The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: North West Care

Provider: North West Care and Support Limited

Date of Inspection: 22 September 2025

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

1.0 Service information

Registered Provider:	North West Care and Support Limited
Responsible Individual:	Mr. Philip Stewart
Registered Manager:	Mrs. Patricia Gyle
Service Profile: North West Care is a domiciliary care agency which provides personal care and support to 237 service users living in their own home. Services are supported by 84 staff. The service users' care is commissioned by the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 22 September 2025, between 9.40 am and 2.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 29 March 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 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.

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

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 they were 'more than happy' with the care and support provided and that they had no complaints. Relatives described the care workers as being 'dead-on' and 'spot-on'. There were no concerns raised regarding calls being missed.

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 and their 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. Advice was given in relation to the need for the manager's level three, Deprivation of Liberty Safeguards (DoLS) training to be recorded on the training matrix.

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. A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. However, there were a number of times identified where the staff had not entered the start or end time of the calls. This meant that we were not assured that the call had been delivered or whether there had been errors in record keeping. Given the systems in place regarding auditing and the monthly quality monitoring processes, advice was given in relation to reminding staff about their responsibilities in this regard. Following the inspection, it was confirmed to RQIA by email, that all staff had been issued with a reminder about the importance of record keeping. This will be reviewed at a future inspection.

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's 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. Whilst there was evidence that general risk assessments had been completed, the manager was advised to retain a centralised list of all service users requiring the use of bedrails. This should enable the manager to have oversight of the risk assessments and care plans pertaining to the use of bedrails. The manager welcomed this advice and agreed to implement this going forward.

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 no change in the management of the agency since the last inspection. Mrs Patricia Gyle has been the registered manager in this agency since 20 November 2020; and she is also the manager of another registered domiciliary care agency.

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 Patricia Gyle, Manager, as part of the inspection process and can be found in the main body of the report.

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

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews