The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Domiciliary Care Services**

Provider: **South Eastern Health and Social Care Trust**

Date of Inspection: **24 June 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:	South Eastern Health and Social Care Trust
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mrs Nicola Donnelly
Service Profile – Domiciliary Care Services (North Down & Ards) is a domiciliary care agency located in the Ards and North Down area. The agency's aim is to provide care to meet the individual assessed needs of people living in their own homes. The services are commissioned by the South Eastern Health and Social Care (HSC) Trust.	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2025 between 10.00 am and 2.15 pm. The inspection was conducted by a care inspector.

The last care inspection of the agency was undertaken on 17 May 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 it 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, and Deprivation of Liberty Safeguards (DoLS) was also reviewed.

No areas for improvement were identified during this inspection.

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.

Good practice was evident in relation to engagement with service users. 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 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 staff 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.

Service users described a "good" service and they looked forward to staff coming in. They said were very happy and had no complaints.

Service users' relatives told us that the staff are generally good and outlined how senior staff intervened when tasks were not completed satisfactorily.

However, some staff told the inspector that they were dissatisfied with some elements of management and were critical of lines of communication. These comments were relayed to the manager for review and action as appropriate. Other staff praised the "quality care" service users receive.

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.

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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

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. The induction programme 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.

There were no volunteers deployed within the agency.

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 at home and in the community and included any advice or recommendations made by other healthcare professionals. Care visits are monitored with an electronic call monitoring system which allows senior staff to see in real time if visits have been missed and make a swift response.

Service users care records were held electronically on the Encompass system. They were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs.

There was evidence that 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.

3.3.3. 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 had a system for retaining a record of referrals, some incidents discussed with the inspector had been managed appropriately. Discussions with the manager 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.

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. There was evidence that care plans had been updated to reflect the recommendations made by the SALT. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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.

3.3.4 Quality of Management Systems

There has been no change to the agency's registered manager since the last inspection. 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 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. It was positive to note these included very positive family feedback.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incident (SAI) procedures

Review of records identified that whilst supervisions had been undertaken regularly with most staff, there were some gaps noted in supervision, spot check and appraisal records. The manager outlined measures in progress to address the gaps and these matters will be reviewed at a future inspection

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. There was a Complaints Log which recorded details of any complaints received, investigations undertaken, outcomes and learning and satisfaction of the complainants. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Annual Quality Report was reviewed and was satisfactory.

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 Nicola Donnelly (manager) as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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