The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Trust Domiciliary Service – Banbridge and Craigavon

Provider: Southern Health and Social Care Trust

Date of Inspection: 10 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:	Southern HSC Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mr Ronald Cartwright
Service Profile – Trust Domiciliary Service – Banbridge and Craigavon is a domiciliary care agency which provides personal care and support to adults and children who have physical health conditions or disabilities, learning disability, mental health or dementia needs within the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 10 October 2025, between 10.20 am and 5.05 pm by a care Inspector.

The last care inspection of the agency was undertaken on 2 September 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency was performing in relation to the regulations and standards; and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users; however, improvements were required in relation to the care records and staff training.

Service users said that the care and support provided by the agency was a good experience. Refer to Section 3.2 for more details.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We would like to thank the person in charge, service users, relative, staff and HSC staff member for their support and co-operation during the 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 those working for or being supported by 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 staff survey.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users, agency staff, a relative and HSC staff to seek their views of the agency.

Service users who spoke with the Inspector said that overall they were very happy with the care and support provided. Two comments from service users included the following statements; "the girls are very good to me" and "they treat me very well and are kind to me".

A relative who spoke with the Inspector said they were very satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included "a wonderful service and a high standard of care provided" and "the carers are professional and attentive".

Staff who spoke with the inspector spoke positively in regard to the care delivery and management support within the agency. Two comments included the following statements; "I got a good induction and I shadowed a number of staff on different runs, this was helpful" and "risk assessments and care plans are in the service users' homes".

HSC staff members who provided feedback about the service commented that the agency was reliable, dependable and that service user's needs were met safely.

A number of service user questionnaires were returned. The respondents indicated that they were satisfied with the care and support provided.

A number of staff questionnaires were returned. All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

It was identified that three staff members currently employed within the agency commenced work without enhanced AccessNI checks having been completed. It was explained that this was due to the individuals having had an AccessNI check undertaken for another role within the SHSCT. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this matter.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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. There was a structured, induction programme which also included shadowing of a more experienced staff member.

The agency maintained an electronic record of all training and development activities undertaken. On review of the electronic training matrix, it was identified that several staff required Dysphagia awareness, basic first aid and Deprivation of Liberty Safeguards (DoLS) training. An area for improvement has been identified.

Procedures were in place for appraising staff performance on an annual basis and review of records confirmed that supervision had been undertaken with staff.

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.

Review of two service users' care records confirmed that they had been assessed by a Speech and Language Therapist (SALT) in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids; however, review of records identified that one care plan did not accurately address the service users' dysphagia needs in line with SALT recommendations. This was discussed with the person in charge who agreed to address the matter. An area for improvement has been identified.

There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note.

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

The person in charge confirmed that 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.

There was a system in place for retrieving the records of service users who were no longer receiving care and support by the agency.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Ronald Cartwright has been the manager in this agency since 19 February 2024. Staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

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. There was an identified ASC for the agency.

Discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

The agency's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed by the manager and the SHSCT governance department. A review of a sample of incident records evidenced these were managed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. A number of complaints were recorded from the date of the last care inspection. Review of the records identified that these were managed appropriately.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

The agency was visited each month by a representative of the registered provider. Monthly quality monitoring visits were completed in accordance with regulations. A sample of reports were reviewed and evidenced a review of the conduct of the agency and consultation with stakeholders.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 16 (2)(a) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that each employee of the agency receives training, which is appropriate for the work that they perform. This specifically relates to the following training: Basic first aid Dysphagia awareness DoLS Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager can confirm that all staff training records have been reviewed and where applicable staff have been advised of which training they need to complete and the timescales for completion. The Registered Manager will monitor staff training compliance to assist with meeting this improvement.
Area for improvement 2 **Ref:** Regulation 15 (2)(a)(b)(c) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that care plans are reflective of the International Dysphagia Diet Standardisation Initiative, as indicated by the Speech and Language Therapist. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager can confirm that Service Users Home Care Services timetable where applicable are to be reviewed to ensure they are reflective of the Speech and Language Therapist (SALT) recommendations. A communication is to be shared with the commissioning teams / key workers to remind them to update the Service Users Home Care Service timetable when there are any changes to a Service Users REDS recommendations as advised by SALT.

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