The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carrickfergus Community Services

Provider: Northern Health and Social Care Trust

Date of Inspection: 7 May 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:	Northern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mrs. Suzanne Pullins
Registered Manager:	Mrs. Tracey Kelly (Acting)
Service Profile: Carrickfegus Community Services is a domiciliary care agency which provides personal care and support to individuals living within the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 7 May 2025, between 9 am and 1.50 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 6 May 2025; 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. Improvements were still required, however, in relation to the out of hours, on-call system, previously identified at the last care inspection.

Service users said that the care and support provided by Carrickfergus Community Services was a positive experience.

As a result of this inspection three of the five areas for improvement previously identified were assessed as having been addressed by the provider. One area for improvement was stated for the second time; and one was carried forward for review at the next inspection. Full details, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 information held by RQIA about this agency was reviewed. This included the previous QIP, 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 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.

Staff told us that they 'loved their job' and that they had no concerns to raise. Those spoken with emphasised that they would speak to the management team if they had any concerns.

Service users' representatives told us that they were very happy with the care and support provided, describing the staff as 'excellent'. All those spoken with said that the staff were always respectful and that they built up a 'good rapport' with the service users.

3.3 Inspection findings

3.3.1 Staffing 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.

Consultation with service users' representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

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.

An area for improvement had previously been identified in relation to the checks undertaken on staff who had transferred to Carrickfergus Community Services by way of an internal staff transfer from another post within the NHSCT. Given that there were no staff who had transferred to the service in such circumstances, since the last inspection, this matter was carried forward for review at the next inspection.

Review of records further identified gaps in the employment history provided by applicants. It was explained to the Inspector that any gaps in employment histories are explored at the staff member's interview and that records of same are forwarded by the interview panel to the Trust human resources department. Following the inspection, the manager confirmed to RQIA that the identified records had been received and that the gaps had been explained. Advice was given in relation to ensuring that such records are retained in the staff members' personnel files going forward.

The agency maintained a record for each member of staff of all training and professional activities undertaken. The majority of training elements had been undertaken and it was positive to note that compliance with training is monitored as part of the governance and managerial systems (accountability meetings). It was good to note that an area for improvement, previously identified in relation to staff training, had been addressed.

Appraisals were completed on an annual basis; and staff received onsite and individual supervisions in keeping with the agency's procedures.

3.3.2 Care delivery and Management of Care Records

There was a robust system in place to record any calls that had been missed. Review of the records identified that this had only occurred due to extenuating circumstances. There were sufficient staffing numbers in place to meet the needs of the service users.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Care plans were in place to direct staff on how to meet the service users' needs. The majority of risk assessments and care plans were in date and there was a service user spreadsheet (the A-Z) which the manager used to track renewal dates for the relevant documents.

Any service user who required a modified diet, had a Speech and Language Therapy (SALT) assessment in place; this was also detailed in the care plan. Bedrail risk assessments were similarly reflected in the care plan.

Care reviews had been completed in keeping with the agency's policy and procedures.

There was a process in place for the collection of completed daily notes from service users' homes.

There was a system in place to record when care records had been retrieved from service users' homes, when the service users care package ceased.

Sometimes service users have more than one provider supporting them with their care needs.

Advice was given in relation to the need for the manager to monitor such arrangements, particularly in terms of the need for the home care workers to adhere to the call times; with specific consideration to any service users who are prescribed time-critical medicines.

3.3.3 Quality of Management Systems

Mrs Tracey Kelly has been the manager since 14 May 2025; she is also the manager of two other registered domiciliary care agencies.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, and staff practices was in place. It was good to note that an area for improvement, previously identified in relation to the action plan, had been addressed.

Review of records identified that complaints had been managed appropriately.

The annual quality report had been completed.

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. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. An area for improvement, previously identified in relation to the retention of completed safeguarding referral forms, had been addressed.

There was a protocol in place for staff to follow where service users were found not to be at home.

Review of records identified that all incidents had been managed appropriately. The manager was aware of the incidents which required to be notified to RQIA; no such incidents had occurred.

The Northern Ireland Social Care Council (NISCC) register was checked on a monthly basis, to ensure that all staff remained registered.

The agency has a number of different staff roles. The Manager and the Domiciliary Care Locality Support Manager's (DCLSM) roles are divided between Carrickfergus Community Services and two other registered domiciliary care agencies. The Home Care Workers (HCWs) deliver the care to service users in their own homes. The Allocation Officers' (AOs) role includes managing the Health Care Workers (HCWs) rotas and covering any short notice absences. The Home Care Officers' (HCO) role includes line management responsibilities for the HCWs and they also coordinate many aspects of the service users' care and care records. The HCO's and the AOs worked collaboratively together to ensure that the service users received their calls when there were any HCW absences.

HCOs also have responsibility for 'out of hours'; this included being contactable at specific hours during the week and also at weekends. It was identified, at the last inspection, that there were specific gaps in the out of hours cover period. Discussion with the person in charge confirmed that the gaps in the out of hours cover period remain. The person in charge advised that senior management are currently reviewing the out of hours cover period. This was previously identified as an area for improvement and was stated for a second time.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes one that was stated for a second time and one which was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tracey Kelly, Manager, 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 16 (1)(a) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that gaps in the out of hours cover arrangements are addressed with immediate effect; and ensure that all HCWs are aware of the escalation plan for immediately reporting instances where they fail to gain access to service users' homes; and any matters that may impact upon their ability to attend a call; the out of hours' system must be capable of reacting to any matters that arise and must not constitute a message receiving service until business opening hours. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has ensured all Home Care Workers are aware of escalation plan for immediate reporting. Contacting the 'Senior on Call' outside of the Out of Hours service and until business opening hours. This will ensure there is no gap in the Out of Hours cover arrangements.
Area for improvement 2 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that AccessNI checks are undertaken on all staff regardless of whether or not they commenced employment via internal Trust transfer arrangements. Ref: 3.3.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

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The Regulation and Quality Improvement Authority

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