

Inspection Report

Name of Service: Domiciliary Care Services

Provider: South Eastern HSC Trust

Date of Inspection: 14 July 2026

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider:	South Eastern HSC Trust
Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mrs Nicola Donnelly
Service Profile – Domiciliary Care Services is a domiciliary care agency located in Downpatrick; the agency provides care and support to service users who reside in the Down and Lisburn areas. The agency's aim is to provide care to meet the individual assessed needs of people in their own homes with the aim of promoting independence.	

2.0 Inspection summary

An unannounced inspection took place on 14 July 2026, between 08:45 am and 3.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 24 April 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 safe, effective and compassionate care was delivered to service users and that the agency was well led. Improvement was required, however, in relation to monthly quality monitoring visits and complaints. Full details, including the areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Domiciliary Care Services was “first class” and that the service meets all their needs.

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 information held by RQIA about this agency was reviewed. This included, 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 the service users who are in receipt of care and support; the home care workers who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

Service users spoke positively about their experience of care and support from the Domiciliary Care Services, describing the service as "First class". Service users responded that they had no concerns, they were aware of how to raise any concerns and the service went beyond their expectations.

Staff told us that they considered Domiciliary Care Services to be the best care company to work for and that they were able to have a good work life balance.

Concerns were raised by staff about the service following the inspection. These concerns were discussed with a Senior Manager.

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.

Consultation with service users established there were no concerns regarding service users receiving their calls in keeping with the care plan.

There was a system in place to ensure that pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members, commenced employment and have direct engagement with service users.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of staff training were retained; and generally noted to be up to date. It was good to note that the staff are in the process of completing training that is aligned to the Trust core values. There was disparity in the training figures presented in different documents during inspection. A significant proportion of incidents recorded in the service included witnessed / suspected falls in the home and some resulted in first aid being administered by care staff. The manager is currently sourcing basic first aid training for this staff group. This will be reviewed in future inspections.

Procedures were in place for appraising staff performance and there was a procedure in place to provide staff with regular supervision and spot checks on their practice. There was disparity in the supervision figures presented in different documents during inspection.

3.3.2 Care Delivery and Care Records

Before care delivery commenced, the agency received a referral form/care plan from the social work team. Based on the information provided within the referral documentation, the agency then assigned care tasks to the care workers on an electronic records management system. The care tasks and the care plan were both available electronically for the care workers to view.

The agency then undertook an assessment of need in the service users' own homes within the required timescale.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs.

There was a system in place for identifying any missed calls; however missed call data differed from those recorded on the incident reporting system to the monthly quality monitoring reports.

The agency also utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes.

The care plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) care plan.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Nicola Donnelly has been the registered manager for this service since 11 May 2022.

Staff spoken with spoke positively in relation to the management team and described having a great working relationship.

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. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the management meetings.

The manager was knowledgeable as to the incidents which are required to be notified to RQIA in keeping with the regulations.

Although there was a system in place to manage and review complaints. This system was not in keeping with the agency's policy and procedure. An area for improvement has been identified.

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. The reports contained inaccurate information, did not contain an adequate number of service user feedback comments and areas for improvement identified were not assigned a timebound action plan or consistently reviewed. An area for improvement has been identified.

There was a robust process in place to ensure that all staff were registered with the Northern Ireland Social Care Council's (NISCC). Prompts to pay registration fees were provided, this was confirmed by staff.

There was a protocol in place for staff to follow where care workers were unable to gain access to a service user's home.

The annual quality report was reviewed; a draft action plan has been shared, this will be reviewed at future inspection.

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	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Nicola Donnelly, 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 23 Stated: First time To be completed by: Immediately from the 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. Ref: 3.3.3 Response by registered person detailing the actions taken: The monthly monitoring process will include consultation with at least 8 service users together with a sample of staff and representatives. Feedback themes and resulting actions will be included within each monthly quality monitoring report. and any actions or learning clearly detailed.
Area for improvement 2 Ref: Regulation 22 Stated: First time To be completed by:	The Registered Person shall establish and maintain a complaints procedure that adheres to the Trust complaints policy and procedure Ref: 3.3.3 Response by registered person detailing the actions taken: A quarterly audit of complaint handling will be undertaken by the Registered Manager and reported through governance meetings to ensure complaints are acknowledged, investigated and closed within Trust timescales.



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Quality Improvement
Authority

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