The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: North West Care

Provider: North West Care and Support Limited

Date of Inspection: 23 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/Registered Provider:	North West Care and Support Limited
Responsible Individual:	Mr Philip Stewart
Registered Manager:	Mrs Shauna Irwin (acting)
Service Profile: North West Care is a domiciliary care agency which provides personal care and support to 437 service users living in their own home. Services are provided by 198 staff. The service users' care is commissioned by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 22 September 2025, between 9.20 am and 1.30 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 16 August 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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.

It was evident that staff promoted the dignity and well-being of service users and that staff were well trained to deliver safe and effective care.

Service users' relatives said that the care and support provided by North West Care was a good experience.

The area for improvement previously identified had been addressed by the provider. No areas for improvement were identified during this 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 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

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 the staff were 'very nice' and 'lovely', One relative described how their loved one always spoke positively about the care workers and described how they 'went over and above the call of duty' in the things they did. Relatives also confirmed that there was good communication from the agency's office staff and that the care workers always let the family members know if there was any change in the service users' condition.

Staff responded that they were satisfied with all aspects of the service.

3.3 Inspection findings

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

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.

Consultation with service users' representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

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 evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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, six-day induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were retained and were noted to be up to date.

All staff received regular supervision and appraisals.

3.3.2 Care Delivery and Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care workers.

There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

The records held in the service users' homes included the care plan which had been devised by the Trust. In addition, the provider developed a more detailed care plan, which was based on the information in the Trust care plan. It was good to note that the provider care plan directed the staff to the Trust care plan if there was a specific level of diet noted within the Speech and Language Therapy (SALT) section.

Sometimes service users require equipment that could be considered restrictive. Where a service user required the use of bedrails, there was evidence of a risk assessment in place and this was reflected within the care plan.

There was a robust system in place for retrieving the records of service users who were no longer receiving care and support from North West Care.

3.3.3 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mrs Shauna Irwin has been the manager in this agency since 1 April 2025.

A nominated individual completed a report every month in keeping with the regulations. The reports were completed in detail and provided a good overview as to the quality of the agency; these reports included feedback from service users, their relatives and staff.

There was a system in place to manage any complaints and incidents. It was good to note that any learning identified through the quality monitoring processes were shared with staff via mandatory supervisions (Supervision of the Month), which were specific to the issue identified. This is good practice.

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. The manager was identified as the appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

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

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

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 Mrs Shauna Irwin, Manager, as part of the inspection process and can be found in the main body of the report.

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