

Inspection Report

Name of Service:	Moyle Community Services
Provider:	Northern 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:	Northern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mrs Suzanne Pullins
Registered Manager:	Mrs Tracey Kelly (Acting)
Service Profile: Moyle Community Services is a domiciliary care agency which provides personal care and support to 138 individuals living within the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 14 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 16 September 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 required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as the retrieval of records from service users' homes, both active service users and those whose care packages have ceased.

The deficits in the out of hours cover arrangements had also not been sufficiently progressed by the provider.

Service users' relatives provided mixed feedback regarding the care and support provided. Refer to Section 3.2 for more details.

As a result of this inspection both areas for improvement previously identified had not been addressed by the provider and were stated for the 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.

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 felt 'well supported' and they had no concerns to raise.

Service users' representatives told us that that they were generally satisfied with the care and support provided. The staff were described as being 'very friendly' and 'very good'. One relative raised concerns regarding their relative not receiving the prescribed care, as outlined in their care plan. This is further described in section 3.3.3.

3.3 Inspection findings

3.3.1 Quality of Management Systems

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

The agency has a number of different staff roles. The Manager and the Domiciliary Care Locality Support Manager's (DCLSM) roles are divided between Moyle 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. However, 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.

There was a system for reviewing the quality of care, and staff practices was in place. Discussion took place with the person in charge in relation to the need for the action plan to include SMART objectives. This stands for Specific, Measurable, Achievable, Relevant and Time-bound actions. Using SMART objectives should reduce the numbers of actions that are carried forward each month. The person in charge explained that the quality monitoring reports were recently made available in a shared area, to the relevant staff members. Advice was also given in relation to recording meaningful progress towards compliance in the section pertaining to the previous RQIA QIP. This will be reviewed at a future inspection.

There was a process in place to manage complaints and incidents.

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. Advice was given in relation to printing the adult safeguarding referral forms to ensure they are available for inspection.

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

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

3.3.2 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.

There was a process in place to ensure that staff were recruited in keeping with the regulations; none had been recruited since the last inspection.

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). A number of staff had yet to complete the new training course in relation to Dysphagia; an action plan was in place to address this.

Additionally, it was identified that there was one service user who was under the Learning Disability Programme of care; discussion took place with the person in charge regarding the need for the care workers supporting that service user, to be provided with learning disability awareness training. The person in charge was aware of this and was in the process of accessing such training; this will be reviewed at a future inspection.

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

3.3.3 Care delivery and Management of Care Records

There was a system in place to record any calls that had been missed. 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 Bedrail risk assessments, Speech and Language Therapy (SALT) care plans, moving and handling risk assessments and annual reviews.

There was a process in place for the HCOs to follow up with the Trust community services team, who are responsible for formulating these risk assessments and care plans. Advice was given in relation to prioritising those records which were the most significantly out of date; and for the need for these to be escalated with senior management if they were not received.

A relative spoken with, raised concerns regarding their relative not receiving the prescribed care, as outlined in their care plan. Discussion with the person in charge and a review of records identified that the identified service user's moving and handling risk assessment; and care plan required to be updated urgently. Following the inspection it was confirmed to RQIA that the care plan had been updated and an updated moving and handling risk assessment had been requested.

There was a process in place to record any missed calls in keeping with the agency's policy and procedures. Review of records identified that these were generally recorded in keeping with the policy. However, there was a lack of a robust process for the collection of completed daily notes from service users' homes; and review of the records identified that the notes were not consistently returned to the office on a regular basis, with a number which had not been collected in several months. This meant that the auditing process was delayed. An area for improvement, previously identified was stated for the second time.

Additionally, it was noted that the daily notes booklets which had been returned were awaiting sign off by the manager. Some of these booklets had already been audited by the HCOs, however, there were others which had not been audited. Advice was given to the person in charge in relation to the need for the manager to be provided with support to address this backlog and in updating the information on the A-Z spreadsheet. This will be reviewed at a future inspection.

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.

Where it is not possible to retrieve these notes, the agency ensured that they followed the Trust's procedure in relation to Information Governance. Review of the records identified that the system in place was not sufficiently robust. An area for improvement was identified.

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 care workers to adhere to the call times; with specific consideration to any service users who are prescribed time-critical medicines.

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*	1

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

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 (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 ensure that the system for retrieving records from service users' homes is implemented, to ensure that the records are subject to timely audit. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager will improve the monitoring of the system in place to record date range of service user held record books collected, date service user record audit completed, when the next audit is due and flags up as 'in date' or 'overdue'. The registered manager will reinforce with Home Care Officers the importance of planning timely visits to ensure they meet their quarterly audits and keeping the system updated. The Area Manager will review and report on any decline or progress regarding the service user held record books collection and record audits outstanding within the monthly quality monitoring audits. The Moyle agency is currently implementing a paperless Digital solution 'Care Line Live. This will remove the need for collection of records and include auditing from digital records.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	

Area for improvement 1 Ref: Standard 5.7 Stated: First 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 when their care package ceases.
	Response by registered person detailing the actions taken: The registered manager will continue to remind staff to follow the SOP regarding timely collection of service user held records as soon as a package is ceased.

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