

Inspection Report

Name of Service: Foyle Homecare LTD t/a Home Instead Foyle and Erne

Provider: Foyle Home Care Limited

Date of Inspection: 28 May 2025

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:	Foyle Home Care Limited
Responsible Individual/Responsible Person:	Mr Garath Duncan
Registered Manager:	Miss Emma O'Donnell
Service Profile: Foyle Homecare LTD t/a Home Instead Foyle and Erne, provides person-centred domiciliary care and support to adults living in their own homes across the Western Health and Social Care Trust (WHSCT) area.	

2.0 Inspection summary

An unannounced inspection took place on 28 May 2026, between 10.30 am and 4.40 pm by a care inspector.

The last care inspection of the agency was undertaken on 16 January 2026, 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 found that safe, effective, and compassionate care was delivered to service users, and that the agency was well led. No areas for improvement were identified during this inspection. Details and examples of the inspection findings can be found in the main body of the report.

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 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

During the inspection, we spoke with a service user representative and staff members.

The service user representative spoke positively about the care provided by the agency. Comments included: "The carers are lovely, down-to-earth, and have a good relationship with my family member. Everything is going well. The carers introduced themselves; they never rush care, and there is plenty of time to complete the care calls. If I had any concerns, I would speak to the manager, who is approachable. I have no concerns and no complaints. There have been no missed calls. The carers always turn up on time and always complete their hours. My family member is very happy, and we have built up a really good relationship with the carers."

Staff spoke positively about the management, training, and the care and support delivered to service users by the agency. Comments included: "The agency is well managed, which was one of the reasons I decided to join, as I was aware of its efficient operation. The management adopts a holistic approach to service users, ensuring that care is person centred. I have no concerns regarding the agency. The training provided is excellent." and "I feel very fortunate to be part of a great team and to offer the level of care and time that Home Instead are dedicated to deliver on each visit."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through staff induction, regular staff training, and ensuring that the number and skill level of staff on duty each day meet the needs of service users.

A review of the 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.

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.

There was a structured induction programme that included shadowing a more experienced staff member. Records reviewed for newly appointed staff confirmed that they had completed a structured orientation and induction to ensure they were competent to fulfil the roles and responsibilities of their job. It was observed that feedback documentation was not completed following the new staff members' shadow shifts. The importance of this documentation as evidence that this stage of the induction process has been successfully completed was discussed with the manager.

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. It is positive to note that the agency offered training on dementia awareness.

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

3.3.2 Care Delivery

Daily communication regarding any changes to the service users' care, which staff needed to assist them in their roles, was recorded electronically. This information was reviewed by management to ensure that all relevant details were promptly shared with care staff.

The needs of service users were assessed upon their initial referral to the agency and prior to the commencement of care delivery. A care plan and risk assessment, based on the assessed needs of the service users, were completed in collaboration with the service user and their representative, where appropriate, and a copy was held electronically. It was positive to note that the care plans and risk assessments were detailed and up to date.

The agency conducted care reviews in accordance with their policies and procedures.

Daily notes were recorded electronically. A review of the electronic records evidenced that they were legible, up-to-date, and noted the person making the entry. The times of the care calls were also recorded. It was positive to note a system was in place to ensure that electronic records were audited regularly by the manager.

Staff indicated that they are given sufficient time to complete care calls in accordance with the care plan.

3.3.4 Quality of Management Systems

Miss Emma O'Donnell has been the registered manager of the agency since 30 January 2026. Staff spoke positively about the management team.

Monitoring arrangements were in place in compliance with regulations and standards. The review of the agency's quality monitoring reports established that the Registered Individual engaged with service users, their relatives, and staff to gather feedback on the quality of the service provided. The reports included details of a review of service user care records, accidents/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements.

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. It was positive to note that these were reviewed in detail as part of the monthly quality monitoring process.

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 also positive to note that all staff had completed mandatory adult safeguarding training. Staff who spoke with the inspector demonstrated a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse, as well as the process for reporting concerns. They were also able to describe their role in relation to reporting poor practice.

There was a process in place to manage complaints; none had been received since the last care inspection.

There was a protocol in place for staff to follow should they be unable to gain access to service users' homes.

There was evidence that the agency responded to concerns, raised with them and implemented measures to enhance both practice and the quality of service provided.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge and Mr Garath Duncan, Registered Individual, as part of the inspection process and can be found in the main body of the report.



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