Inspection Report

Name of Service: Peacehaven Care Services Ltd, Domiciliary Care Agency

Provider: Peacehaven Care Services Ltd

Date of Inspection: 24 February 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:	Peacehaven Care Services Ltd
Responsible Individual/Responsible Person:	Miss Mary Helen O'Hanlon
Registered Manager:	Miss Mary Helen O'Hanlon
Service Profile – Peacehaven Care Services Ltd, Domiciliary Care Agency is based in Co-Down and provides a range of personal care, social support and sitting services to 42 people living in their own homes. Service users have a range of needs including physical disability, learning disability, older people over 65 years and mental health care needs. Their services are commissioned by the Southern Health and Social Care Trust (SHSCT). 28 staff including the manager and assistant manager support service users.	

2.0 Inspection summary

An announced inspection took place on 24 February 2026, between 11.15 am and 2.40 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 area for improvement identified, by RQIA during the last inspection on 15 October 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 care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of specific aspects of the agency, such as monthly monitoring reports.

As a result of this inspection, the area for improvement identified at the last inspection will be restated for a second time. Full details can be found in the main body of the report and in the Quality Improvement Plan (QIP) in Section 4.

The inspector would like to thank the manager, service users and staff for their support throughout the inspection process.

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

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 active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Following the inspection, the inspector spoke with staff working for and within the service. Some service users and relatives were also contacted. A number of service user/relatives questionnaires were distributed to obtain their views on the support provided by the service.

The information provided indicated that the service users and relatives felt very satisfied with the care they received. They said care was safe and effective, that staff were compassionate; and the management of the care was well led. A service user commented that 'staff treat me very well.' Relatives also spoke positively, praising the caring attitudes of the care workers. There were no concerns raised.

Staff who spoke with the inspector advised that the training and support they received from the manager was of a good standard and that service users were treated well.

A HSC Trust representative provided positive feedback regarding service users' experiences with staff from Peacehaven. They also highlighted that the management team had responded appropriately to issues, which had been raised by relatives.

3.3 Inspection findings

3.3.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager 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 records confirmed that these had been managed appropriately.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed training appropriate to their roles in Deprivation of Liberty Safeguards (DoLS) as part of the MCA framework. This supports staff to make informed decisions in line with best practice and uphold service users' rights. The manager confirmed that no service users were subject to DoLS or restrictive practices at the time of inspection.

3.3.2 Care delivery and care records

Review of care records and discussions with service users indicated that individuals had an input into the development of their care plans. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated dietary requirements.

Care and support plans were kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

3.3.3 Staffing and recruitment practices.

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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

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. The induction procedure also included shadowing of a more experienced staff member. There was also a robust ongoing training programme provided to all staff, commensurate with their roles and responsibilities. This included training on dysphagia and how to respond to choking incidents. All staff had been provided with training in relation to medicines management.

Written records were retained by the agency of the person's capability and competency in relation to their job role.

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

3.3.4 Managerial oversight and Governance

Whilst monitoring arrangements were in place, a review of the reports of the agency's monitoring visits concluded that they lacked sufficient detail. There was minimal reference to incidents and working practices, and comments from service users, relatives and staff were limited and not verifiable. Advice was provided regarding the use of unique identifiers. RQIA was therefore not assured that the monthly monitoring reports were sufficiently detailed to drive and embed improvements in practice. An area for improvement was identified and stated for the second time.

The inspector discussed the value of having an independent monitoring officer conduct monitoring visits. The manager outlined plans to delegate this responsibility to another appropriately senior manager within the organisation. These arrangements will be reviewed at a future inspection.

The Annual Quality Report was reviewed and was satisfactory.

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

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. The manager confirmed that no complaints had been received since the last inspection.

There was a procedure to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, the service had an operational policy and procedure that clearly directs staff 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

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

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary O' Hanlon, manager and Janine Porter, assistant manager as part of the inspection process.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Area for improvement 1 **Ref:** Regulation Regulation 23(1)(2)(a)(b)(i)(ii)(4)(5) **Stated:** Second time **To be completed by:** Immediate and ongoing	(1) The registered person shall establish and maintain a system for evaluating the quality of the services, which the agency arranges to be provided. (2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. 4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has already established and maintains a system for evaluating the quality of services, which the agency provides. This includes regular montoring of the service provided and completion of a monthly report and records of contact and discussion's with our service users or their representative's. Our service users also complete an annual quality assurance questionare. As agreed our monthly report is being completed by an outside professionaland will inculde more detailed information as discussed and agreed during the inspection.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

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