The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Trust Domiciliary Service & Armagh and Dungannon Locality**

Provider: **Southern HSC Trust**

Date of Inspection: **09 January 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:	Southern HSC Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Ms Tonya McArdle
Service Profile – Trust Domiciliary Service Armagh and Dungannon Locality is a domiciliary care agency within the Southern Health and Social Care Trust (SHSCT). The agency's aim is to provide care to meet the individual assessed needs of people in their own homes.	

2.0 Inspection summary

An unannounced inspection took place on 9 January 2026, between 11.15 am and 5.15 pm. A care Inspector conducted the inspection.

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 9 September 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. One area for improvement was identified in relation to care records.

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

Good practice was identified in relation to monthly monitoring report arrangements. There were good governance and management arrangements in place.

As a result of this inspection the previous areas for improvement were assessed as having been addressed by the provider. Full details, 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.

The Inspector would like to thank the person in charge, service users, relatives and staff team for their support and co-operation during and following the 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 we reviewed information held by RQIA about this agency. This included the previous QIP issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency and review 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 staff survey.

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

During and following the inspection, we spoke with a number of service users, relatives and staff members to seek their views of the agency.

Service users who spoke with the Inspector said that they were very happy with the care and support provided. Some comments received included; "Carers are very helpful and would do anything for you", "I am well cared for and get good treatment" and "I get a very good service".

Relatives who spoke with the Inspector said they were very satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included; "Great carers and they are helpful, friendly and pleasant" and "I find the overall service very good".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "Good communication and sharing of information in the service", "All care records are in the service user's home and are updated when changes occur" and "I have spot checks which are unannounced".

A returned service user questionnaire indicated that the respondent was very satisfied with the care and support provided. Comments included "Great service".

3.3 Inspection findings

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

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There was an effective system in place to manage the registrations of care staff with the Northern Ireland Social Care Council (NISCC). Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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, programme which also included shadowing of a more experienced staff member.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, basic first aid and dysphagia.

An area for improvement restated during the previous inspection related to ensuring training and appraisal were completed for all staff. A review of a training and appraisal records and discussion with the person in charge evidenced that significant training was provided since the previous inspection and that staff appraisals had been completed. Staff training is reviewed as part of the monthly quality monitoring. This area for improvement was deemed to have been addressed by the provider.

All staff had been provided with training in relation to medicines management and were required to complete a competency assessment prior to undertaking this task.

An area for improvement restated during the previous inspection related to ensuring staff had recorded formal supervision. A review of the supervision matrix and discussion with the person in charge evidenced that significant staff supervision sessions had been provided since the previous inspection. This area for improvement was deemed to have been addressed by the provider.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported in their role and that they were involved in discussions about their personal development.

3.3.2 Management of Care Records and Care Delivery

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.

Review of two service users' care records confirmed that they had been assessed by a Speech and Language Therapist (SALT) in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids; however, review of records identified that one care plan did not accurately address the service users' dysphagia needs in line with SALT recommendations. This was discussed with the person in charge who agreed to address the matter. An area for improvement has been identified.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff who spoke with the Inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note.

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 by the care staff.

The person in charge confirmed that 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.

A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Tonya McArdle has been the manager in this agency since 30 October 2024. Those consulted described having open and supportive relationships with the manager.

The agency maintained a monthly monitoring system for evaluating the quality of the services provided. On examination of a sample of the reports of the agency's quality monitoring it was established that there was engagement with service users, service users' relatives, staff and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The reports of these visits were completed in detail.

The agency's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the SHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder consultation.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern (PSNI).

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the Inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of a sample of records confirmed that these had been managed appropriately. Adult safeguarding matters were reviewed as part of the quality monitoring process.

There was a system in place to ensure that complaints were managed in line with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. Discussion with staff confirmed that they knew how to receive and respond to

complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the person in charge and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

There was a system in place that ensures that the agency has an operational policy where staff are unable to gain access to a service user's home.

The agency's registration certificate was up to date and displayed.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

An area for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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	
Area for improvement 1 **Ref:** Regulation 15 (2)(a)(b)(c) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that care plans are reflective of the International Dysphagia Diet Standardisation Initiative, as indicated by the Speech and Language Therapist. Ref: 3.3.2
	Response by registered person detailing the actions taken: Trust Home Care have commenced a review of all Care Plans for Service Users that currently have Speech and Language Therapy (SLT) Eating and Drinking recommendations in place to ensure they accurately reflect the Service User's needs. The Head of Service is in discussions with the Trust Dysphagia Coordinator and Clinical Lead for SLT with the aim to strengthen the governance arrangements around sharing of accurate and

	timely information to ensure recommendations are shared with Key Workers so they can be documented appropriately in the Service Users care plans. Trust Home Care have discussed and reminded all commissioning teams to ensure that Service Users care plans are updated as required to reflect the SLT Eating and Drinking recommendations. The Trust Senior Medication Nurse will update commissioners as part of their ongoing Medication training to ensure they are aware of the Trust Home Care requirements to have SLT eating and drinking recommendations appropriately and accurately recorded in Service Users care plans.

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

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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