The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Western Health & Social Care Trust Home Care Department Spruce Villa**

**Provider:** **Western Health and Social Care Trust**

**Date of Inspection:** **12 February 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:** | Western Health and Social Care Trust |
| **Responsible Individual/Responsible Person:** | Mr Neil Guckian |
| **Registered Manager:** | Mr Martin Edward McGeady |
| **Service Profile:**<br>Western Health and Social Care Trust Home Care Department Spruce Villa is a domiciliary care agency providing care and support to service users in their own homes. These service users have been assessed as needing assistance due to their mental health care needs, physical disability and learning disability and to older people. The range of services includes personal care, practical and social care support. The agency also provides a reablement homecare service in partnership with the Occupational Therapy (OT) department. This short term programme helps people relearn essential skills and regain independence to enable them to continue to remain at home. | |

## 2.0 Inspection summary

An unannounced inspection took place on 12 February 2026, between 11.00 am and 5.30 pm by care Inspector.

The last care inspection of the agency was undertaken on 26 November 2024 by a care Inspector. No areas for improvement were identified. This 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 established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as care records.

It was evident that staff promoted the dignity and well-being of service users and that staff were well trained to deliver safe and effective care.

Service users said that the care and support provided by the agency was a good experience.

## 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.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the 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 informed us that the carers are very professional and excellent in their roles. One service user described the agency as a "lifeline," stating, "Without this service, I would not have been able to come home. The support has been excellent."

Staff spoke positively regarding care delivery, training, and managerial support. Staff comments include: "The service is very well led by the management team. The manager is approachable, there is good communication within the team, and the training is very effective."

The information provided indicates that those who engaged with us have no concerns regarding the care setting.

## 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.

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.

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, induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were retained and noted to be mostly up to date. Those staff who required refresher training had dates identified to complete their training. It was good to note that service user specific training had also been provided to staff, including Dementia Awareness training. Additionally, some staff had completed stoma training. Staff spoke positively about the training they received and confirmed that it was sufficient to enable them to fulfil the duties and responsibilities of their roles.

All staff received regular supervision and appraisals.

### 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 person centred, regularly reviewed, and updated to ensure they continued to meet the service users' needs. However, a review of a care record identified that the Speech and Language Therapy (SALT) assessment had not been correctly detailed in the care plan. An area for improvement has been identified.

It was positive to note that staff had completed training in dysphagia and the management of a choking incident.

### 3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Martin Edward McGeady has been the registered manager in this agency since 8 June 2011.

There were monthly monitoring arrangements in place in compliance with Regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (HSC) Trust representatives if appropriate. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends.

A system was in place to ensure that complaints were managed in accordance with the agency's policy and procedures. Complaints received since the last inspection were managed

and reviewed as part of the agency's quality monitoring process. One complaint was identified as requiring further action by the person in charge.
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 appointed ASC for the agency. It was established that systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The Annual Quality Report was reviewed and was satisfactory.

Where staff are unable to gain access to a service users home, the agency has a policy and procedure in place to direct the actions of staff.

## 4.0 Quality Improvement Plan/Areas for Improvement

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

| | Regulations | Standards |
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| **Total number of Areas for Improvement** | 1 | 0 |

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** | |
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| **Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 15 (2)(a)(b)(c)<br><br>**Stated:** First time<br><br>**To be completed by:** Immediate from the date of the inspection | The Registered Person shall ensure that the care plans relating to swallow difficulties are consistent with the SALT assessment.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:** At any given time typically there would be less than 5 service users with swallowing difficulties identified by professional staff who have had SALT assessment culminating in a REDS [Recommendations for Eating Drinking & Swallowing] document being in place [this represents less than 0.8% of the total caseload]. All current cases with a REDS document in place have been audited by the Homecare Services manager following inspection who has confirmed that the information held on the individual's care plan reflects the recommendations within the REDS. This audit activity will be routinely undertaken on a six monthly basis going forward, with appropriate follow up undertaken as identified.. Homecare Coordinators have been |

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| | instructed to ensure that with immediate effect the care plan will include the following narrative.<br><br>All staff must follow the recommendation on the Salt Report (REDS) Dated …… which is included in the Service User's File.<br><br>Staff are advised that this must be kept under review and if the REDS is amended or recommendations change the date of the new REDS Report must be entered on the Service User Care Plan and care staff informed.<br><br>Coordinator and care staff are being updated on this change via team meetings, supervision, SALT training, etc. |

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

The Regulation and Quality Improvement Authority

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