The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Rathcoole Fieldwork Office**

Provider: **Northern HSC Trust**

Date of Inspection: **26 January 2026**

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:	Northern HSC Trust
Responsible Individual/Responsible Person:	Mrs Suzanne Pullins
Registered Manager:	Mrs Tracey Kelly (Acting)
Service Profile: Rathcoole Fieldwork Office is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency, which provides personal care, practical and social support to 168 service users living in their own homes.	

An unannounced inspection took place on 26 January 2026, between 9.45 am and 2.30 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 22 January 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 the monthly quality monitoring process.

Service users said that the care and support provided by Rathcoole Fieldwork Office was a good experience.

As a result of this inspection one of the five areas for improvement previously identified was assessed as having been addressed by the provider; three areas for improvement have been stated for the second time; and one area for improvement has been carried forward for review at the next inspection. Full details, including a new area 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.

Service users' representatives told us that the staff were 'fine', 'brilliant', 'very helpful', 'very pleasant' and 'patient'. All those spoken with said they were happy with the care and support provided.

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 the staffing levels impacted on the service users' needs not being met.

The Home Care Officers are responsible for providing cover 'out of hours'; this included being contactable at specific hours during the week and also at weekends. An area for improvement previously identified in relation to the need for specific gaps in the out of hours cover arrangements to be covered, was not met and has been stated for the second time.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before new staff members commenced employment and had direct engagement with service users.

However, an area for improvement previously identified in relation to the checking process of staff who transfer internally within the Trust, could not be assessed, as no such staff transfers had occurred since the last inspection. Given that RQIA is aware of ongoing discussions between the Department of Health and the Trusts in this regard, the area for improvement will be carried forward for review at the next inspection.

The majority of training elements had been undertaken and it was positive to note that compliance with training is monitored as part of the governance and managerial systems (accountability meetings). An area for improvement previously identified in relation to Stoma Care and Diabetes Awareness had been addressed.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

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. Care plans were in place to direct staff on how to meet the service users' needs. The majority of risk assessments and care plans were in date and there was a service user spreadsheet (the A-Z) which the manager used to track renewal dates for the relevant documents. This enables the HCOs to request any updated service users' records more effectively.

There was a procedure in place for the collection of completed daily notes from service users' homes; whereby the HCOs are meant to collect the notes every three months and return them to the registered office. Review of records identified that there had been little improvement in this process; this meant that the auditing of the care records were not undertaken in a timely manner. An area for improvement previously identified was not met and has been stated for the second time.

Additionally, advice had previously been given in relation to the need for smaller booklets for daily notes for use in smaller packages of care. An area for improvement previously identified in this regard was not met and has been stated for the second time.

RQIA is cognisant, however, that plans are in place to digitalise the records that the HCWs complete. When implemented, this should address the aforementioned two areas for improvement.

There was a system in place to record when care records had been retrieved from service users' homes, when the service users care package ceased.

3.3.3 Quality of Management Systems

Mrs Tracey Kelly has been the acting manager since 14 May 2025; she is also the acting manager of two other registered domiciliary care agencies.

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; however, a number of actions identified on the action plan were not met on successive visits.

It was suggested that many of the actions were not achievable, in that many were not within the gift of the person aligned the responsibility of following up. An area for improvement has been identified in this regard.

The annual quality report had been completed.

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.
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.

There was a process in place to manage any complaints; none had been received since the last care inspection.

It was good to note that the monthly quality monitoring process detailed the incidents that had occurred in the previous month. Incidents had been reported to RQIA in keeping with the Regulations.

The Northern Ireland Social Care Council (NISCC) register was checked on a monthly basis, to ensure that all staff remained registered.

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	*3	*2

* the total number of areas for improvement includes three that have been stated for a second time and one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tracey Kelly, 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 (1)(a) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that gaps in the out of hours cover arrangements are addressed with immediate effect; and ensure that all HCWs are aware of the escalation plan for immediately reporting instances where they fail to gain access to service users' homes; and any matters that may impact upon their ability to attend a call; the out of hours' system must be capable of reacting to any matters that arise and must not constitute a message receiving service until business opening hours. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager has ensured all Home Care Workers are aware of escalation plan for immediate reporting - contacting the 'Senior on Call' outside of the Out of Hours service and until business opening hours. This will ensure there is no gap.
Area for improvement 2 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that AccessNI checks are undertaken on all staff regardless of whether or not they commenced employment via internal Trust transfer arrangements. Ref: 3.3.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Regulation 21 (1)(c) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall develop and implement a system to ensure that records are retrieved from the service users' homes in keeping with the agency's policy and procedure, to ensure that they are subject to timely audit. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager has a system in place to highlight when to retrieve records from the service users' homes to ensure timely audits. The registered manager has reinforced with staff, the importance of keeping this system updated and will closely monitor this. In all circumstances where it has been impossible to collect service user records, an incident report (DATIX) will continue to be completed.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 8.10 **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that smaller booklets for daily notes are developed for use in smaller packages of care; this will enable more frequent auditing of these records. Ref: 3.3.2
	Response by registered person detailing the actions taken: Retrieving records in line with audit process, will not be delayed due to the amount of pages in a book. The records will be retrieved, even if the book is not fully completed, in line with current audit process. The registered manager will monitor and address adherence to this with appropriate staff.
Area for improvement 2 **Ref:** Standard 8.11 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall review the process for undertaking the monthly quality monitoring visits, to ensure that the action plan contains actions that are achievable / within the remit of the person aligned to the action; and are followed up the following month. Ref: 3.3.3
	Response by registered person detailing the actions taken: The process for completeing the monthly quality monitoring has been reviewed and the registered manager has implemented a weekly team meeting, to review actions required/outstanding that are identified in the report. Staff will provide updates and explanations if actions have not/cannot be met, so the monthly quality monitoring report can be updated the following month.

Please ensure this QIP is completed in full and uploaded via Web Portal

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