

Inspection Report

Name of Service: West Tyrone Domiciliary Care & Supported Living

Provider: Trinity Support and Care Services Ltd

Date of Inspection: 5 June 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:	Trinity Support and Services Ltd
Responsible Person:	Mr Cormac Coyle
Registered Manager:	Mrs Ciara Cochrane, registration pending
Service Profile – West Tyrone Domiciliary Care and Supported Living Service provides a service to service users with complex needs. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by Positive Behaviour Support in line with their model of Person-Centred Care and Support. Services are provided in a home-like environment.	

2.0 Inspection summary

An unannounced inspection took place on 5 June 2026 between 10.30 am and 4.00pm by a care Inspector.

The last care inspection was undertaken on 10 June 2025. No areas for improvement were identified. The 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 established that the agency was well led, care delivery was safe and that effective and compassionate care was delivered to service users.

It was evident that staff promoted the dignity, independence and well-being of service users.

There were good governance and management arrangements in place.

No areas for improvement were identified during this 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 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 living or working in 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 staff survey.

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

We spoke to a range of staff, relatives and healthcare professionals (HSC) Staff to seek their views of visiting and working within the agency.

During the inspection, staff were observed to be attentive and responsive to the needs of a service user.

A relative who spoke with the inspector after the inspection said that they felt the staff were "brilliant" and that they were very satisfied with the care provided to their loved one.

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. One staff member said that they felt the manager was supportive and approachable. Another staff member said that there had been changes to where staff were deployed to support service users and that this had not been planned and organised well in advance. This was relayed to the manager who explained the reasons and intended outcomes for this decision. Staff spoke very positively in regard to the training and support provided to service users in the agency.

Healthcare professionals who were approached for feedback outlined some concerns about the environment and outdoor surroundings of one of the service user's home and outdoor recreational space. This was discussed with the manager who provided assurances that the agency was working closely with the Trust and other stakeholders towards improving both aspects of a service user's living environment. RQIA will keep this matter under review. Other healthcare staff said that although staff were compassionate in their approach, time spent interacting with a service user could be improved and progress towards introducing

new activities and opportunities for social interaction for a service user had been slow. This was relayed to the manager for review and there was discussion on imminent plans to introduce a new venue and activity to a service user. This is discussed in section 3.3.2. RQIA will keep this matter under review.

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, 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 identified that an Enhanced AccessNI pre-employment check had not been satisfactorily completed before a staff member who had been successfully recruited to a more senior role within the agency, commenced their new position within the agency. This was discussed with the manager, who took immediate action to address the matter and it was confirmed after the inspection that the appropriate checks had been received and were satisfactory.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); 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 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, induction programme which also included shadowing of a more experienced staff member.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically.

Staff spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles.

Staff interactions with a service user were observed to be responsive, warm and supportive. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

There was a system in place for service users to access activities that were tailored towards their individual needs and preferences. Service users were supported to access facilities within and outside the local community. There was evidence of collaborative working by the agency with health care professionals towards the provision of a wider range of activities for service users. The manager advised that a new outdoor activity venue had been identified and that plans were underway for a service user to attend with the support of the multi-disciplinary team. RQIA will keep this matter under review.

3.3.3 Management of 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 user's needs. It was good to note that the service user was involved, as far as possible, in planning their own care; relatives of the service user also had an input into care planning. The service user's care plan contained details about their likes and dislikes, the level of support they may require and activities in which the service user enjoys participating. Care and support plans are kept under regular review and services users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

It was good to note that the agency had meetings with the relative of the service user on a regular basis which enabled the provisions of their relative's care to be discussed. Staff provided updates of activities undertaken with the service user and observations which were recorded within a communication book. There was a daily handover at the beginning of each shift with management and care staff which included information about any changes to the service user's care, that the staff needed to assist them in their roles.

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

3.3.4 Mental Capacity and Restrictive Practice

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 appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly. Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

Records pertaining to consent were available.

3.3.5 Quality of Management Systems

There has been a change of manager since the last inspection. Ms Ciara Cochrane has been the manager of the agency since 29 April 2026 and has applied to become the registered manager of the agency. RQIA will review this in due course.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of a sample of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and 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.

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

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 were two individuals identified within the organisation's senior management team who were the appointed ASCs for the agency.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. A review of the complaints record and discussion with the manager, evidenced that no complaints had been recorded since the previous inspection. 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.

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

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ciara Cochrane, as part of the inspection process and can be found in the main body of the report.



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