



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Cookstown Community Services

Provider: Northern HSC Trust

Date of Inspection: 24 March 2025

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

1.0 Service information

Organisation:	Northern HSC Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Mrs Claire Appolonia O'Hare
Service Profile: Cookstown Community Services is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency. The staff team of 108 provides care and social support to 158 service users in the Cookstown locality.	

2.0 Inspection summary

An unannounced inspection took place on 24 March 2025, between 9.30 am and 3 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 8 August 2023; 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 to ensure the effectiveness and oversight of certain aspects of the agency, such as the staffing arrangements; staff induction, supervision, and training; records management and auditing, and the need for smaller daily notes booklets to be developed.

RQIA was also concerned regarding gaps in the out of hours' rota for Home Care Officers (HCOs). Whilst assurances were provided that this matter is in the process of being addressed, an area for improvement has been identified to ensure this matter is fully addressed.

Service users and their representatives spoke positively regarding the care and support. Refer to Section 3.2 for more details.

As a result of this inspection the area for improvement identified at the last care inspection was assessed as having been addressed by the provider. 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.

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 Quality Improvement Plan 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 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

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

We received positive feedback from service users and their representatives. Service users said that the home care workers were 'very good'. Others described them as being 'marvellous' and 'fantastic' and that they always gave them 'news and a laugh'. The homecare workers were described as 'incredibly helpful' and 'one hundred percent'.

Discussion with staff identified no concerns regarding care delivery, although all those consulted with spoke of the staffing shortages that have led to a number of calls/runs being stood down.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

The agency has a number of different staff roles. The Manger and the Domiciliary Care Locality Support Manager's (DCLSM) roles are divided between Cookstown 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 that there were specific gaps in the out of hours cover period. For example, there was an hour and a half in the mornings and an hour in the evening, when the HCWs were unable to contact the HCOs/AOs to report any issues. RQIA is aware that there is a senior manager on-call, in the event that the HCWs needed to report instances where they were unable to gain access to a service user's home. Whilst this enables the senior manager to follow the Failure to Gain Access protocol, there were limitations to what the senior manager could act upon in such circumstances.

The gap in the out of hours' rota also leads to a 90-minute delay in reporting matters such as sickness/travel disruption that could potentially impact on the service users getting their calls on time. An area for improvement has been identified.

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.

The person in charge was advised to ensure they have access to the Trust's Amiquis system, to ensure that any recruitment records are available for inspection. This will be reviewed at a future inspection.

Review of the Induction records identified that whilst there was evidence the induction had been completed, the records indicated that the induction had been completed in one day; there was also no record of the shadowing days provided. An area for improvement has been identified.

It was established that there was a system in place to provide the HCWs with on-site supervision and also individual supervisions. However, it was identified that there were a number of HCWs who had neither forms of supervision undertaken. Advice was given in relation to prioritising the supervisions that were significantly overdue, as opposed to focusing on those that were the responsibility of a particular HCO. An area for improvement has been identified.

Appraisals were completed on an annual basis.

The agency maintained a record for each member of staff of all training and professional activities undertaken. The majority of training elements had been undertaken and it was positive to note that compliance with training is monitored as part of the governance and managerial systems (accountability meetings). However, the mandatory training did not include specific elements such as Diabetes awareness. Whilst the healthcare workers were not required to administer any insulin or check service users' blood levels, it is important that they have an awareness of how service users may present if they are unwell. An area for improvement has been identified.

3.3.2 Care delivery and Management of Care Records

Whilst there was evidence that any missed calls had been due to extenuating circumstances, it was good to note that these had been recorded in keeping with the agency's policy and procedures. The agency was having recruitment difficulties, which resulted in them having to hand back a number of service users' care to the Trust Brokerage.

RQIA acknowledges that these 'hand backs' were based on the service users who care needs were less critical than others. It was also good to note that the Trust has recently implemented a Service Disruption monitoring process, which affords senior management within the Trust better oversight of such instances. However, RQIA is aware that the agency has been struggling to recruit HCWs for a significant period of time and efforts made to recruit staff have not improved matters significantly. Review of records identified a number of complaints which had been received in relation to this. Consultation with staff also identified that some staff had been moved to several different runs, due to the staffing situation. An area for improvement has been identified.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. 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 assessments and care plans that were significantly out of date. This is further discussed in section 3.3.3.

A small number of care reviews were noted to be significantly out of date. Following the inspection, it was confirmed to RQIA that the overdue care reviews had been completed.

Where service users required the use of two pieces of equipment in their house, this was included within the care plan.

There was a procedure in place for the collection of completed daily notes from service users' homes; the HCOs collect the notes every three months and return them to the registered office. Review of records identified that the daily notes were audited, however, where calls were identified as being shorter than what was noted on the care plan, there was no evidence that this had been communicated to the service users' key worker. Furthermore, where additional time was required to assist a service user to have a shower, this had similarly not been raised with the key worker. The audit period should also be noted on the audit tool to ensure traceability. An area for improvement has been identified.

Advice was also given in relation to recording calls cancelled by service users or their family members in the one place, as opposed to being recorded on the service user contact page.

Review of the service user agreement identified that it had not been identified in some time. For example, in one record reviewed, the service user agreement had not been updated since 2017 when the service commenced. This meant that the majority of staff names listed on the service user agreement no longer worked on that run. Advice was given in relation to updating this on an annual basis, in keeping with the annual care review process.

Advice was given in relation to developing a smaller booklet for daily notes for use in smaller packages of care. An area for improvement has been identified.

There was a system in place to record when care records had been retrieved from service users' homes, when the service users care package ceased, however, this system needed to be monitored more closely, to ensure that the records were returned in a timely manner. An area for improvement has been identified.

