

Inspection Report

Name of Service: Down Community Care

Provider: Down Community Care Ltd

Date of Inspection: 21 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:	Down Community Care Ltd
Responsible Individual/Responsible Person:	Miss Sammie-Jo Ward
Registered Manager:	Miss Sammie-Jo Ward
Service Profile – Down Community Care is a domiciliary care agency, which is based in Ardglass. Staff provide a range of services including personal care, social support and domestic assistance to people living in their own homes. The South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT) commission these services.	

2.0 Inspection summary

An unannounced inspection took place on 21 October 2025, from 9.20 am and 2.20 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 May 2024; and to determine if the agency 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.

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider. No areas for improvement were identified.

Good practice was identified in relation to governance and oversight; staff recruitment processes; and person centred care records. Details can be found in the main body of this report.

Down Community Care Ltd uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trusts.

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

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the 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.

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.

Trust representatives stated they were very satisfied with the communication between themselves and the agency. They also confirmed the agency completed regular reviews of service users' needs. Service users indicated they were very satisfied with the care they received.

Service users and their representatives spoke in positive terms about the care workers. They stated communication was good and the staff responded positively to requests made in relation to care delivery.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

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

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, agency staff and HSC Trust representatives. The reports included details of a review of a sample of service user' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was noted the manager due to unforeseen circumstances had undertaken a small number of the monthly monitoring reports. The manager agreed to arrange to have them completed by an individual other than the manager moving forward.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. There was evidence of a system to ensure oversight of complaints; this included a review of complaints during the monthly quality monitoring visits. The Statement of Purpose (SOP) and Service Users Guide (SUG) required updating to include the contact details for the Trust's Complaints Department and those of the Patient Client Council (PCC). The manager agreed to revise these documents, which will be reviewed at the next care inspection.

There was a selection of policies available to direct staff in care delivery and support planning based on individual risk assessments. Staff confirmed they had access to policies.

The service has an operational policy, procedure/protocol that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home. This policy includes information on how to manage and report such situations in a timely manner.

There was evidence of monthly team meetings following which information was cascaded to staff unable to attend. The manager confirmed staff were provided with updates on policies and additional training requirements. Staff stated they could add to the meeting agenda if there were items they wished to discuss.

3.3.2 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.

There were good 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. Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the

manager. Staff confirmed that they were aware of their responsibilities to keep their registrations up to date.

The interview process was reviewed and written records were retained by the agency of the person's capability and competency in relation to their job role. Interview records were detailed and contained a scoring system. The agency maintains records which evidence they seek the applicant's full employment history and explores gaps in employment.

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, three-day induction programme, which 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.

Review of training records identified that the majority of training elements had been provided to staff. However, a number of staff required medicines competency assessments to be updated. This was discussed with the manager who stated they had changed training provider and had not received these assessments. Following discussion by the manager with the training provider, they confirmed this was not part of the new training package. The manager provided assurances this would be actioned appropriately.

3.3.3 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, regularly reviewed, and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate. Service users care records were held confidentially.

Staff recorded regular evaluations about the care and support provided. Service users and/or their representatives had access to their care records.

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 regular auditing of the daily notes completed by the care workers. The agency also utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes.

3.3.4 Safeguarding

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's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

3.3.5 Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff who spoke with the Inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that a number of the service users were subject to DoLS, and the agency maintained a register. The care records did not contain all the appropriate documents and the manager reported they had requested the forms relating to the service users care plans from the Trust.

A number of restrictive practices were employed. The agency maintained a restrictive practices register; this supported robust governance and oversight of restrictive practices.

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 Sammie-Jo Ward, Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

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