Director have bi-weekly reviews with the Branch Manager and team to review all aspects of quality compliance. All incidents and accidents are recorded in line with policy and are subject to review and trend analysis. Emerging themes, recurring issues, and areas of risk are identified and escalated appropriately. Where trends are identified, action plans are implemented, monitored, and reviewed to support continuous improvement and risk reduction. This system enables the Branch Manager to evidence effective governance, oversight, and continuous improvement, ensuring services remain safe, compliant, and responsive to the needs of people who use the service.
Area for improvement 3 **Ref:** Regulation 16(1)(a) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency. This relates specifically to the presence of the acting manager within the agency and the retention of records to evidence this. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Acting Registered Manager, Samantha Bond, currently provides remote oversight of the service, with the Branch Manager, Annette Daly, responsible for the day to day operational management of the branch. Quality Care Services operates as a fully digitalised service, enabling the Registered Manager to monitor care delivery in real time. A variation has been submitted to remove the Newry location and consolidate service delivery through the Belfast hub. This will support and facilitate service provision across all three HSC Trusts: Belfast, South Eastern and Southern. Following approval of the variation, the Acting Registered Manager, Samantha Bond, will deregister from this service, and the Branch Manager and Registered Manager, Annette Daly, will assume full regulatory and operational accountability for all Quality Care Services across Northern Ireland.

Area for improvement 4 **Ref:** Regulation 7 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the Service User Guide is kept under review. Ref :3.3.3
	Response by registered person detailing the actions taken: **Following the previous inspection, the Service User Guide was updated to include the branch name on the front cover.** **During the most recent inspection, an outdated version of the document was inadvertently provided to the inspector. All obsolete copies of the Service User Guide have now been removed from circulation. The current, approved version has been uploaded to the internal SharePoint system to ensure consistent access for all staff and to prevent reoccurrence.**
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that staff are trained for their roles and responsibilities and that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. Ref: 3.3.1
	Response by registered person detailing the actions taken: During the inspection, two care professionals were identified as being overdue for refresher training; however, both were actively completing their required training at the time. The service holds weekly governance meetings involving the Branch Manager, Regional Operations Director, and Regional Head of Quality to review branch compliance. Training compliance is a standing agenda item at these meetings, and staff are followed up promptly to support completion within required timescales. The two care professionals identified were within the 30 day grace period and have now fully completed their refresher training. There are currently no staff out of date with mandatory annual training.

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