3.3.3 Quality of Management Systems

Mrs Claire O'Hare has been the acting manager since 18 August 2009; she is also the acting of another registered domiciliary care agency. Staff commented positively about the management team.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. 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/day care setting. It was good to note that any missed calls were reviewed as part of the monthly quality monitoring visits. Advice was given in regards to the person completing the monthly quality monitoring visit to detail the dates of the missed calls and the reasons for same. This would distinguish between any missed calls that had occurred on the one day, as opposed to those which occurred over multiple days. Advice was also given regarding the need to carry forward any open safeguarding matters and to provide commentary regarding same.

The agency recorded information regarding care records renewal dates on an electronic spreadsheet called the Service Users A-Z. This system enables the identification of risk assessments, care plans and care reviews that were out of date and the HCOs 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 HCOs, when requested. Whilst RQIA acknowledges this, it is the responsibility of the agency to ensure compliance with the Regulations and Standards. An area for improvement has been identified to ensure that the oldest risk assessments and care plans are prioritised and that an escalation plan is put in place, when such requests are not responded to.

Advice was given in relation to adding an additional column to the moving and handling risk assessment section, to capture those service users who are fully independent with mobilising and have had an initial risk assessment completed; these service users would therefore not require an updated risk assessment to be completed, unless their needs changed. Similarly, any service user who has been discharged from SALT, would not need their SALT care plan renewed on an annual basis, unless their needs had changed. Making these changes to the spreadsheet should result in a reduced number of overdue assessments.

The annual quality report had been completed; advice was given in relation to retaining the feedback received from service users/staff pertaining to Cookstown Community Services. This will be reviewed at a future inspection.

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. In the Trust, this person is called the Designated Adult Protection Officer (DAPO). A specific individual was identified as the agency's DAPO. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Advice was given in relation to retaining the records relating to the Trust screening decision within the safeguarding folder.

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

Review of records identified that all incidents had been managed appropriately.

Whilst there had been no Notifiable Incidents reported to RQIA, discussion with the person in charge identified that they were aware of the type of incidents which required to be notified to RQIA.

The Northern Ireland Social Care Council (NISCC) register was checked on a monthly basis, to ensure that all staff remained registered.

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	5

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>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.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: The registered manager will ensure all HCWs are made aware of the escalation plan for immediate reporting, by contacting the "Senior on Call" outside of the Out of Hours service operating hrs until business opening hrs. This will ensure there is no gap in the out of hours rota cover arrangements</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that at all times there are appropriate numbers of staff for the purposes of the agency; and that action is taken in response to any patterns of handbacks (service disruptions) identified.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: The Register manager will continue to follow the agreed SOP for the Disruption of Services due to staffing levels, which contains alerting senior management of staffing levels in the identified office area. The registered manager at present has a plan in place to continually roll out recruitment and selection of HCWs for her designated area.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1)(c)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall develop and implement a system to ensure that records are retrieved from the service users' homes in keeping with the agency's policy and procedure, to ensure that they are subject to timely audit.</p> <p>Ref: 3.3.2</p>

Immediate from the date of the inspection	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has a system in place to record date range of service user held record books collected, date service user record audited completed and when the next audit is due flags up as in date or overdue.</p> <p>The registered manager will closely monitor this spreadsheet and reinforce with staff the importance of planning timely visits to ensure they meet their quarterly audits and keeping the system updated.</p> <p>The area manager will review and report on any decline or progress regarding the service user held record collection and record audits outstanding within the monthly quality monitoring audits.</p> <p>The registered manager will continue to remind staff to follow the SOP regarding timely collection of service user held records as soon as a package is ceased.</p> <p>In all circumstances where it has been impossible to collect service user records an incident report(Datix) will be completed.</p>
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<p>Area for improvement 4</p> <p>Ref: Regulation 15 (2) (a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that risk assessments and care plans 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.</p> <p>Ref: 3.3.2</p> <p>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 eg care plans,risk assessments are not being forwarded to the service and will keep a record of this as evidence for inspection by RQIA Inspectors</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that staff Induction records are completed.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered manager will develop a review/audit proforma of new staff files(with a timescale included eg 4 weeks/8 weeks/12 weeks/6 months) to identify any gaps in the induction process not completed eg signatures/attendance/completion of training/development.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that staff who have received neither individual or on-site supervision are identified and prioritised for supervision.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered manager will review the system in place systematically on a monthly basis to identify and prioritise either individual supervision or onsite supervision for those who have not received this in the allocated timeframe recommended.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that the Induction process is further developed to ensure that it includes awareness information pertaining to Diabetes awareness.</p> <p>Ref: 3.3.1</p>

Immediate from the date of the inspection	Response by registered person detailing the actions taken: Diabetes Awareness resource for homecare staff is in the development stage and will share with the RQIA Inspector the update on the development of this training when finalised.
Area for improvement 4 Ref: Standard 8.10 Stated: First time	The registered person shall ensure that smaller booklets for daily notes are developed for use in smaller packages of care; this will enable more frequent auditing of these records. Ref: 3.3.2
To be completed by: Immediate from the date of the inspection	Response by registered person detailing the actions taken: The daily record notes are ordered through a printing company. Costings have been received for printing smaller books, approval for ordering to be confirmed. In the interim, retrieving records in line with audit process will not be delayed due to the amount of pages in the book, records will be retrieved before book completed in line with current audit process. The registered manager will monitor and address adherence to this with appropriate staff.
Area for improvement 5 Ref: Standard 5.7 Stated: First time	The Registered Person shall ensure that the system in place to retrieve the care records from service users whose care package have ceased is proactively managed. Ref: 3.3.2
To be completed by: Immediate from the date of the inspection	Response by registered person detailing the actions taken: The registered manager will review the system to retrieve the care records of ceased services systematically on a monthly basis, to ensure adherence to the protocol

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews