

# Inspection Report

**Name of Service:** Trust Homecare  
**Provider:** Southern HSC Trust  
**Date of Inspection:** 24 June 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Southern HSC Trust
<b>Responsible Person:</b>	Mr Colm McCafferty
<b>Registered Manager:</b>	Mrs Katrina Ferran
<b>Service Profile</b> – Trust Homecare is a domiciliary care agency which provides personal care and housing support to individuals with physical health, learning disability, mental health and dementia needs within the Southern Health and Social Care Trust (SHSCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 24 June 2025 between 10 am and 5pm by a care Inspector.

The last care inspection of the agency was undertaken on 29 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 examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management were also examined.

Three areas for improvement were identified during this inspection. These relate to recruitment practices, staff training and staff supervision.

## **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 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 service. This included any 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 will seek the views of those receiving support, as well as those working within the service and review 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 survey.

### **3.2 What people told us about the service and their quality of life**

Through actively listening to a range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. We spoke with service users, relatives, care staff and HSC professionals to seek their views of Trust Homecare Service. The information provided indicated that there were no concerns in relation to the service provided to service users.

Service users who were contacted for their feedback indicated that they were satisfied with the care and support provided by the agency. One service user who was contacted after the inspection made the following comments; "I am happy with the carers; they are all very good and come in every day".

Relatives contacted for feedback indicated that they were satisfied with the level of care provided to their loved one. One relative made the following comment; "I have nothing but praise for the carers".

Staff who spoke with the inspector indicated that the service users get good support, a good service from the agency and that training for all staff is good. However, some staff advised of difficulty in making contact with the office during the day and not having supervision for a prolonged period. These concerns were shared with the registered manager who provided an update as to planned improvements in office communication systems. Assurances were also given in respect of the rescheduling of supervisions and staff meetings.

One HSC professional who spoke with the inspector advised that staff training is effective and beneficial for both staff and service users who get good support from the agency. The last care inspection of the agency was undertaken on 29 February 2024 by a care inspector. No areas for improvement were identified.

## **4.0 Inspection findings**

### **4.1 What are the systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of safeguarding records evidenced that these were managed appropriately.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. A number of staff had not completed refresher training however. This is discussed in more detail in section 4.4. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to raising concerns in the public interest (Whistleblowing).

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

### **4.2 Mental Capacity Act and Restrictive Practice**

The Mental Capacity (Northern Ireland) Act 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. There was a policy in place for the use of restrictive interventions and a register is kept of any restrictive practices that are applied, such as the use of bed rails and locked medication boxes. The manager confirmed that any restrictive practices are subject to multi-disciplinary assessment and regular review to ensure they are not used disproportionately or for longer than is deemed necessary.

### 4.3 Staff Selection, Recruitment and Induction

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. To ensure compliance with regulations, a full employment history of all potential employees must be obtained. On inspection of the most recently recruited staff, however, it was noted that a proportion of application forms did not consistently detail all of the employees' work histories from the age of 18 years. This has been identified as an area for improvement.

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 were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

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 for new staff which included shadowing of an experienced staff member. Written records retained by the agency of the person's capability and competency in relation to their job role were signed off by the manager at the end of the induction period.

### 4.4 Staff Training and Development

Staff were provided with training appropriate to the requirements of their role. The agency maintained an electronic record of all training undertaken which on review, highlighted that several staff were not compliant with respect to refresher training for Adult Safeguarding, Manual Handling, Dysphagia and basic life support, and DoLS. An area for improvement has been identified.

The monitoring and scheduling of staff training was discussed with the manager who provided an outline of plans to bring all staff up to date with training requirements as part of the stabilisation phase post implementation of the digitalised recording system. It is anticipated that all staff will be supported to complete their online training and that the new digital recording system will assist staff in keeping track of when training is due. This will be reviewed at a future inspection.

The manager reported that manual handling training was included within the service's mandatory training programme and there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight-bear.

Supervision is an important part in professional development and staff should complete supervision in line with their professional bodies' guidance. Reports by staff to the inspector that supervision had not been received on a regular basis were discussed with the manager who outlined plans to address this immediately. This has been identified as an area for improvement.

## 4.5 Care Records and Service User Input

A sample of service users' care records was examined and contained detailed information about the level of support required. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. 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.

## 4.6 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with the Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of reviews of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Advice was given to the manager around including a breakdown of specific aspects of the service that are audited and to use unique identifier numbers to enable the identification and tracking of any trends, as well as assessing what if any progress has been made. This will be reviewed at a future inspection.

The agency's registration certificate was up to date and displayed appropriately. The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. A review of complaints received since the last inspection confirmed they had been appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, the service had an operational policy that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

## 5.0 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
<b>Total number of Areas for Improvement</b>	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Katrina Ferran, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available as specified in Schedule 3.</p> <p>This relates to ensuring full employment history of each employee is obtained from the age of 18 years.</p> <p>Ref: 4.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All Home Care recruitment interview panel members when checking application forms during the interview process will be reminded to review employment history from the age of 18. Any gaps will be noted and reason for same documented. This requirement will be highlighted with Locality Managers and those assisting in interview panels prior to each recruitment drive.</p> <p>In addition where the dates of employment are not populated by the applicant, the interview panel will highlight and update recording month specific information.</p> <p>This area of improvement has been shared with the BSO Recruitment &amp; Selection Services and with the SHSCT HR and Recruitment team.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The Registered Person shall ensure that each employee of the agency receives training and appraisal appropriate to their roles.</p> <p>This includes reviewing training needs of all staff and making arrangements to ensure mandatory training for all staff is kept up to date.</p> <p>Ref: 4.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The process of allocating staff to available training sessions has been amended and now involves a further check to confirm the staff member is at work and available to attend.</p> <p>Full days of training are being planned for next year to incorporate 3-4 different modules of mandatory training.</p> <p>Alternative training venues are being sourced in local areas to encourage attendance.</p> <p>This area of improvement will be discussed at team meetings and be a standing agenda item at team meetings going forward.</p> <p>Supervisors have been reminded of their responsibility on how to manage non-attendance at training and the procedure to follow if this occurs.</p> <p>Monthly support hubs will be available to support staff in relation to any E-learning access queries they may be experiencing.</p> <p>During induction, probationary reviews, supervision, appraisals and team meetings will provide an opportunity to reinforce the importance of mandatory training compliance and ensuring it is in date. The importance of attending training is also highlighted in the staff newsletter.</p> <p>Reminders for the completion of E-learning is communicated to staff. Any support that is required to achieve this, is being facilitated by office staff and supervisors in the support hub or on an ad hoc basis as required.</p> <p>Each Homecare Assistant is now able to access the LearnHSCNI site on their own work ipad, which enables timely access to their E-learning modules.</p> <p>In person training dates have been arranged and additional dates secured and shared with staff.</p>

<b>Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards (revised) 2021</b>	
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services.</p> <p>Ref: 4.4.</p>
<p>To be completed by: Immediately and ongoing</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Locality Manager and supervisors have been reminded of the importance of scheduling and completing staff appraisals.</p> <p>A review of the supervision process has been completed and supervisors advised to schedule supervision or appraisals on particular days with dedicated time to meet either in teams on an individual basis.</p> <p>Supervisors supervision plans will be reviewed during 1:1 meetings between the Locality Manager and the Supervisor to ensure they are progressing as planned with staff supervisions.</p> <p>The supervision contract will be revisited with each staff member on completion of their supervisions. This will reinforce the responsibilities on both parties to ensure full understanding of the importance of planning and attending supervision.</p> <p>Group appraisals have been planned for the remainder of the year and venues have been booked.</p>



The Regulation and  
Quality Improvement  
Authority

## 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](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews