

Inspection Report

Name of Service: Carrickfergus Community Services

Provider: Northern Health and Social Care Trust

Date of Inspection: 6 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:	Northern Health and Social Care Trust
Responsible Individual:	Ms. Jennifer Welsh
Registered Manager:	Mrs. Helen Thompson
Service Profile: Carrickfergus Community Services is Northern Health and Social Care Trust (NHSCT) domiciliary care agency. The staff team of 71 provides care and social support to 172 service users in the Carrickfergus locality.	

2.0 Inspection summary

An unannounced inspection took place on 6 May 2025, between 9.10 am and 12.55 pm by a care Inspector.

The last care inspection of the agency was undertaken on 27 February 2024 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 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, staff training, monthly quality monitoring reports and safeguarding records.

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 said that the care and support provided by Carrickfergus Community Services was a good experience.

Full details, including 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 registration information, and any other written or verbal information received from service users, relatives, 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.

Service users' relatives told us that they had no concerns about the care and support provided. The staff were described as being 'great' and that they are a 'real life-line' to people. Comments included that the staff are 'always respectful and nice' and that they 'couldn't fault them'.

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 Carrickfergus Community Services and two other registered domiciliary care agencies. 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 generally completed and verified before staff members commenced employment and had direct engagement with service users. However, it was identified that AccessNI checks had not been undertaken consistently on staff who had transferred to Carrickfergus Community Services by way of an internal staff transfer from another post within the NHSCT. An area for improvement has been identified.

Review of records confirmed that HCWs were provided with a structured Induction. There was also a system in place to ensure that HCWs received onsite and individual supervisions.

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 or Stoma care 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

There was a robust system in place to record any calls that had been missed. Review of the records identified that this had only occurred due to extenuating circumstances. There were sufficient staffing numbers in place to meet the needs of the service users.

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.

Care reviews had been completed with the relevant HSCT' representative.

There was a new 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.

Plans are also in place to develop a smaller booklet for daily notes for use in smaller packages of care. These will be reviewed at a future inspection to ensure the procedure is being followed. 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. Advice was given in relation to consistently recording the date when records are returned to the registered office.

3.3.3 Quality of Management Systems

Mrs Helen Thompson has been the manager since 16 October 2018; she is also the manager of two other registered domiciliary care agencies.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, 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. However, it was evident that the action plan was not followed up by HCOs in a timely manner. An area for improvement has been identified.

Review of records identified that complaints had been managed appropriately. Advice was given in relation to ensuring that all records are retained within the registered office to ensure they are available for inspection at all times.

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.

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 Carrickfergus 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. However, records pertaining to any safeguarding referrals made were not available for inspection. Whilst this may have been due to a pitfall in the implementation of the recently introduced electronic records system (Encompass), the records of safeguarding referrals were not available for inspection. An area for improvement has been identified.

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.

RQIA had been notified appropriately of any incident in keeping with the regulations.

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 the Regulations and the Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Helen Thompson, Manager, 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: First time To be completed by: Immediate from the date of the inspection	<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 Home Care Workers are aware of escalation plan for immediate reporting. Contacting the 'Senior on Call' outside of the Out of Hours service and until business opening hours. This will ensure there is no gap in the out of hours cover arrangements.</p>
Area for improvement 2 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of the inspection	<p>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.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Human Resources has been contacted. Going forward all staff who require an Access NI check for the job role within the Homecare Service will have an Access NI check completed prior to commencing post, including an up to date Access NI check if recruited through internal transfer.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by:	<p>The registered person shall ensure that staff receive awareness training in respect of Diabetes Awareness and Stoma care training should be provided to staff who attend service users who have a stoma in place.</p> <p>Ref: 3.3.1</p>

<p>Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: Home Care Officers are completing Stoma training on Learn HSCNI. Stoma care training is currently provided to all Home Care Workers supporting Service Users with Stoma care and date attended added to the training spread sheet. At the start of March 2025, Stoma care training was further developed for home care staff in partnership with senior management and the Trusts Stoma nurses. This is currently being rolled out and all training attended will be added to the Home Care Worker training register. Diabetes awareness leaflet for home care staff has been developed and will be distributed to staff.</p>
<p>Area for improvement 2 Ref: Standard 8.11 Stated: First time To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that actions identified in the monthly quality monitoring reports are actively followed up on subsequent months; and where the actions have not been met, an explanation is provided. Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has implimented a weekly team meeting, to review actions required/outstanding identified in the monthly quality monitoring, where staff will provide updates and explanations if actions have not been met.</p>
<p>Area for improvement 3 Ref: Standard 14.7 Stated: First time To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that all safeguarding records are retained centrally and are available for inspection. Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure all safeguarding records are retained centrally including a hard copy of APP1's submitted via Encompass. This will ensure all documation will be available for inspection.</p>

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



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