The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Castle Homecare Ltd

Provider: Castle Homecare Ltd

Date of Inspection: 14 October 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:	Castle Homecare Ltd
Responsible Person:	Mrs Gillian Penney
Registered Manager:	Mrs Gillian Penney
Service Profile – Castle Homecare Ltd is a conventional Domiciliary Care Agency which deliver home-based packages of care in the Northern Health and Social Care Trust (NHSCT) locality.	

2.0 Inspection summary

A short notice announced post registration inspection took place on 15 October 2025, between 11:00 a.m. and 3:00 p.m. This was conducted by a care Inspector.

The pre-registration inspection of the agency was undertaken on 20 February 2025 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 service 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. Two areas for improvement were identified; these were related to recruitment / induction and care records.

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 and their quality of life

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us they were happy with the care and that they loved to see the carers. Relatives told us the service was a lifeline for them and that they had no concerns about the care.

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.

Review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, records did not contain reasons for leaving previous employment. The interview process was not robust and there was no system in place for undertaking or recording risk assessments in relation to medical fitness to undertake roles.

There was a lack of evidence that all newly appointed staff complete a structured induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care. The records in relation to work shadowing were available at inspection but the agency were unable to provide the dates that staff attended their three-day induction. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with NISCC. There was a system in place for professional registrations to be monitored by the manager.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance.

Procedures were in place for appraising staff performance this will be reviewed at future inspections.

3.3.2 Management of 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. Risk assessments were found to lack essential information such as bleeding risks relating to medication and the use of ventilation devices. An area for improvement has been identified.

Advice was given to enhance the system for ensuring that completed notes were returned to the registered office on a regular basis. Returned notes were audited in a timely manner.

3.3.3 Quality of Management Systems

Mrs Gillian Penney has been the manager in this agency since 10 March 2025.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

There was a system in place to ensure that complaints would be managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection. Advice was shared to further develop a complaints log and to track and trend complaints and record shared learning.

A review of incident records identified that the policy did not reflect the process undertaken in agency. The manager has agreed to make the required changes to the policy. This will be reviewed at future inspections. No incidents have been recorded since the last inspection.

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

The agency shared their plans to compile an annual quality report and formal stakeholder feedback.

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 safeguarding policy. The manager was identified as the agency's ASC. The Adult Safeguarding policy was found to need amended to reflect the Adult Safeguarding Prevention & Protection in Partnership 2015. The agency did not make any referrals to the HSC Trust in relation to adult safeguarding. An amended policy was reviewed following the inspection and found to be acceptable.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	0

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Gillian Penney, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 13 (c) (d) Schedule 3, 16 (5) (a) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless they are physically and mentally fit for the purposes of the work which he is to perform; and full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. New domiciliary care workers are provided with appropriately structured induction training lasting a minimum of three full working days Ref: 3.3.1
	Response by registered person detailing the actions taken: The Company has revisited all staffs Health Declarations and all Risk Assessments have been carried out to ensure all staff are fit to work. The Company shall ensure that all new staff will be risk assessed in the future if required.
Area for improvement 2 **Ref:** Regulation 15 (4) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall ensure that the service user's needs and risks are fully considered and communicated Ref: 3.3.2
	Response by registered person detailing the actions taken: The Company has revisited all Service User Risk Assessments and Care Plans. Revisions have been made to reflect all needs and risks are fully considered and clear for all staff to access. This new Risk Assessment and Care Plan method will be continued for all new start Service Users.

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