

Inspection Report

Name of Service: Tarasis Support Services

Provider: Homecare Support Services Limited

Date of Inspection: 11 December 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:	Tarasis Support Services
Responsible Individual/Responsible Person:	Ms Mairead Mackle
Registered Manager:	Ms Joanne Murray
Service Profile – The agency provides bespoke support service packages to service users who present with complex needs and high risk. The service is delivered in partnership with HSCT and other multi-agency teams, to support the service users to meet their full potential while living independently.	

2.0 Inspection summary

An unannounced inspection was undertaken on 11 December 2025 between 9.30 am and 1.55 pm by a care Inspector.

The last care inspection of the agency was undertaken on 18 February 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 it is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users.

One new area for improvement was identified during this inspection. This relates to recruitment practices. This area for improvement is discussed within the body of this report and in the quality improvement plan (QIP) in Section 5.

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 areas for improvement 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 will seek the views of those living within, working and visiting 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 survey.

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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to staff to seek their views of living within, visiting and working for Tarasis Support Services.

The information provided indicated that there were no concerns in relation to the service.

One staff member who spoke with the inspector said that the training and support provided from the agency and manager was very good and that the service users get good care and support.

HSC Staff who provided feedback on the agency highlighted that the service was well run, that staff received good support from management and that it was very evident that compassionate care was provided to service users.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. It was recommended to the manager that a centralised system is developed for recording all Adult safeguarding concerns arising within the service and that this is reviewed regularly to ensure all necessary steps are taken for the protection and prevention of harm to service users and to enable the identification of any trends arising. The outcomes of any safeguarding investigations or protection plans implemented should be recorded and shared with staff as required. This will be reviewed at a future inspection.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately and were recorded on a centralised matrix as well as within each individual service user's care records. The agency also kept records of all incidents and accidents reported to the commissioning Trust to enable the swift identification of any trends that may arise within the service. The manager welcomed the suggestion to categorise all accident/incidents per type on the matrix. This will be reviewed at a future inspection.

4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS or restrictive practices.

4.3 Staff Recruitment, Induction and Training

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. 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. However, it was identified that gaps in one employee's work history were not fully explored prior to commencing with the service. This was discussed with the manager, who took immediate action to address the matter. An area for improvement has been identified.

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 evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of 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. Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. All staff had been provided with training in relation to medicines management.

There was evidence of effective systems in place to manage staffing. The manager advised that there was sufficient staff on duty to support the service users. Staff said there was good teamwork and that they felt well supported in their role by the manager.

4.4 Care Records and Service User Input

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users, where possible, were encouraged and supported to be involved in their own care and the details of care and support plans were shared with staff via an electronic records system.

Care and support plans were person centred and are kept under regular review. There was evidence that staff record regularly the details of care and support provided or any changes to the service users' needs and regularly reviewed and updated to ensure they continued to meet the service users' needs. It was positive to note that services users and /or their relatives participate, where appropriate, in the review of the care provided on a six monthly basis, or when changes occur.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

4.5. Managerial Oversight and Governance

The manager had been registered since 20 April 2023. Staff commented positively about the management of the service and described them as supportive, approachable and always available to provide guidance.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters and staff recruitment and training.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

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 one complaint was received since the previous care inspection. A review of this confirmed appropriate complaints response which was reviewed as part of the agency's quality monitoring process. Discussion with the manager confirmed identified that they had not completed complaints training however they knew how to receive and respond to complaints sensitively and appropriately in line with the complaints policy and procedure. It was recommended that complaints training be added to the training programme for all staff. This will be reviewed at a future inspection.

Where staff are unable to gain access to a service user's home, the service has an operational policy, procedure and protocol that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joanne Murray (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 13 (d) Stated: First time To be completed by: immediately and ongoing	The Registered Person shall ensure that all pre employment checks are satisfactorily carried out for all staff before they commence employment. Ref: 4.3 Response by registered person detailing the actions taken: - Tarasis acknowledge that pre-employment checks were not fully completed prior to this staff member commencing employment. Gaps in employment prior to the staff member attending university as a mature student were not identified, although employment history from university onwards was completed. - A full review of the staff member's employment history has since been completed, all gaps clarified and documented, and the personnel file updated. - Recruitment procedures and checklists have been reviewed to ensure that all employment gaps are identified and verified in full for all staff prior to commencement, regardless of education status. Ongoing monitoring will ensure compliance with Regulation 13d.



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