The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Trinity SCS Mid Ulster Domiciliary Care Services

Provider: Trinity Support and Care Services Ltd

Date of Inspection: 15 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/Registered Provider:	Trinity Support and Care Services Ltd
Responsible Individual/Responsible Person:	Mr Cormac Coyle
Registered Manager:	Miss Zara McClintock
Service Profile Trinity SCS Mid Ulster Domiciliary Care Services is a Domiciliary Care Agency which seeks to provide services to adults over 18 years of age with Learning Disability, autism spectrum and/or acquired brain injuries who may also have mental health difficulties. The service aims to promote independence and maximise quality of life.	

2.0 Inspection summary

An unannounced inspection took place on 15 May 2025, between 11.35 am and 4.35 pm. The inspection was conducted by a care inspector.

The last care inspection of the agency was undertaken on 8 October 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 and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

No areas for improvement were identified.

Good practice was found in relation to governance arrangements and quality improvement supporting well led care and support in the agency.

We wish to thank the manager and staff for their support and cooperation during the inspection.

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, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living or working in agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

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

We spoke to a range of staff and a Trust representative.

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke very positively in regard to management support in the agency and the training provided. One told us that they enjoyed their role and that the manager is supportive and approachable.

One Trust representative who provided feedback about the service commented that the agency was "excellent and communication was very good".

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection. The manager confirmed that she is supported by a human resources manager to ensure that the agency's recruitment processes are in line with the required regulations and standards. Discussions evidenced that the manager was knowledgeable in relation to safe recruitment practices.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 which also included shadowing of a more experienced staff member.

Review of records and discussion with the manager confirmed that there is a system in place to ensure all staff receive appropriate training to fulfil the duties of their role on an ongoing basis. This includes a programme of refresher/update training for staff, which is monitored on a monthly basis to ensure that staff are compliant with attending the training updates.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Staff comments included: "Excellent training provided including service user specific training."

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

Staff referred to the sense of fulfilment/job satisfaction they receive from building relationships with the service user, both in gaining their trust and developing an understanding of their individual wishes and preferences.

3.3.2 Management of Care Records

Care records were person centred and underpinned by a human rights approach, well maintained, regularly reviewed and updated to ensure they continued to meet the service user's needs. Staff recorded regular evaluations about the care and support provided. A staff member told us; "The care records are detail focused and are person centred."

Staff confirmed that they felt care provided by the agency was safe. They reported that they were given all relevant information to ensure that they could meet the needs of the service user.

Information relating to the service user was noted to be stored securely and in a well organised manner.

The agency has collaborated effectively with the service user and their next of kin and a range of Trust representatives. Discussions with staff confirmed that they were aware of their obligations in relation to reporting any issues regarding a service user's wellbeing and they had effective access to management support and advice including provision of out of hour's support.

3.3.3 Quality of Management Systems

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The service is managed on a day to day basis by the manager with the support of a team leader. Staff who spoke with the inspector during inspection could clearly describe their roles, responsibilities and lines of accountability. They described positive working relationships in which issues and concerns could be freely discussed. Staff comments included; "I am very well supported by the manager; she is helpful and always approachable." It was positive to note that the manager spoke very highly of the staff and this was reciprocated.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to staff.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of policies and procedures, supervision of staff, monthly monitoring of complaints, accidents/incidents and safeguarding referrals. The records viewed demonstrated a transparency regarding the conduct of the agency and a willingness to evaluate the quality of care provided and take appropriate action, if necessary, to address issues and identify any learning or retraining as a result.

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. There was a number of individuals within the organisation's senior management team who were identified as the appointed ASC for the agency.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Review of the complaints record and discussion with the manager evidenced that no complaints had been recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Monthly quality monitoring visits were completed in accordance with regulations. A sample of reports were reviewed and evidenced a review of the conduct of the agency and consultation with stakeholders.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Zara McClintock, Manager, as part of the inspection process and can be found in the main body of the report.

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