

Inspection Report

Name of Service: Ballyclose House

Provider: Western Health and Social Care Trust

Date of Inspection: 16 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:	Western Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Ms Deirdre Mahon
Service Profile – Ballyclose House is a domiciliary care agency which provides personal care and housing support for up to 20 service users living in their own homes within the Western Health and Social Care Trust (WHSCT) area.	

2.0 Inspection summary

An unannounced inspection took place on 16 October 2025, between 10.20 am and 5.00 pm. 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 area for improvement identified, by RQIA, during the last care inspection on 27 February 2024; 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 and that the agency was well led. An area for improvement identified related to the provision of mandatory training for relief staff.

Good practice was identified in relation to service user involvement. There were effective governance and management arrangements in place. It was established that staff treated service users with dignity and respect. Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

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

We would like to thank the person in charge, service users and staff team 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 the previous area for improvement 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 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 service users and staff to seek their views of living and working within the agency.

Service users indicated that they enjoyed their experience of living in Ballyclose House and they spoke highly of the staff and manager.

The service users told us that they were able to choose how they spend their day. Service users' comments included; "Staff are lovely and always helpful; this is my home.", "I am well supported here." and "This is a good place to live".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "Risk assessments and care plans are always updated after any changes.", "We promote independence with all of the tenants." and "Care and support provided is of a high standard".

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 (recruitment and selection, induction and training)

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.

Review of the agency's staff recruitment records confirmed that criminal records checks (AccessNI), were completed and verified before staff members commenced employment and had direct contact with service users.

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 and a record of checks retained. 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 robust, structured, 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.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that permanent staff had received mandatory and other role specific training since the last care inspection, including moving and handling, fire awareness and medicines management. However, review of the training matrix for relief staff identified a number of staff required training and / or update training in relation to fire awareness, Deprivation of Liberty Safeguards (DoLS), basic life support and safeguarding children. An area for improvement has been identified.

An area for improvement identified during the last inspection related to dysphagia training and the completion of medication competency assessments. This area for improvement was assessed as met by the provider.

The agency had also provided training in regard to risk management and towards zero suicide, which strengthened staff competence in these areas.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staff reported staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice; this included going to the cinema, shopping, visiting restaurants and local parks.

The service users told us they enjoyed the independence that living in Ballyclose House affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be polite, genuine, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

3.3.3 Management of 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, regularly reviewed and updated to ensure they continued to meet the service users' needs.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

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 user's 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.

Staff recorded regular evaluations about the care and support provided.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

Records pertaining to consent were available.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms Deirdre Mahon has been the registered manager in this agency since 5 July 2022. Those consulted described having open and supportive relationships with the manager.

The agency was visited each month by a representative of the registered provider. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The reports of these visits were completed in detail.

The annual quality report was reviewed and noted to include stakeholder consultation.

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

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 individual within the organisation's senior management team who was identified as the appointed ASC for the agency.

Discussions with the person in charge 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. 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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring processes. Discussions 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.

A review of finance arrangements identified a 'Pay as You Eat Scheme', which were discussed with RQIA's Finance Inspector and it was agreed to seek further information from the Agency's Responsible Individual in relation to service users' finances; discussions are ongoing.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the person in charge and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in Section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Minimum Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area 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 Minimum Standards, revised 2021	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that relief staff are trained for their roles and responsibilities. This relates specifically to fire awareness, DoLS, basic life support and safeguarding children training. Ref: 3.3.1
	Response by registered person detailing the actions taken: Since inspection S/L Manager D.Mahon has conducted a mandatory training audit and highlighted any outstanding training to bank staff in Ballyclose. S/L Manager will continue to carry out training audits in this area to ensure any staff who bank in the facility are trained for their role and responsibilities. S/L Manager will update bank training matrix accordingly All Managers conducting Monthly Monitoring to ensure Bank staff training is also oversighted as part of same to ensure overall governance within this area.

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