Inspection Report

Name of Service:	Hillview Lodge Limited T/A Glen Caring Services - Ballymoney
Provider:	Hillview Lodge Limited
Date of Inspection:	4 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:	Hillview Lodge Limited T/A Glen Caring Services - Ballymoney
Responsible Individual/Responsible Person:	Mrs Linda Florence Beckett
Registered Manager:	Mrs Leah Ormsby
Service Profile: Hillview Lodge T/A Glen Caring Services – Ballmoney is a domiciliary care agency which provides personal care, practical and social support to individuals living in their own homes in the County Antrim area. The Northern Health and Social Care Trust commission these services.	

2.0 Inspection summary

An unannounced inspection took place on 4 November 2025, between 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 25 February 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as care records and staff supervisions.

There was no evidence that the service users were not satisfied with the care and support provided by Glen Caring Services - Ballymoney.

As a result of this inspection the areas for improvement previously identified were assessed as having been addressed by the provider. 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.

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 Quality Improvement Plan issued, 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

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

We did not receive any feedback directly from service users or their representatives. Positive comments were, however, noted within the monthly quality monitoring reports undertaken by the provider.

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.

There was no evidence that service users did not receive 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).

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. Advice was given in relation to including a section on the failure to gain access protocol to the induction proforma. This was welcomed by the person in charge who agreed to address this.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles.

Procedures were in place for appraising staff performance. All staff received regular spot checks on their practice. Whilst it was good to note that these were undertaken twice yearly, advice was given in relation to the lack of a formalised supervision process, that focuses on the NISCC Standards and the care workers post registration training and learning. Supervisions should be a two way process, which provides the care workers with the opportunity to raise any concerns they may have. An area for improvement has been identified.

3.3.2 Care Delivery and Care Records

Service users' needs were assessed when they were first referred to the agency. An assessment of need and care plan were then developed to direct staff on how to meet service users' needs. Whilst we were assured that the care workers were informed verbally, of the tasks to be completed in the first number of days, it is recommended that the assessment of need and care plan are made available in the service users' homes in a more timely manner. This was discussed with the person in charge who agreed to address this going forward.

Review of the care plans identified that they were detailed and included any advice or recommendations made by other healthcare professionals.

Each service user was provided with a service user agreement within five days of having commenced with the agency.

There was a system in place for identifying any missed calls; this included spot checks on staff practice and regular contact with service users and their relatives. Advice was given in relation to consistently recording any calls that are cancelled by service users or their family members. This will enable more accurate cross checking as part of the auditing process.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. 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. Advice was given in relation to ensuring the security of notes following collection by staff.

The care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

Where a service user had fallen at home, it was good to note that the Trust representative had been informed of this.

Where service users required equipment that could be considered restrictive, this was risk assessed and also included in the care plan and subject to review as part of the annual care review process.

There was a system in place for retrieving the records of service users who were no longer receiving care and support by Glen Caring Services - Ballmoney. However, the system was not sufficiently robust. An area for improvement has been identified.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Mrs Leah Ormsby has been the manager in this agency since 25 February 2022 and she is also the Registered Manager of two other registered domiciliary care agencies.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

Complaints were managed appropriately and it was good to note that any identified learning was shared with staff as appropriate.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process and that Trust' keyworkers had been informed of incidents in a timely manner. Incident reports were signed and dated by the person making the entry. An area for improvement previously identified in this regard had been addressed by the provider.

Review of the management of medicines policy and procedure identified that the actions to be taken in the event of a medication error had been included. An area for improvement previously identified in this regard had been addressed by the provider.

The annual quality report was reviewed and noted to include stakeholder feedback. However, the report did not include staff feedback. It was also noted that the report was compiled to include information pertaining to both agencies operated by the provider. Advice was given in this regard and this will be reviewed at a future inspection.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The manager was identified as the appointed ASC for the agency. Advice was given in relation to only recording data pertaining to the Ballymoney service within the annual safeguarding position report. This will be reviewed at a future inspection.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Leah Ormsby, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 16 (4) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall further develop and implement the supervision process to ensure that it is a two way process which focuses on the NISCC Induction Standards and post-registration training and learning. Ref: 3.3.1
	Response by registered person detailing the actions taken: We have changed our supervision structure, staff will receive their annual appraisal, one annual unannounced spot-check supervision and we have added a more formal one to one annual supervision which will allow for a two way process which focuses on the NISCC induction standards and post registration training and learning.
Area for improvement 2 **Ref:** Regulation 21 (1)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall develop and implement a system for retrieving the records from service users whose care package has ceased; where notes have not been retrieved, the agency's policy in relation to data protection should be followed; and records should be available for inspection to demonstrate compliance in this regard. Ref: 3.3.2
	Response by registered person detailing the actions taken: We have implemented a more robust logging system for the retrieval of records with a clear follow up system to detail action where notes have not been retrieved.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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