

Inspection Report

Name of Service: Cookstown Community Services

Provider: Northern HSC Trust

Date of Inspection: 12 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 HSC Trust
Responsible Individual/Responsible Person:	Mrs Suzanne Pullins
Registered Manager:	Mrs Claire Appolonia O'Hare
Service Profile: Cookstown Community Services is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency. They provide care and social support to service users in the Cookstown locality.	

2.0 Inspection summary

An unannounced inspection took place on 12 May 2026, between 10.50 am and 5.00 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 24 March 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection five of the nine areas for improvement were addressed by the provider. A number of areas for improvement have been stated for a second time. Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Service users and their relatives informed us that they were satisfied with the care and support provided by Cookstown Community Services.

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 Quality Improvement Plan 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 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.

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 staff survey.

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

During the inspection, we spoke with service users, relatives and staff members to seek their views of the agency.

Service users who spoke with the Inspector said that they were very happy with the care and support provided. Comment received included: "The communication is one hundred percent. Everything is good with the service; we have had no missed calls, and the carers are never rushed. We are happy with the service. It is first-class."

A relative commented: "The service is superb, and they communicate well. The carers are not rushed, and I have no complaints. They have built up a good rapport with the family. The same carers consistently attend. We are happy with the service; they are saints. [Family member] is well looked after, and they all do their best."

Staff commented positively on the management, staff training, and care provided by the agency, stating that the manager is "approachable" and that they "feel valued." Comments included: "I really love my job. The manager is very approachable. If there are any issues, management addresses them immediately. The training is excellent, and we are given real-life situations to learn from. I feel valued; they are very good at one-to-one supervision and career progression. I am given time to complete all my care calls. If a call takes longer than the allocated time, I phone the office, and additional time is provided."

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

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 and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

The manager advised that there have been no newly recruited staff to the agency since the last inspection. The manager confirmed that recruitment is managed in accordance with regulations and minimum standards before staff members commence employment and engage directly with service users. Additionally, the manager confirmed access to the Trust's Amicus system for reviewing recruitment records.

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.

A review of the induction records for staff recruited at the time of the last inspection showed that they had completed a structured induction in accordance with the NISCC's Induction Standards for new workers in social care, and the induction records were completed. This ensured that they were competent to perform their duties in line with the agency's policies and procedures. The induction programme included shadowing a more experienced staff member. The areas for improvement relating to induction records has been addressed.

Staff provided positive feedback regarding the training they received. Records reviewed evidenced that staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a training matrix. It was positive to note that staff had received training in diabetes awareness as part of their induction. However, it was identified that staff training in respect of DoLS had expired. An area for improvement has been identified.

There was evidence of effective systems in place to manage staffing. Since the last inspection, the Standard Operating Procedures have included DATIX reporting on service disruption caused by staffing, any impact on service users, and actions taken. Additionally, staffing is recorded in the monthly quality monitoring reports to identify any patterns and trends regarding staffing. The area for improvement related to staffing has been addressed.

During the last inspection, it was identified that there were gaps in staff cover for the out-of-hours rota, which may lead to potential delays in reporting issues such as sickness or travel disruption. This could potentially impact the timely delivery of calls to service users. The manager advised that, as an interim measure, the senior manager has been covering these gaps. However, the manager reported that no permanent solution has been identified. This area for improvement has been restated.

Procedures were established for appraising staff performance and conducting staff supervisions in accordance with policy and procedure. Staff confirmed that appraisals and supervisions had occurred. The area for improvement related to staff supervision has been addressed.

3.3.2 Management of Care Records and Care Delivery

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Care plans were in place to guide staff on how to meet the service users' needs. However, upon reviewing a service user's carer records, it was identified that the most recent Speech and Language Therapy (SALT) assessment and Bed Rail Assessment were not accurately reflected in the care plan. An area for improvement related to care records has been restated.

It was positive to note service users' care records reflected the multidisciplinary input and collaborative working undertaken to ensure that service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multidisciplinary team, and these interventions were proactive, timely, and appropriate.

There was a system in place for identifying missed calls; this included spot checks on staff practice and regular contact with service users and their relatives.

A procedure was established for the collection of completed daily notes from service users' homes. The Health Care Officers (HCOs) aimed to collect these notes every three months and return them to the registered office to ensure effective auditing of the notes and the effectiveness of the call times. A review of the spreadsheet, detailing the dates the daily notes were issued and collected, including records of ceased packages of care, identified that it had not been maintained; it was not up-to-date and in good order, and there was no evidence that efforts had been made to retrieve outstanding care records. An area for improvement relating to the auditing, monitoring and retrieval of care records has been restated.

Previous advice was given regarding the development of a smaller booklet for daily notes to be used in smaller care packages. The manager advised that they will be transitioning to an electronic system to record daily notes; therefore, smaller booklets will not be required. This area for improvement has been addressed.

3.3.3 Quality of Management Systems

Mrs Claire Appolonia O'Hare has been the manager since 18 August 2009; she is also the manager of another registered domiciliary care agency. Staff commented positively about the management team.

The agency maintained a monthly monitoring system to evaluate the quality of the services provided. A review of a sample of the agency's quality monitoring reports established that there was engagement with service users, their relatives, staff, and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records, accidents/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements. It was noted however, that the patterns and trends of the reported incidents were not documented. It was advised to record any patterns and trends as part of the monthly monitoring process.

A review of incident records identified that they were managed appropriately.

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 individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern (PSNI).

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.

A system was in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussions with the manager indicated that no formal complaints had been made since the last inspection. Several informal complaints were resolved locally, with satisfactory outcomes.

There was a system in place that ensures that the agency 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

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	3*	2*

* the total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Claire Appolonia O'Hare, Registered 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: 3.3.1
	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 21 (1)(c) Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall develop and implement a system to ensure that records are retrieved from the service users' homes in keeping with the agency's policy and procedure, to ensure that they are subject to timely audit. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager is reviewing the current system in place for retrieval of records from service users homes, for timely audit, in keeping with the agency's policy and procedure, in order to implement a more robust system for timely review. The agency is also, in the longer term, planning the implementation of a paperless Digital solution 'Care Line Live'. This will remove the need for collection of records for auditing and facilitates audits to be carried out more efficiently from the digital records.

Area for improvement 3 Ref: Regulation 15 (2) (a)(b)(c) Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that risk assessments and care plans are up to date; and where there have been a number of requests made to follow up on these matters, Senior Management should be informed. Ref: 3.3.2 Response by registered person detailing the actions taken: The registered manager will continue to highlight to senior management of the domiciliary care service, where requests for updated documentation eg care plans, risk assessments are not being forwarded to the service and will keep a record of this as evidence for inspection by RQIA Inspectors
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Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 Ref: Standard 5.7 Stated: Second time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that the system in place to retrieve the care records from service users whose care package have ceased is proactively managed. Ref: 3.3.2 Response by registered person detailing the actions taken: The registered manager is reviewing the current system in place for the retrieval of the care records from service users homes whose care package have ceased, in order to implement a more robust system, detailing the actions taken to retrieve the records eg Telephone calls to NOK/Family and any formal communications eg letters requesting the return of the care records
Area for improvement 2 Ref: Standard 12.4 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that all staff receive up to date DoLs training. Ref: 3.3.2 Response by registered person detailing the actions taken: The registered manager has reviewed the numbers requiring updated DoLs Training and has commenced the roll out of refresher training for all staff from week beginning Monday 15th June 2026.

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