

# Inspection Report

**Name of Service:** Strabane & District Caring Services

**Provider:** Strabane & District Caring Services

**Date of Inspection:** 9 June 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Strabane & District Caring Services
<b>Responsible Individual/Responsible Person:</b>	Ms Jacqueline Timoney
<b>Registered Manager:</b>	Ms Wendy Gardiner
<b>Service Profile</b>	
Strabane & District Caring Services is a domiciliary care agency which provides a range of personal care and support to service users living in their own home. Services are provided across the Western Health and Social Care Trust (WHSCT) area.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 June 2025 between 9.30 am to 5.40 pm, this was conducted by two care inspectors.

The last care inspection of the agency was undertaken on 12 October 2023 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 service 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 certain aspects of the agency, such as recruitment practices, complaints management, supervision, appraisal and policies and procedures.

Service users said that care and support provided by Strabane & District Caring Services was a good experience.

Full details, including the areas for improvement, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **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 seek the views of the service users/relatives who are in receipt of care and support; the domiciliary 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.

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 a range of service users, agency staff, relatives and HSC Trust representatives to seek their views of the agency.

Service users and relatives told us that they had no concerns about the care and support provided. Staff were described as "kind and helpful" and that the service was "valuable and a life-line". Relatives were keen to express praise and gratitude for the care provided and the kindness and support received from staff.

Staff told us they loved their job, they had no concerns about the agency and felt the manager was approachable and knowledgeable. They also shared that they felt confident to raise any concerns and that they found the training to be beneficial.

Two HSC Trust representatives who provided feedback about the service commented that the agency was very good, reliable and that service user's needs were met safely.

### 3.3 Inspection findings

#### 3.3.1 Staffing arrangements

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

Recruitment records were examined for three recently recruited domiciliary care workers. Two of these records did not detail full employees' work histories. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed a structured induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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 structured induction programme which also included shadowing of a more experienced staff member.

Checks were made to ensure that staff were appropriately registered with 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.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberty Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

Review of records and discussion with the manager confirmed that supervisions and appraisals, for a small number of staff, were not completed in line with the agencies policies and procedures. Areas for improvement have been identified.

#### 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.

A sample of service users' care records were examined and contained sufficient information about the level of support required. Service users, where possible, were involved in planning their own care.

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

Staff who spoke with the inspector demonstrated a good knowledge of service users’ wishes, preferences and assessed needs.

There was a system in place to ensure that completed notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

**3.3.3 Quality of Management Systems**

Ms Wendy Gardiner has been the manager in this agency since 8 November 2022. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

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 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. The agency’s Annual Safeguarding Position report was reviewed and found to be satisfactory.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review 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.

A review of a number of policies and procedures including the Complaints and Whistleblowing Policy evidenced that these policies had not been reviewed within the last three years. An area for improvement has been identified.

We reviewed the agency’s complaints record. A number of complaints were recorded from the date of the last care inspection. Review of the records identified that two complaints did not contain the results of any investigation, the action taken and the outcome of the complaint in relation to the complainant’s satisfaction. An area for improvement has been identified.

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

**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
<b>Total number of Areas for Improvement</b>	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Wendy Gardiner, Manager, and Ms Jacqueline Timoney, Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically to obtaining a full employment history.</p> <p>Ref: 3.3.1</p> <p><b>Response by Registered Person detailing the actions taken:</b> The Registerd Manager will ensure that SDCS recives a full employment history prior to employment offer being made to all new staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 22 (6) (8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that every complaint made under the complaints procedure is fully investigated and shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence.</p> <p>Ref: 3.3.3</p> <p><b>Response by Registered Person detailing the actions taken:</b> The Registered Manger will ensure that all complaints made under SDCS complaints prodedure are fully investigated and all records recorded, including outcomes and actions taken.</p>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.3</p>	<p>The Registered Person shall ensure staff have recorded formal supervision meetings in accordance with the agency procedures.</p> <p>Ref: 3.3.1</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p><b>Response by Registered Person detailing the actions taken:</b> The Registered Manager will ensure all staff have recorded formal supervision in accordance with SDCS procedures.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 3.3.1</p> <p><b>Response by Registered Person detailing the actions taken:</b> The Registered Manager will ensure that all staff have recorded appraisal with their line manager and their performance against sdc's job description and agree personal development in accordance with SDCS procedures.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 9.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Ref: 3.3.3</p> <p><b>Response by Registered Person detailing the actions taken:</b> The Registered Manager will ensure that SDCS policies and procedures are subject to a three yearly review, and the registered manager will ratify any revision and introduce new policies and procedures.</p>

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



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