The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Moneydarragh Flexicare

Provider: Moneydarragh Flexicare Ltd

Date of Inspection: 19 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:	Moneydarragh Flexicare Ltd
Responsible Individual/Responsible Person:	Mrs Karen Cunningham
Registered Manager:	Mrs Karen Cunningham
Service Profile – Moneydarragh Flexicare is a domiciliary care agency located in the village of Ballymartin. Under the direction of the owner/manager Karen Cunningham, 53 staff provide care services to 98 service users in their own homes in the Annalong and Kilkeel areas of County Down. The services provided range from personal care, practical support to sitting services. Their services are commissioned by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An announced inspection took place on 19 March 2026, between 09.45 am and 2.00 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 inspection on 5 December 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. However, improvements were required to ensure the effectiveness and oversight of specific aspects of the agency, such as service user annual reviews.

As a result of this inspection, one of two areas for improvement identified at the last inspection on 5 December 2024 will be restated for a second time. Full details can be found in the main body of the report and in the Quality Improvement Plan (QIP) in Section 4.

The inspector would like to thank the manager, service users and staff for their support throughout the inspection process.

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.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

As part of the inspection, the inspector spoke with staff working for and within the service. Some service users and relatives were also contacted. A number of service user/relatives questionnaires were distributed to obtain their views on the support provided by the service.

The information provided indicated that the service users and relatives felt very satisfied with the care they received. They said care was safe and effective, that staff were respectful; and the management of the care was good. A service user commented that 'staff were very gentle and caring.' Relatives also spoke positively, praising the caring attitudes of the care workers. There were no concerns raised.

Staff who spoke with the inspector advised that the training and support they received from the manager was of a good standard and that service users were treated well.

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). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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.

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 in normal business hours and out of hours. 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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. There had been no referrals since the previous inspection.

The Mental Capacity Act (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 training appropriate to their roles in Deprivation of Liberty Safeguards (DoLS) as part of the MCA framework. This supports staff to make informed decisions in line with best practice and uphold service users' rights. The manager confirmed that no service users were subject to DoLS or restrictive practices at the time of inspection.

3.3.2 Staffing and recruitment practices.

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 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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; 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 were no volunteers deployed within the agency.

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. The induction procedure, also included shadowing of a more experienced staff member. There was also a robust ongoing training programme provided to all staff, commensurate with their roles and responsibilities. This included training on dysphagia and how to respond to choking incidents. All staff had been provided with training in relation to medicines management.

Written records were retained by the agency of the person's capability and competency in relation to their job role.

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

3.3.3.Care delivery and care records

Review of care records and discussions with service users indicated that individuals had an input into the development of their care plans. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated dietary requirements.

A formal review of a service user's care plan should take place at least once per year. The manager confirmed that annual review meetings organised by the Trust were not consistently arranged for all service users. There were no records provided to evidence that the agency contributes to the annual review of the service users care plans either by either attending meetings or submitting a report in advance. Review reports should refer to any matters regarding the current care plan; general changes in the service users' situation; and details of important events including incidents or accidents occurring during the review period. An area for improvement has been restated.

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.

The inspector noted that the agency's office had a large volume of documents, which required archiving or destruction. The manager discussed plans to address these issues and to increase the overall security of the premises. These matters will be reviewed at a future inspection.

3.3.4 Managerial oversight and Governance

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

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.

The Annual Quality Report was reviewed and was satisfactory.

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

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. The manager confirmed that no complaints had been received since the last inspection.

There was a procedure to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, the service had an operational policy and procedure that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner. This matter is also emphasised at induction.

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	0	1*

* The total number of areas for improvement includes one that has been stated for a second time.
Areas for improvement and details of the Quality Improvement Plan were discussed with with Mrs Karen Cunningham, Responsible Individual and Registered Manager as part of the inspection process and 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 6.2 **Stated:** Second time **To be completed by:** Immediate and ongoing	The Registered Person shall ensure the agency participates in review meetings organised by the referring Trust. Staff should either attend review meetings or contribute by completing a written report annually prior to the meeting. Ref: 3.3.3
	Response by registered person detailing the actions taken: A new form has been implemented and reviews of our own will start taking place and sent to the key worker as we are very rarely invited to the reviews

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

The Regulation and Quality Improvement Authority

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