The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Clogher Valley Care Ltd

Provider: Clogher Valley Care Ltd

Date of Inspection: 8 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:	Clogher Valley Care Ltd
Responsible Individual/Responsible Person:	Miss Evelyn Jennifer Frizelle
Registered Manager:	Miss Evelyn Jennifer Frizelle
Service Profile – Clogher Valley Care Ltd is a domiciliary care service based in Dungannon. The service provides care and support to 111 service users living in their own homes. The majority of service users have their care and support commissioned by the Southern Health and Social Care (HSC) Trust. The agency also provides services to a small number of service users who pay privately for their care and support. Services provided include personal care, medication support and meal provision.	

2.0 Inspection summary

An unannounced inspection was undertaken on 8 January 2026 between 10.05 am and 3.20pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection also sought to assess progress with respect to the areas for improvement identified by RQIA, during the last care inspection on 19 December 2024 which identified four areas for improvement.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users. The areas for improvement identified during the previous inspection were assessed as met.

One new area for improvement was identified during this inspection. This relates to record keeping with respect to adult safeguarding. Full details of this area for improvement identified can be found in the main body of this report and in the quality improvement plan (QIP) in Section 5.0.

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 areas 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 will seek the views of those working and those receiving support; and review/examine a sample of records to evidence how the agency home is performing in relation to the regulations and standards.

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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 the RQIA inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support and their experiences of receiving support or working in this agency.

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.

We spoke to a range of service users, relatives and staff to seek their views the agency. Through actively listening to a range of service users, RQIA aims to ensure that the lived experience of service users is reflected in our inspection reports and quality improvement plans.

We approached service users, relatives, care staff and HSC professionals to seek their views of Clogher Valley Care Ltd. The information provided indicated that there were no concerns in relation to the care and support provided to service users.

Service users and relatives who provided feedback on the service indicated that they were very happy with the care and support provided by the agency. Comments received included the following: “They are my lifeline; the carers are like angels and help me both physically and psychologically”.

Relatives who spoke with the inspector advised that they were very satisfied with the care provided to their loved ones, that the carers were patient and kind and that the office staff were helpful and responsive.

Comments received within the Service User/ Relatives questionnaire included the following statements: “The service is excellent” and “the service is wonderful and sees to (my relative’s) needs”.

Staff who spoke with the inspector indicated that the service users get good care and support from the agency, that the training was useful and that their manager was approachable and supportive.

HSC professionals who provided feedback on the agency said that they were very satisfied with the care and support provided to service users and that the manager and office staff were very good at responding to any issues that arose.

3.4 Inspection findings

3.4.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and outlined the procedure for staff reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager 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.

The manager advised that there had been one adult safeguarding concern raised by the agency to the HSC Trust, however, it was confirmed after the inspection, that there had been two adult safeguarding concerns raised with the agency since the last inspection. Neither of these had been recorded centrally within the agency’s adult safeguarding records. However, the manager was able to evidence how the agency responded to concerns raised and it was established that these had been actioned appropriately. Improvements were required however, to ensure best practice in respect of record keeping in line with the agency’s adult safeguarding policies and procedures. An area for improvement has been identified.

Staff were required to complete adult safeguarding training during their induction and every two years thereafter. Arrangements were in place for staff to refresh this training annually however some staff are required to complete their refresher training (see Section 3.4.4). 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 during and outside normal business hours.

An area for improvement identified during the previous inspection related to notifications that must be reported to RQIA. On review of all notifications submitted, it was identified that one incident had not been reported to RQIA within 24 hours of the manager being informed that the matter had been reported to the police in line with regulations. The manager provided an explanation for this and proceeded to submit a notification to RQIA immediately. Further discussion took place with the manager to ensure understanding of the requirements under Regulation 15 (12) (b). On this basis the area for improvement was been assessed as met.

Staff who spoke with the Inspector could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to raising concerns in the public interest (whistleblowing).

There was an electronic recording system where all accidents/incidents were recorded and the manager confirmed that this was reviewed regularly to track any trends or patterns arising. A review of accidents/incidents which arose since the last inspection confirmed that these had been managed appropriately.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users using the service were subject to DoLS.

An area for improvement identified during the previous inspection related to the recording of restrictive practices. On review of this, it was evidenced that the agency had implemented a restrictive practice policy. Any restrictive practices applied by the agency such as bed rails and locked medication boxes, were recorded on an electronic matrix. This was reviewed regularly by the manager to confirm necessity and proportionality in line with the assessed needs of the individual. On this basis, the area for improvement was assessed as being met by the provider.

3.4.3 Staff Selection, Recruitment and Induction

A review of the agency's staff selection and 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 the Northern Ireland Social Care Council (NISCC).

There was a system in place for professional registrations to be monitored by the manager. Staff 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 which incorporated NISCC's Induction Standards for new workers in social care; this helps to ensure staff are competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included 'shadowing' of a more experienced staff member. Written records were retained by the agency of all training, including induction and professional development activities undertaken.

3.4.4 Staff Training and Development

Staff were provided with training appropriate to the requirements of their role as part of their induction into the agency.

A review of training records evidenced that some staff required refresher mandatory training in Adult Safeguarding, Fire Safety, First Aid, Infection Control and Control of Substances Hazardous to Health (COSHH). Plans to address this were discussed with the manager who later provided evidence that the identified staff were up to date with their mandatory training.

Where service users require the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. Staff completed yearly refresher training thereafter. A review of the agency's policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of a service user fall. It was recommended that the policy also outline steps to take should there be a deterioration in a service user's ability to weight bear. The manager welcomed this advice and provided a copy of the amended policy with this guidance incorporated after the inspection.

All staff had been provided with training in relation to medicines management and were required to complete competency assessment prior to undertaking this task. Medication training was refreshed yearly online for all staff.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided, and some service users required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded within the service user's care records. Staff who spoke with the inspector indicated that they were familiar with how food and fluids should be modified and that they implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

3.4.5 Care Records and Service User Input

An area for improvement identified at the previous inspection related to care records and implementation of person centred care planning. A review of a sample of service users' care records confirmed that these contained detailed information about the level of support required and evidenced efforts by the agency to ascertain service user's wishes and preferences regarding how their support is provided. This area for improvement was assessed as being met by the provider. 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.

3.4.6 Governance and Managerial Oversight

An area for improvement identified during the last inspection related to the monthly monitoring visits and reports which had not been completed for each month of the preceding year.

On review of the monthly monitoring reports, it was established that these had been completed consistently on a monthly basis and that there was engagement with service users, relatives, staff and HSC Trust representatives. On this basis the area for improvement was assessed as being met.

Advice was given to the Manager in respect of using appropriate terminology within the monthly monitoring reports in relation to Adult Safeguarding, and use of unique identifier references when reviewing and/or auditing service user records for accuracy of reporting and recording. This will be reviewed at a future inspection.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employer's liability insurance.

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 process.

There was a policy and procedure in place for staff who are unable to gain access to a service user's home.

4.0 Quality Improvement Plan/Areas for Improvement

One area for improvement was 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 Ms Jennifer Frizelle, 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 **Ref:** Standard 14.7 **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall ensure that a robust system is developed and implemented in regard to the management of all adult safeguarding incidents; this should ensure that relevant written records are retained of suspected, alleged or actual incidents of abuse and includes details of the investigation, the outcome and action taken by the agency. Ref:3.3.1
	Response by registered person detailing the actions taken: A central database of all safeguarding incidents is in place. Written records are held of all incidents, communications, details of what action was taken, outcomes and a copy of any notifications required and completed is retained also.

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