The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Magherafelt Community Services

Provider: Northern HSC Trust

Date of Inspection: 28 August 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:	Northern HSC Trust
Responsible Individual/Responsible Person:	Ms Claire Appolonia O'Hare
Registered Manager:	Ms Jennifer Welsh
Service Profile Magherafelt Community Services is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency. The staff team provides care and social support to service users in the Magherafelt locality.	

2.0 Inspection summary

An unannounced inspection took place on 28 August 2025, between 10.00 am and 4.55 pm. A care Inspector conducted the inspection.

The inspection was undertaken to evidence 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 on 10 March 2025; and to determine if the agency 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 in relation to the management of complaints, safeguarding refresher training and the management of safeguarding records.

Service users said that the care and support provided by Magherafelt Community Services was a good experience. Refer to Section 3.2 for more details.

As a result of this inspection five of the eight areas for improvement previously identified were assessed as having been addressed by the provider. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of the need for all new staff within regulated services to have an AccessNI check undertaken regardless of whether they are already working in the NHSCT. Therefore an area for improvement previously identified has been carried forward to the next inspection. Two areas for improvement have been stated for a second time.

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

We would like to thank the person in charge, service users, relatives, staff and HSC staff member for their support and co-operation during the 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 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 seek the views of those working for or being supported by 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Service users who spoke with the inspector said that overall they were very happy with the care and support provided. Two comments from service users included the following statements; "The carers are second to none and always so cheerful and respectful". And; "A great service and I am very happy with all".

Relatives who spoke with the inspector said they were very satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included; "The carers are totally outstanding in every way and extremely supportive". And; "All is good and my mother is well looked after".

Staff who spoke with the inspector spoke positively in regard to the care delivery and management support within the agency. Two comments included the following statements; "The service users get great care and attention." And; "I get good training and the support from the management team is excellent".

One HSC staff member who provided feedback about the service commented that the agency was reliable, dependable and that service user's needs were met safely.

A number of service user questionnaires were returned. The respondents indicated that they were satisfied with the care and support provided.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

'It was identified that two staff members currently employed within the agency commenced work without enhanced AccessNI checks having been completed. It was explained that this was due to the individuals having had an AccessNI check undertaken for another role within the NHSCT. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this matter. An area for improvement previously identified has been carried forward to the next inspection.

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.

The agency maintained an electronic record of all training and development activities undertaken. A review of staff training records confirmed that the majority of training elements had been undertaken. On review of the electronic training matrix, it was identified that several staff required safeguarding refresher training. An area for improvement has been identified.

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.

Procedures were in place for appraising staff performance on an annual basis and review of records confirmed that supervision had been undertaken with staff.

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 plans were in place to direct staff on how to meet the service users' needs. The majority of risk assessments and care plans were in date and there was a service user spreadsheet (the A-Z) which the manager used to track renewal dates for the relevant documents. However, there were a number of risk assessment, care plans and care reviews that were significantly out of date. This was previously identified as an area for improvement and has been stated for a second time.

This system enables the identification of risk assessments, care plans and care reviews that were out of date and the agency staff then follow up with the Trust community services team, who are responsible for formulating these risk assessments and care plans. However, it was evident that these were frequently not returned to the agency staff, when requested. Whilst RQIA acknowledges this, it is the responsibility of the agency to ensure compliance with the Regulations and Standards.

There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

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. Staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note.

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 agency staff.

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.

There was a system in place for retrieving the records of service users who were no longer receiving care and support by Magherafelt Community Services.

3.3.3 Quality of Management Systems

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to 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 was an identified ASC for the agency.

It was identified in discussions with the person in charge and review of information that the agency did not have a robust or effective system in place for retaining records relating to any referrals to HSC Trust in relation to adult safeguarding, the actions taken or the outcomes. It was noted that information relating to a referral made was not readily available for staff. We discussed with the person in charge the need for records relating to adult protection being retained in a format that is accessible to staff. An area for improvement was identified.

Discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. One complaint was recorded from the date of the last care inspection. Review of the records identified that the complaint had not been dealt with in line with regulation. There was no evidence of communication with the complainant, 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.

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.

Monthly quality monitoring visits were completed in accordance with regulations. A sample of reports were reviewed and evidenced a review of the conduct of the agency and consultation with stakeholders.

The agency has a number of different staff roles. The Manager and the Domiciliary Care Locality Support Manager's (DCLSM) roles are divided between Magherafelt Community Services and another registered domiciliary care agency. The Home Care Workers (HCWs) deliver the care to service users in their own homes. The Allocation Officers' (AOs) role includes managing the Health Care Workers (HCWs) rotas and covering any short notice absences. The Home Care Officers' (HCO) role includes line management responsibilities for the HCWs and they also coordinate many aspects of the service users' care and care records. The HCO's and the AOs worked collaboratively together to ensure that the service users received their calls when there were any HCW absences.

HCOs also have responsibility for 'out of hours'; this included being contactable at specific hours during the week and also at weekends. However, it was identified, at the last inspection, that there were specific gaps in the out of hours cover period. Discussion with the person in charge confirmed that the gaps in the out of hours cover period remain. The person in charge advised that senior management are currently reviewing the out of hours cover period. This was previously identified as an area for improvement and has been stated for a second time.

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	4*	2

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 16 (1)(a) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that gaps in the out of hours cover arrangements are addressed with immediate effect; and ensure that all HCWs are aware of the escalation plan for immediately reporting instances where they fail to gain access to service users' homes; and any matters that may impact upon their ability to attend a call; the out of hours' system must be capable of reacting to any matters that arise and must not constitute a message receiving service until business opening hours. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has ensured that all HCWs have been made aware of the escalation plan for immediate reporting, by contacting the Senior on Call outside of the Out of Hrs service operating hrs until business hrs, as an interim measure.
Area for improvement 2 **Ref:** Regulation 15 (2) (a)(b)(c) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that risk assessments, care plans and care reviews are up to date; and where there have been a number of requests made to follow up on these matters, Senior Management should be informed. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager will continue to highlight to senior management of the domiciliary care service, where requests for updated documentation e.g. care plans, risk assessments are not received by the service and will keep a record of this as evidence for inspection by RQIA Inspectors.

Area for improvement 3 **Ref:** Regulation 22 (6)(7)(8) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that every complaint made under the complaints procedure is fully investigated and a record of each complaint is maintained, including details of the investigations, the outcome and any action taken in consequence. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager will continue ensuring that every complaint made under the complaints procedure will be fully investigated, but will ensure going forward, a record of each complaint, including details of investigations, the outcome and any action taken is held and maintained in an office file.
Area for improvement 4 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that AccessNI checks are undertaken on all staff regardless of whether or not they commenced employment via internal Trust transfer arrangements. Ref: 3.3.1
	Action required to ensure compliance with this regulation is carried forward to the next inspection.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 14.10 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff undertake safeguarding refresher training. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager will review staff records of those staff whose Safeguarding training has lapsed and will plan the role out of refresher training for all those staff identified, in line with the NHSCT training availability.
Area for improvement 2 **Ref:** 14.7 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken by the agency. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has reviewed the office record system for suspected, alleged or actual incidents of abuse and details of the investigation, outcome and the action taken by the agency. Although information is on the Trust Datix system, this information

	will also now be maintained within a safeguarding manual office file.

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

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