

Inspection Report

Name of Service: Trust Homecare

Provider: Southern HSC Trust

Date of Inspection: 16 July 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 (SHSCT)
Responsible Person:	Ms Steve Spoerry
Registered Manager:	Ms Tonya McArdle
Service Profile – Trust Homecare is a domiciliary care agency which provides personal care and housing support to individuals with physical health, learning disability, mental health and dementia needs within the Southern Health and Social Care Trust.	

2.0 Inspection summary

An unannounced inspection took place on 16 July 2026 between 9.40 am and 3.00pm by a care Inspector.

The last care inspection undertaken on 24th June 2025 identified three areas for improvement relating to recruitment practice, staff training, and staff supervision / appraisals.

This Inspection was undertaken to assess 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. It also sought 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.

Two areas for improvement identified at the previous inspection relating to recruitment practices and staff training were not met and are stated for a second time. One area for improvement relating to supervision of staff was assessed as met.

One new area for improvement was identified during this inspection relating to recruitment practice and quality monitoring reports. Full details of the findings of this inspection can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.0.

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 service. 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 Trust.

Throughout the inspection process inspectors will seek the views of those working and receiving support from 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

We spoke to relatives, staff and healthcare professionals to obtain their views of the agency.

Relatives who provided feedback on the service indicated that they were satisfied with the care and support provided by the agency and that the carers were well trained.

Staff who spoke with the inspector indicated that the service users receive good care and support from the agency, that the training was of a high standard and that their manager was approachable and supportive.

Health and Social Care professionals who spoke with the inspector advised that the service was well led and there were robust training mechanisms in place for medicines management. There were no concerns raised about the care and support provided by the agency.

3.4 Inspection findings

3.4.1 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 outlined the procedure for staff reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of safeguarding records evidenced that these were managed appropriately.

Staff were required to complete adult safeguarding training during their 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 during and outside normal business hours.

Staff could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to raising concerns in the public interest (whistleblowing).

The agency retained records of all accidents/incidents and a review of these records indicated that they had been managed appropriately.

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

3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (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 appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. There was a policy in place for the use of restrictive interventions and any restrictive practices such as use of bed rails; these were reviewed alongside the support plan and subject to multidisciplinary review.

3.4.3 Staff Selection, Recruitment and Induction

An area for improvement identified at the previous inspection related to the agency ensuring that full employment history of each employee is obtained from the age of 18 years. Review of staff records did not provide assurance that this was consistently adhered to; and this area for improvement was stated for a second time.

An examination of other pre-employment checks confirmed that 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). There was a good system in place for professional registrations to be monitored by the manager. Staff 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, which incorporated NISCC's Induction Standards for new workers in social care; this helps to ensure staff are 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. Written records were retained by the agency of all training, including induction and professional development activities undertaken.

3.4.4 Staff Training and Development

An area for improvement identified at the previous inspection related to the agency ensuring that each employee of the agency receives training and appraisal appropriate to their roles. Review of training records and discussion with the Manager evidenced that this had not been adhered to; an area for improvement was stated for a second time.

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

An area for improvement identified at the previous inspection related to the agency ensuring that staff are supervised and their performance appraised to promote the delivery of quality care and services.

On review of the system to manage staff supervision it was evidenced that a procedure was implemented for arranging staff supervision and appraisals in keeping with the agency's policy and procedures. This was recorded on an electronic spreadsheet which was audited by the manager. On this basis, the area for improvement was assessed as met.

3.4.5 Care Records and Service User Input

A sample of service users' care records was examined and contained detailed information about the level of support required. 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.

A number of service users were assessed by the Speech and Language Therapist (SALT) with recommendations provided, and some service users required their food and fluids to be of a specific consistency. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded within the service users' care records. Staff who spoke with the inspector indicated that they were familiar with how food and fluids should be modified and that they implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

3.4.6 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with the Regulations and Standards. A review of the agency's quality monitoring established that reports had not been undertaken for the previous three months. An area for improvement was identified.

A review of available quality monitoring reports confirmed that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of reviews of service users' care records; accidents/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was positive to note that advice given at the previous inspection regarding use of unique identifier numbers for accuracy of reporting and tracking of any trends had been implemented. There was also evidence of appropriate follow up in response to any issues raised by staff or service users/representatives.

The agency's registration certificate was updated and displayed appropriately. The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. A review of complaints received since the last inspection confirmed they had been appropriately managed and were reviewed as part of the agency's quality monitoring process.

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

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

The Statement of Purpose was reviewed and noted to be satisfactory.

5.0 Quality Improvement Plan/Areas for Improvement

One new area for improvement was identified where action is required to ensure compliance with the regulations.

	Regulations	Standards
Total number of Areas for Improvement	3*	0

* the total number of areas for improvement includes two that have been stated for a second time and which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tony McArdle Manager, 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 13 (d) Stated: Second time To be completed by: Immediately and ongoing	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates to ensuring full employment history of each employee is obtained from the age of 18 years Ref: Section 3.4.3 Response by registered person detailing the actions taken: All current interview panel members have been advised that when checking application forms, there needs to be a detailed employment history from age 18 including specific dates documented on the application form. Any gaps in employment history are noted on the application checklist sheet and reasons for gaps are noted. Staff who are involved in recruitment and selection will be reminded of this requirement at team meetings, supervisions and at the beginning of any recruitment exercises that are taking place. This QIP has also been brought to the attention of BSO Recruitment and Selection Services and also been raised with Trust HR colleagues. Application check list is also being reviewed and amended to ensure that the questions are clear and there is no room for mis-interpretation.

Area for improvement 2 Ref: Regulation 16 (2) (a) Stated: Second time To be completed by: Immediately and ongoing	The Registered Person shall ensure that each employee of the agency receives training and appraisal appropriate to their roles. This includes reviewing training needs of all staff and making arrangements to ensure mandatory training for all staff is kept up to date. Ref Section 3.4.4 Response by registered person detailing the actions taken: The process of nominating staff to attend training has now been reviewed by the Registered Manager. Work has also commenced to refresh the training needs analysis for each staff member and a schedule will be put in place to support with achieving compliance. The Registered Manager has oversight of the Training Needs Matrix that will support with monitoring compliance monthly.
Area for improvement 3 Ref: Regulation 23 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that monthly quality monitoring reports are robustly and comprehensively completed in keeping with regulations. Ref Section 3.4.6 Response by registered person detailing the actions taken: A process is already in place to complete the monthly quality monitoring reports. Additional processes have now been put in place to ensure the completion of the Monthly Monitoring Reports in the event the Monitoring Officer is off on a period of leave.



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Authority

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