

Inspection Report

Name of Service: Western Health & Social Care Trust Home Care
Department Hope Centre

Provider: Western Health and Social Care Trust

Date of Inspection: 14 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:	Western Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Mr Martin Edward McGeady
Service Profile: The Western Health and Social Care Trust Home Care Department Hope Centre provides domiciliary care and support to service users with physical and learning disabilities, mental health care needs, and to older people in the Fermanagh area. The agency also offers a reablement homecare service in partnership with the WHSCT Occupational Therapy (OT) department. This short-term programme supports individuals in relearning essential skills and regaining independence, enabling them to continue living at home.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2026, between 10.50 am and 5 pm by a care Inspector.

The last care inspection of the agency was undertaken on 2 April 2025 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 staff supervision and the completion of quality monitoring reports.

It was evident that staff were knowledgeable and trained to deliver safe and effective care.

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 those working for or being supported by 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 and staff members to seek their views of the agency.

Service users who spoke with the inspector spoke positively about the care they receive. Comments received included: "I have had these carers for quite a while, and we are on first-name terms. They are all very good to me and are never rushed. They always arrive, even if they get held up. I have their number and can call them if there is any issue. I am very happy with the service; they never let me down." and "The service is excellent. The carers are friendly and willing to assist in any way possible. I have no complaints; they are never rushed. They are consistently punctual, and I have not experienced any missed calls. There is a phone number in the book to call if there are any issues. I have had no issues."

Staff provided positive feedback on the management, training and care delivered by the agency, describing the service as "well-managed" and the care as "person-centred." Comments included: "Communication with the office is good. With some calls, the time can run over; we are task-oriented rather than time-oriented. If we need more time, we call the coordinator, who deals with this. We provide person-centred care. I receive sufficient training to perform my role effectively."

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

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.

The agency's induction programme was discussed with the manager, who confirmed that it includes a shadowing period of three days with a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role

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.

The agency has maintained a record for each member of staff, documenting all training, including induction and professional development activities undertaken. A review of a sample of staff training records established that staff had received mandatory training relevant to their roles and responsibilities. For staff requiring up-to-date moving and handling refresher training, it was evidenced that two dates had been identified for attendance. Staff spoke positively about the training they receive.

Procedures were in place for staff supervision and appraisal. However, records reviewed identified that a number of staff had not received supervision in line with policy and procedure. An area for improvement has been identified.

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.

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.

Care reviews had been undertaken in accordance with the agency's policies and procedures.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were legible, up to date and signed by the person making the entry.

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.

Service users' care records were held confidentially.

3.3.4 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 manager since 28 April 2009. Staff spoke positively about the management team.

Monitoring arrangements were in place; however, a review of the records relating to the agency's quality monitoring reports established that there were deficits in compliance with regulations and standards. No reports have been completed since December 2025. The person in charge advised that, due to time constraints, several reports had not been completed, and senior management is aware of this issue. An area for improvement has been identified.

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.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding policy. There was an appointed ASC for the agency. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. It was positive to note that staff had completed adult safeguarding training, and those spoken with demonstrated a clear understanding of their responsibility in identifying and responding to any actual or suspected incidences of abuse, as well as the process for reporting concerns.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager advised that no complaints have been received since the last inspection.

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.

There was evidence that the management team responded to any concerns raised with them or by their processes, and took measures to improve practice, and/or the quality of services provided by the agency.

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	2	0

Areas 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	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16 (4) Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that each employee receives appropriate supervision. Ref: 3.3.1 Response by registered person detailing the actions taken: Western Trust's Enniskillen Homecare office has well established arrangements in place to ensure that in accordance with Regulation 16 (4) that each employee receives appropriate supervision. It is acknowledged that at the time of the inspection a number of staff had no record of receiving a formal supervision in the previous 12 months. The Registered Manager has put arrangements in place to ensure that supervision is provided in a timely manner. Individual staff whose supervision is required within the 2 months ahead will be identified to enable supervision activity to be targeted to ensure appropriate standards are maintained. These measures will apply to office based staff as well as care staff.
Area for improvement 2 Ref: Regulation 23 (1)(2)(a)(b)(i)(ii)(c)(3)(4)(5) Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that the monthly quality monitoring reports are completed. Ref: : 3.3.4 Response by registered person detailing the actions taken: The Western Trust Homecare service has comprehensive quality monitoring arrangements in place in keeping with Regulation 23 culminating in the compilation of a Monthly Monitoring Report detailing all quality assurance and governance activity undertaken during the reporting period. Due to operational pressures the most recent version of the report [March 2026] was not available

	for review at the time of inspection. This was immediately rectified. Whilst quality assurance and governance activity is routinely embedded within departmental activity the Registered Manager has put arrangements in place to ensure that the summary report of this activity is produced in a timely manner to be available for RQIA to review on request in accordance with Regulation 23.(3).
--	--

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews