

# Inspection Report

**Name of Service:** Age NI Castlewellan

**Provider:** Age NI

**Date of Inspection:** 2 September 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>	Age NI
<b>Responsible Individual:</b>	Ms Linda Robinson
<b>Registered Manager:</b>	Mrs Leeanne McEvoy
<b>Service Profile –</b> Age NI Castlewellan is a domiciliary care agency based in 4 Dublin Road, Castlewellan. The agency provides care and support to individuals living in their own homes who have their services commissioned by the South Eastern Health and Social Care Trust (SEHSCT). Services provided include personal care, medication support and meal provision.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 September 2025, between 9.40 am and 2.00 pm. by a care Inspector.

The last inspection of the agency was undertaken on 9 January 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 service 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.

Good practice was identified in relation to governance and management arrangements in place.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

## **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 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 and the home care workers who work for the agency; 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 broad range of service users, 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, relatives and staff to seek their views of living within, visiting and working within Age NI.

Staff comments were very positive and indicated they enjoyed working for the agency. They said management were very supportive.

Relatives spoke of the agency as "a lifesaver" and described staff as "brilliant". Service users said they were delighted with care staff who "could not do enough for them".

## **3.3 Inspection findings**

### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing. The manager discussed the challenges associated with recruiting and said recruitment was ongoing. Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

There were no new staff recruited since the last inspection. There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have direct engagement with service users. Checks were made to ensure that staff were appropriately registered with NISCC and there was a system in place for professional registrations to be monitored by the manager.

Records of all staff training were retained and the person in charge maintained oversight of the training matrix to ensure compliance. Staff were provided with opportunities to complete training commensurate with their role.

There were no volunteers deployed within the agency

### **3.3.2 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). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge 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.

Staff were required to complete adult and children's safeguarding training during induction and every two years thereafter. Review of training records evidenced good compliance.

The agency retained records of any referrals made to the Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the Trust representative.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

A number of service users were assessed by Speech and Language Therapy (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the Trust.

### 3.3.3 Care Records

Service users care records were held confidentially. Care records were person centred, well maintained, regularly reviewed, and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Staff recorded regular evaluations about the care and support provided. Service users and/or their representatives had access to their written records within their home. The inspector noted that care records within the agency often contained several years of assessments careplans and reviews; this was discussed with the manager who agreed that some material could be archived.

### 3.3.4 Governance and Managerial Oversight

There has been no change in the management of the agency since the last inspection. Mrs Leeanne McEvoy has been the manager in this agency since August 2018.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There were monitoring arrangements in place in compliance with 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 Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The inspector noted that it had been some months since an action plan had been created following monthly monitoring; this matter will be reviewed at a future inspection.

There were also processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

Staff had managed incidents appropriately and reported to RQIA within appropriate timeframes in keeping with the regulations. There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

There was also evidence of oversight of complaints; this included a review of complaints during the monthly quality monitoring visits.

#### **4.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Leanne Mc Evoy, Registered Manager as part of the inspection process and can be found in the main body of the report.



## The Regulation and Quality Improvement Authority

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

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**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