



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Moyle Community Services
Provider: Northern Health and Social Care Trust
Date of Inspection: 16 September 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 Tracey Kelly (Acting)
Service Profile: Moyle Community Services is a domiciliary care agency which provides personal care and support to 138 individuals living within the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 16 September 2025, between 9.30 am and 2.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 12 March 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 the retrieval of written notes from service users' homes.

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 Moyle 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 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' relatives told us that they were 'very happy' with the care workers. One relative described the care workers as being '100 percent very good and attentive' and that they 'couldn't praise them highly enough'.

Staff told us that they were very happy in their role and that they felt well supported by the manager.

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 Moyle 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 completed and verified before staff members commenced employment and had direct engagement with service users.

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). It was also good to note that training in relation to Diabetes awareness and Stoma care awareness had also been provided.

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

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. 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.

Review of records identified a care plan which referenced an out of date Speech and Language Therapy (SALT) care plan. When raised, the manager took immediate action to rectify the matter; and also undertook an audit of all care plans, to ensure they were reflective of the SALT care plans.

Care reviews were completed in keeping with the agency's policies and procedures.

There was a procedure in place for the collection of completed daily notes from service users' homes; the HCOs aim to collect the notes every three months and return them to the registered office. However, review of the records identified that the notes were not consistently returned to the office on a regular basis. 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. Where it is not possible to retrieve these notes, the agency ensured that they followed the Trust's procedure in relation to Information Governance. Advice was given in relation to prioritising the recently ceased packages. This will be reviewed at a future inspection.

3.3.3 Quality of Management Systems

Mrs Tracey Kelly has been the acting manager since 14 May 2025; 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. It was good to note that the action plan was actively monitored, to ensure that any identified actions were followed up by the HCOs in a timely manner.

Review of records identified that incidents and complaints had been managed appropriately. RQIA had been notified appropriately of any incident in keeping with the regulations.

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 was in the process of being completed. 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. 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.

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

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	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tracey Kelly, 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	
<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 Home Care Workers are made aware of escalation plan for immediate reporting, by contacting the 'Senior on Call' outside of the Out of Hours service operating hours until business opening hours. This will ensure there is no gap in the out of hours cover arrangements. A management of change, for service management cover is in development stage for the Out of Hours Rota.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1)(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 the system for retrieving records from service users' homes is implemented, to ensure that the records are subject to timely audit.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: The registered manager has a system in place to record date range of service user held record books collected, date service user record audit completed, when the next audit is due and flags up as 'in date' or 'overdue'. The registered manager will closely monitor this spreadsheet and reinforce with Home Care Officers the importance of planning timely visits to ensure they meet their quarterly audits and keeping the system updated. The Area Manager will review and report on any decline or progress regarding the service user held record books collection and record audits outstanding within the monthly quality monitoring audits. 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>

	In all circumstances where it has been impossible to collect service user held records, an incident report (Datix) will be completed.
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