



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Western Health and Social Care Trust Homecare  
Department Hope Centre

**Provider:** Western Health and Socila Care Trust

**Date of Inspection:** 2 April 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>	Western Health & Social Care Trust (WHST) Homecare Department Hope Centre
<b>Responsible Individual/Responsible Person:</b>	Mr Neil Guckian
<b>Registered Manager:</b>	Mr Martin McGeady
<b>Service Profile</b>	
<p>Domiciliary care provided by the WHST in the Fermanagh area is known as the Homecare Department Hope Centre.</p> <p>Homecare services are currently being provided to 326 service users who require care/support due to physical disability, learning disability, mental health care needs and to older people. The range of services includes personal care, as well as practical social support. The agency has a current staff complement of 169 staff. The agency also provides a re-ablement homecare service in partnership with the WHST Occupational Therapy (OT) department. This short term programme supports people to relearn essential skills and regain independence to enable them to continue to remain at home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 2 April 2025 between 9.00 a.m. and 3.30 p.m. The inspection was conducted by a care inspector.

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 reviewed.

Good practice was identified in relation to service user and relative feedback. There were good governance and management arrangements in place.

## **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 areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, care staff or staff from the commissioning trust.

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

Throughout the inspection process inspectors will seek the views of those using and working within the agency, service users' relatives and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

All respondents spoke positively about the agency. Service users said 'the carers do a great job' and 'I'm very happy with the carers'. Relatives of service users described the care staff as '110%, brilliant' and 'very helpful and respectful'. One relative said 'I couldn't fault the girls, they do a great job'. Staff reported that they enjoyed working in the agency and there was good teamwork.

One HSC Trust professional noted that 'All carers and supervisors I am in touch with provide an excellent service to all my service users'. Another described the care staff as being always caring, supportive and providing excellent help, with supervisors being very helpful when contacted.

The information provided indicated that there were no concerns in relation to the agency.

## 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

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 safeguarding training during induction and every two years thereafter. 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 whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). There had been no notifiable incidents since the last inspection.

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 mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Daily records completed by staff noted the type of equipment used on each occasion.

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.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their oral medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff completed this task.

The Mental Capacity Act (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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference if needed.

#### **4.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust. The annual report on service users' views was reviewed by the inspector and was found to meet standards.

#### **4.3 What are the systems in place for meeting the Dysphagia needs of service users?**

A number of service users had been 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 how to respond to choking incidents.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

#### **4.4 What systems are in place for recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed by WHSCT and verified before staff members commenced employment and had direct engagement with service users. 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 NISCC registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

#### 4.5 What arrangements are in place for staff induction and training?

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 structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies. The training matrix was viewed by the inspector and was found to meet standards.

#### 4.6 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC 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 Annual Quality report was reviewed by the inspector and was satisfactory.

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

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's monthly quality monitoring process.

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

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

#### 5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Patricia Carlin, person in charge, as part of the inspection process and can be found in the main body of the report.



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