

Inspection Report

Name of Service: Trust Domiciliary Service – Banbridge and Craigavon

Provider: Southern Health and Social Care Trust

Date of Inspection: 18 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:	Southern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mr Ronald Cartwright
Service Profile – Trust Domiciliary Service – Banbridge and Craigavon is a domiciliary care agency which provides personal care and support to adults and children who have physical health conditions or disabilities, learning disability, mental health or dementia needs within the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2026, between 9.35 am and 5.05 pm. A care Inspector conducted the inspection.

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 10 October 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 safe, effective and compassionate care was delivered to service users and that the agency was well led. Areas for improvement identified related to staff training, staff supervision and appraisal.

Service users and relatives said that the care and support provided by the agency was a good experience.

Good practice was identified in relation to service delivery. There were good governance and management arrangements in place.

As a result of this inspection one of the two areas for improvement previously identified were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. Full can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

The Inspector would like to thank the manager, service users, relatives, HSC staff member and staff team for their support and co-operation during and following the inspection.

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 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 seek the views of those working for or being supported by the agency and review 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 and following the inspection, the Inspector spoke with a number of service users, relatives, a HSC staff member and staff members to seek their views of the agency.

Service users who spoke with the Inspector said that they were very happy with the care and support provided. Some comments received included; "I am very satisfied with the carers and I am well looked after", "Great service" and "The carers are very good and would do anything to help you".

Relatives who spoke with the Inspector said they were very satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included; "The carers are always friendly and give encouragement where necessary" and "The carers have been invaluable and they are always so kind and supportive".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "There is good team work and support from colleagues" and "Spot checks are unannounced and carried out on a regular basis".

The HSC staff member who provided feedback about the service commented that the agency was reliable, dependable and that service user's needs were met safely.

3.3 Inspection findings

3.3.1 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.

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.

There was an effective system in place to manage the registrations of care staff with the Northern Ireland Social Care Council (NISCC). 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, programme which also included shadowing of a more experienced staff member.

An area for improvement identified during the previous inspection related to the provision of basic first aid, dysphagia awareness and Deprivation of Liberty Safeguards (DoLS) training. On review of the electronic training matrix, it was identified that a number of staff still required training/ refresher training in these areas. It is acknowledged that training had been provided in these areas however, training did not capture all staff. This area for improvement has been stated for a second time.

Review of the electronic training matrix, further identified that a significant number of staff required training/ refresher training in relation to fire safety and infection prevention and control. An area for improvement has been identified.

A review appraisal records and discussion with the manager evidenced annual appraisals had not been completed for a significant number of staff. An area for improvement has been identified.

A review of the supervision matrix evidenced that a significant number of staff had not been provided with supervision in line with the agency's supervision policy and procedure. An area for improvement has been identified.

All staff had been provided with training in relation to medicines management and were required to complete a competency assessment prior to undertaking this task.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery and Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced.

Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

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.

A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care staff.

An area for improvement identified during the previous inspection related to the recording of recommendations outlined within the Speech and Language Therapy (SALT) Care Plan. Review of records identified that the care plans were reflective of the recommendations outlined within SALT Care Plan. On this basis, the area for improvement was assessed as met.

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

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Ronald Cartwright has been the manager in this agency since 19 February 2024. Those consulted described having open and supportive relationships with the manager.

The agency maintained a monthly monitoring system for evaluating the quality of the services provided. On examination of a sample of the reports of the agency's quality monitoring it was 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; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency.

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. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern (PSNI).

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.

A review of complaints received since the previous inspection evidenced these complaints were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

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

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Minimum Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Ronald Cartwright, 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 16 (2) (a) Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure that each employee of the agency receives training, which is appropriate for the work that they perform. This specifically relates to the following training: Basic first aid Dysphagia awareness DoLS Ref: 3.3.1
	Response by Registered Person detailing the actions taken: The Registered Manager can confirm that all staff training records have been reviewed and where applicable staff have been advised of which training they need to complete and the timescales for completion. The Registered Manager will monitor staff training compliance to assist with meeting this improvement.
Area for improvement 2 Ref: Regulation 16 (2) (a) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure that each employee of the agency receives appraisal in line with the agency's policy and procedures. Ref: 3.3.1
	Response by Registered Person detailing the actions taken: The Registered Manager has reminded supervisors of the importance of scheduling and completing staff appraisals. A review of the appraisal process has been completed and Supervisors have been advised to schedule appraisals to meet staff on an individual basis.
Area for improvement 3 Ref: Regulation 16 (2) (a) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure that each employee of the agency receives training, which is appropriate for the work that they perform. This specifically relates to the following training: Fire safety Infection prevention and control Ref: 3.3.1

	Response by Registered Person detailing the actions taken: The Registered Manager can confirm that all staff training records have been reviewed and where applicable staff have been advised of which training they need to complete and the timescales for completion. The Registered Manager will monitor staff training compliance to assist with meeting this improvement.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 13 (3) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure that staff have recorded formal supervision meetings with their line manager in accordance with procedures. Ref: 3.3.1
	Response by Registered Person detailing the actions taken: The Registered Manager has reminded Supervisors of the importance of scheduling and completing staff supervisions. A review of the supervision process has been completed and supervisors have been advised to schedule supervisions offering either a group teams session on an 1:1 individual basis.

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