

Inspection Report

Name of Service: 576 Carnhill

Provider: Western Health and Social Care Trust

Date of Inspection: 16 June 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:	Ms Patricia Hutcheson
Service Profile: 576 Carnhill is a supported living type domiciliary care agency operated by the Western Health and Social Care Trust (WH SCT). The agency provides care and support on a 24 hour basis to service users who live in shared accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 16 June 2026, between 11.00 am and 4.20 pm, by a care Inspector.

The last care inspection of the agency was undertaken on 15 May 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 found that safe, effective and compassionate care was delivered to service users and that the agency was well led. 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 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

During the inspection, we spoke with service users and staff members. We also received feedback from visiting Health and Social Care (HSC) professionals.

Service users' comments included: "I enjoy living here and going for walks on my own. The staff are very good and helpful. If I had any problems, they would listen to me and resolve them. I am very happy with my care. I enjoy the food and having a choice of meals. I also enjoy the takeaway at weekends. I love my room; it is my own little space."

Staff and visiting professionals expressed positive feedback regarding the management, communication, and care delivery for service users. Comments included: "The manager is very approachable and has an open door policy. We provide person centred support, recognising the individual needs of each service user and offering one to one support; we also organise group activities and maintain a monthly activity sheet, which is currently being updated." and "The service is well run, with effective linkage through regular interface meetings and annual reviews. The service is person centred, with both the family and service users attend the reviews. There are no concerns regarding the service, safeguarding, or care provision."

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.

There were effective systems in place to manage staffing, and it was observed during the inspection that sufficient staff were on duty to 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.

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 provides training on mental health awareness.

Procedures were in place for appraising staff performance in accordance with the agency's policies and procedures. Records reviewed evidenced that supervisions had been completed in line with these policies and procedures, and appraisals were in progress.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, providing information about any changes to the service users' care that staff needed to support them in their roles. It was good to note that staff also signed the handover book to confirm their attendance.

There is a system in place to ensure that activities offered to service users are varied and tailored to their individual needs and preferences. Service users are supported in accessing activities of their choice. Activities provided include both group and one to one support, such as shopping and day trips.

It was positive to note that the agency held service users' meetings on a regular basis, enabling the service users to discuss any issues they may have and explore what activities they would like to become involved in.

It was observed that staff responded to service users' requests for assistance promptly and in a caring and compassionate manner.

3.3.3 Management of Care Records

The service users' care plans are held electronically and contained details of their likes, dislikes, preferences, and the level of care and support they may require. Care records evidenced that service users, where possible, were involved in planning their own care, and efforts had been made to ascertain service users' preferences and choices regarding how their support was provided. The details of care plans were shared, and consent was obtained from service users and/or their representatives, as appropriate, regarding the care provided.

Care records are person centred, and are regularly reviewed and updated to ensure they meet the service users' needs.

Care reviews were conducted in line with the agency's policies and procedures. It was positive to note that feedback received from visiting HSC professionals indicated that service users are involved in the reviews, highlighting person-centred engagement in the review process.

Staff recorded regular evaluations of the care and support provided. A review of a sample of these records showed that they were up to date and included the name of the person making the entry and the time of entry.

Service users' care records were held confidentially.

3.3.4 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Ms Patricia Hutcheson is the current Acting Manager. Staff spoke positively about the management team.

Monitoring arrangements were in place in compliance with regulations and standards. A review of the agency's quality monitoring reports established that there was engagement with service users, service users' 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.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited regularly. However, advice was given to document any patterns or trends in incidents, as well as any interventions, in the monthly quality monitoring report.

The annual quality report was reviewed, and it was noted that stakeholder feedback was included.

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.

The common areas used by all the service users was observed to be clean and clutter free. The manager reported that capital works for the redecoration of bathrooms and showers have been submitted.

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

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 Ms Patricia Hutcheson, Acting Manager, as part of the inspection process and can be found in the main body of the report.



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