The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Western Health & Social Care Trust Home Care

Provider: Western Health & Social Care Trust

Date of Inspection: 27 March 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:	Western Health & Social Care Trust
Responsible Individual/Responsible Person: -	Mr Neil Guckian
Registered Manager:	Mr Martin Edward McGeady
Service Profile Western Health and Social Care Trust Home Care Department is a domiciliary care agency providing domiciliary care and support to service users living in their own homes. There are three registered homecare offices, Derry, Enniskillen and Omagh. The range of services includes personal care, practical and social care support along with a Reablement service. This inspection report relates to the registered office that is based in Omagh.	

2.0 Inspection summary

An unannounced inspection took place on 27 March 2026 between 9.45 am and 2.40 pm by a care Inspector.

The last care inspection undertaken on 26 March 2024 by a Care Inspector identified no areas for improvement. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if it is delivering safe, effective and compassionate care and if the service is well led.

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. One new area for improvement was identified during this inspection relating to Adult Safeguarding record keeping. This is discussed in section 3.3.1. Further details of the findings of this inspection are outlined in the main body of the report.

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 home care workers who work for the agency and Health and Social Care (HSC) staff. A review of a sample of records is also undertaken 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 survey.

3.2 What people told us about the service and their quality of life

Service users who provided feedback on the care and support given to them said that they were happy with the standard of care provided by the agency.

Relatives who spoke with the inspector advised that they were very satisfied with the care and support provided to their loved ones by the agency.

A relative who completed the Service User/Relative questionnaire said that the service was very pleasing and that the staff members were “very clued in” and “a joy to come into our home”. The service was described as “Excellent” with “friendly, polite staff”.

Staff who spoke with the inspector said they felt very satisfied with the agency provided a good service to service users and that the training and managerial support provided was of a good standard.

Healthcare professionals who provided feedback on the agency said that the care provided by the agency was of a good standard and that the manager regularly communicated any concerns raised about service users as needed. Comments made included the following statement: “The Home Care Department deals with any issues raised with kindness and sensitivity. Communication has been excellent”.

3.3 Inspection findings

3.3.1 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 clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. 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. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency retained records of any referrals made to the Adult Safeguarding team in relation to adult safeguarding concerns. A review of records confirmed that whilst safeguarding concerns had had been raised and managed appropriately, the storage of these records was not structured and organised within a centralised recording system making it difficult to review and track the progress of any adult safeguarding concerns raised. The number of Adult Safeguarding concerns raised since the last inspection could not be ascertained with ease. An area for improvement has been identified.

The agency retained records of all accidents/incidents and a review of these records indicated that they had been managed appropriately. It was positive to note that a tracking system was in place to record all the accidents/incidents arising which was reviewed on a monthly basis. It was recommended that use more succinct referencing of the incidents would aid in ensuring accuracy of reporting and recording as well as swift identification of any patterns and trends arising. This advice was welcomed by the person in charge who agreed to implement these recommended changes which will be reviewed at a future inspection.

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

3.3.2 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 are required to complete Deprivation of Liberty Safeguards (DoLS) training as appropriate to their job roles. The person in charge confirmed that there were no service users subject to DoLS within the agency.

There was evidence that restrictive practices such as the use of bed rails were applied under the direction of the multidisciplinary team however, these were not recorded centrally for monitoring and review purposes. Advice was given to the person in charge about the need to consider all potentially restrictive practices and to ensure that any restrictive interventions that are applied are kept under regular review to ensure proportionality and necessity in line with a robust multi-disciplinary assessment of need. This will be reviewed at a future inspection.

3.3.3 Staff Recruitment, Induction and Training 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.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.
To ensure compliance with regulations a full employment history together with any gaps of employment of all potential employees must be obtained. A review of the records of the most

recently recruited staff identified whilst gaps in employment were explored, there was no documented evidence that a full employment history had been provided in respect of each employee. This was discussed with the person in charge who gave assurances that these checks are undertaken at the shortlisting stage of recruitment. It was therefore recommended to the person in charge that evidencing robust exploration of all future employee's work history back to 18 years of age will ensure compliance with the Regulations and Standards. This will be reviewed at a future inspection.

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

A review of induction and training records confirmed that staff had completed training in Dysphagia and in relation to responding to choking incidents. Other training modules staff were required to complete included Moving and Handling, Medicines Management, Infection Control, Awareness in Basic First Aid and Palliative care.

3.3.4 Care Records and Service User Input

A sample of service users' care records examined confirmed that these contained sufficient information about the level of support required and that moving and handling risk assessments and care plans were up to date. 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.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and that there was timely referrals and follow up with the SALT team as needed in respect of any changes in service user's swallowing abilities.

3.3.5 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and 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. Advice was given to the person in charge in respect of stipulating the date in which the quality monitoring visit took place as well as detailing measures and actions that are required to improve the quality and delivery of the service provided by the agency. This will be reviewed at a future inspection.
The Annual Quality Report was reviewed and was satisfactory.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' 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 system in place that ensures that the service has an operational policy where staff are unable to gain access to a service user's home.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in one area for improvement being identified. The findings of the inspection were discussed with Mrs Denise O'Brien (Person in Charge), as part of the inspection process and can be found in the main body of the report.

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	1	0

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 21 (1) (a) **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall The Registered Person shall ensure that all records are maintained and in good order. This is in respect of records relating to Adult Safeguarding concerns to enable timely follow up and review so that all required actions are undertaken as appropriate by the agency. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Western Trust's Homecare Department in Omagh has well established arrangements in place to ensure that adult safeguarding concerns are identified and appropriately escalated in a timely manner, There is an Adult Safeguarding log located within the Homecare Department's Sharepoint site to record all AS issues detailing the date, source, nature, response and outcome of the concern. Service managers have been reminded of the importance of completing the log for any AS issue that emerges. The Registered Manager will review the log on a monthly basis to monitor progress of investigations, outcomes and trends. The Registered Manager will record finding in the Monthly Monitoring Return

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

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