The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Peninsula Care Services**

Provider: **Peninsula Care Services Ltd**

Date of Inspection: **11 November 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:	Peninsula Care Services Ltd
Responsible Individual/Responsible Person:	Mr Jonathan Cook
Registered Manager:	Mr Matthew Wylie
Service Profile – Peninsula Care Services is a domiciliary care agency, which provides a range of personal care and support to service users living in their own homes. Services are provided across the Ards Peninsula and North Down areas. The South Eastern Health and Social Care Trust (SEHSCT) commission the services.	

2.0 Inspection summary

An unannounced inspection took place on 11 November 2025 from 09:55 a.m. to 2.00 p.m. A care inspector conducted the inspection.

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 13 March 2025 and to determine if the agency 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, Service user involvement and Restrictive practice.

The inspection found that safe, effective, compassionate care was delivered to service users, and that the agency was well led. Good practice was identified in relation to training compliance and staff recruitment processes. There were good governance and management arrangements in place.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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.

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 and relatives who are in receipt of care and support; the home care workers 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.

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 noted the agency had responded positively to requests in relation to urgent communication processes about package increases. They also confirmed the agency completed regular reviews of service users' needs and described the staff on the ground as "very good and polite" A matter described by a Trust professional was conveyed to the manager for review and action.

Service users indicated they were very satisfied with the care they received. Service users and their relatives spoke in positive terms about the care workers. They stated communication was good and the staff "go above and beyond"

A member of staff confirmed that induction, spot checks and supervision processes were robust and said the standard of care offered to service users enabled a good quality of life. Staff were very satisfied working for the agency and described management as approachable and encouraging.

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.
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 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 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.

Procedures were in place for appraising staff performance and staff had regular supervision and random spot checks.

Review of training records identified that 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.

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 generally person centred and regularly reviewed. 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. Staff recorded regular evaluations about the care and support provided. 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. 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, in line with the commissioning trust's requirements.

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. The agency also has a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes.

3.3.3 Governance and Managerial Oversight

Mr Matthew Wylie has been the manager in this agency since 24 April 2022.
The agency's registration, employee, and liability insurance certificate were up to date and displayed on the premises.

The registered provider as part of monthly monitoring visited the agency each month. The inspector advised that initials or unique identifiers should accompany the views of service users and their representatives. This measure would increase transparency and ensure views from across a range of service users are captured. This matter will be reviewed at a future inspection.

The inspector also noted medicine errors were reviewed as part of monthly monitoring. Examination of investigations into these errors did not always evidence that retraining and reassessment of competence was undertaken although it was clear that disciplinary processes were instigated. These matters were discussed with the manager who agreed to review the policy and practice and introduce measures to ensure competence in administration of medicines following reporting of errors. This matter will be reviewed at a future inspection.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Complaints received since the last inspection had been investigated thoroughly.

The inspector reviewed incidents, which had occurred since the last inspection. These were managed appropriately with referrals to safeguarding and NISCC in some instances.

The processes involved in creating an annual review of the service were viewed and include a focus on the evaluation of the quality of services provided. The annual report is in progress.

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. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The agency maintains a register of restrictive practices and the manager advised that currently there are no service users subject to Deprivation of Liberty Safeguards (DoLs).

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 Mr Matthew Wylie (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