

Inspection Report

Name of Service: North West Care
Provider: North West Care and Support Limited
Date of Inspection: 15 May 2025

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:	North West Care and Support Limited
Responsible Individual:	Mr Philip Stewart
Registered Manager:	Ms Julieann Woods
Service Profile: North West Care is a domiciliary care agency which provides a range of personal care and support to 701 service users living in their own home. Services are supported by 304 staff. The service users care is commissioned by the Western Health and Social Care Trust (WHSCT) and the Northern Health and Social Care Trust (NHSCT); a small number of service users pay for their care and support directly.	

2.0 Inspection summary

An unannounced inspection took place on 15 May 2025, between 9 am and 2.15 pm by a care Inspector.

The last care inspection of the agency was undertaken on 3 August 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 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. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff were well trained to deliver safe and effective care. Service users said that the care and support provided by North West care was a good experience.

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 seek the views of the service users/relatives 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 told us that they felt the service provided was 'excellent'. The staff were described as being 'pleasant', 'helpful' and 'respectful of (the service users' wishes). Service users said that they felt supported to feel safe because the staff always wear the appropriate personal protective equipment (PPE). Service users described the service as being 'very good' and that the staff always did 'what was asked of them'.

Relatives told us that the staff were 'fantastic and that they 'brighten up (their relatives) morning' and that they 'provide care in a professional manner'.

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. There was evidence of robust systems in place to manage staffing.

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

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.

There was evidence that all newly appointed staff had completed a structured orientation and 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 robust, structured, six-day induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were retained and were noted to be up to date. Service user specific training had also been provided to staff. For example, where a service user had complex care needs, a specific competency assessment was undertaken to ensure that their skills matched the needs of the service users.

All staff received regular supervision and appraisals.

3.3.2 Care Delivery and 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 users' needs.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care workers. The agency also utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes. It was good to note that plans are in place to improve staff compliance in using this system.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan. It was good to note that all Swallow Awareness Newsletters were saved to the shared area for staff to access; it was also a mandatory requirement for all staff to read these. This is good practice.

Where service users required equipment that could be considered restrictive, this was risk assessed and also included in the care plan and subject to review as part of the annual care review process.

There was a robust system in place for retrieving the records of service users who were no longer receiving care and support by North West Care.

3.3.3 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mrs Julieann Woods has been the registered manager in this agency since 24 April 2025.

A nominated individual completed a report every month in keeping with the regulations. The reports were completed in detail and provided a good overview as to the quality of the agency; these reports included feedback from service users, their relatives and staff.

There was a system in place to manage any complaints and incidents. It was good to note that any learning identified through the quality monitoring processes were shared with staff via mandatory supervisions (supervision of the month), which were specific to the issue identified. This is good practice.

The annual quality report was reviewed and noted to include stakeholder feedback.

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. The manager was identified as the appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

There was a protocol in place for staff to follow where service users were found not to be at home; this was included in the staff handbook.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

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 the person in charge, as part of the inspection process and can be found in the main body of the report.



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