

Inspection Report

Name of Service: Provincial Care Services Agency Limited

Provider: Provincial Care Services Agency Limited

Date of Inspection: 5 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:	Provincial Care Services Agency Limited
Responsible Individual/Responsible Person:	Mrs Angela Eileen McKeever
Registered Manager:	Mrs Deborah McIlwaine
Service Profile: Provincial Care Services Agency Ltd is a domiciliary care agency based in Carryduff providing both conventional domiciliary care services and supported living services. . Service users have a range of needs including physical disability, learning disability, dementia and mental health care needs. Service provision and staffing ratios vary to align with the assessed needs of individual service users, with some receiving 24 hour care and support by more than one staff member. The service is commissioned by the Belfast and South Eastern Health and Social Care Trusts. (HSCTs)	

2.0 Inspection summary

An unannounced inspection was undertaken on 5 May 2026 between 10 am and 5.10 pm by a care Inspector.

The last care inspection of the agency was undertaken on 11 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 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.

Feedback from service users and stakeholders with regard to their experience of Provincial Care Services Agency Limited was mixed. This was discussed with the registered manager to address where appropriate. Refer to Section 3.2 for more details.

As a result of this inspection no new areas for improvement were identified. Details can be found in the main body of this report.

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 Provincial Care Services Agency Limited 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 a range of information held by RQIA about this agency was reviewed. This included registration information, and any other written or verbal information received from service users, their representatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users who are in receipt of care and support and their representatives; those working for 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, their representatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires, an electronic survey, email and telephone contact details.

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.

Feedback from service user representatives varied in terms of their experience of Provincial Care Services Agency Limited. One service user representative said the Provincial Care Services Agency Limited staff are "absolutely amazing. I have nothing bad to say about them at all". [Named staff member] "is worth his weight in gold, "the agency really don't know how lucky they are having him working for them; they should get every award going".

Another service user representative advised that their relative was experiencing positive outcomes from the support provided. They noted that there appeared to be consistency in the staff supporting their loved one, which had helped to develop trusting relationships. They reported that their loved one was supported to regularly engage in the local community and that they "appeared content".

Whilst positive feedback was received, some issues were raised regarding aspects of care delivery and communication. One service user representative reflected that care delivery could at times feel rushed, that there was a variation in staff's level of engagement and relationship building, and lack of knowledge in supporting people living with dementia. The feedback also indicated that there were concerns about responsiveness to complaints and the effectiveness of communication with family, particularly in relation to continuity of information sharing.

Feedback received as part of the consultation process was considered and discussed with the Responsible Individual, who provided assurances that appropriate action would be taken to address matters raised. These issues will be considered at a future inspection, alongside any additional information received.

Staff feedback indicated consistent themes with regards to management within the agency, who were described as considerate, approachable and “always willing to help in any way they can”. Staff spoke positively about their colleagues, describing them as supportive. Staff advised that there were effective communication systems which supported the timely sharing of information relating to service user care and support. Staff further advised that where a change in need was identified which may require an increase in allocated care time, this would be escalated and followed up appropriately.

Positive feedback was received from HSC Trust representatives, two of which advised that the service users they support were happy with the care and support they receive from Provincial Care Services Agency Limited. One noted that the agency is flexible in their approach and always willing to help and assist where ever possible. They advised that there was good communication stating, “I always find the office staff very helpful and very professional. If they don’t know the answer to my query they always get back to me promptly”.

However, some feedback from a HSC Trust representative identified issues in relation to the support being provided to an identified service user. Consultation with a senior HSC Trust representative following receipt of this feedback provided assurances that ongoing support was being provided to the agency to support staff to develop the appropriate skills and knowledge to enable them to safely provide the service user with the level of individualised care and support required. Enhanced support arrangements had been implemented and were to remain under review.

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. There was evidence of robust systems in place to manage staffing.

Staff consulted stated that they felt scheduling provided sufficient time to deliver the care required to service users and that there was enough time between calls. Staff told us that they were satisfied with the staffing levels in place. Staff stated that there was good teamwork amongst colleagues and that they felt supported within their role.

The interview process was reviewed and written records retained demonstrated criteria used by the agency to determine the outcome of this process. It was positive to find evidence of panel members exploring gaps in employment history and seeking confirmation regarding referee details provided.

A review of the agency’s staff recruitment records confirmed that all 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 Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; 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 the Northern Ireland Social Care Council's (NISCC) 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, three-day induction programme which also included shadowing of a more experienced staff member. Staff commented positively about their experience of induction advising that it was highly informative and that they had, and continue to receive support from their colleagues and management team.

An area of good practice was observed regarding processes in place for the competency assessment of staff. The agency had devised a competency booklet which recorded the assessment of staff practice in respects to practical tasks such as manual handling, safe handling and administration of medication and personal care. Consultation with nurse practitioners also led to the development of a separate competency assessment in respects of safe administration of liquid medications.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia, at a level appropriate to their job roles. It was positive to find that additional training had been provided to staff in response to specific assessed needs of service users, for instance catheter and stoma care, mental health, autism and Crisis Prevention Institute (CPI) training. Staff reported that the management team regularly consulted them in relation to training and were responsive to suggestions made.

The Inspector identified an area of good practice in relation to the provision of business continuity training for all staff. This ensured that staff were clear about escalation procedures and their expected response in the event of an emergency affecting service delivery. It was felt this training would enhance staff confidence, particularly those undertaking lone-working, by ensuring they understood support available.

It was noted staff received regular professional supervision at a frequency in line with the agency's policies and procedures. It was also positive to find evidence that staff supervision sessions were scheduled in advance, demonstrating a proactive approach to workforce support and oversight.

Procedures were in place for appraising staff performance and staff signatures evidenced active engagement within this process. Discussions with the manager confirmed the professional development opportunities afforded to staff to further develop and enhance their knowledge and skills.

Staff working within the agency's supported living service were wearing uniforms. As this may not fully reflect the ethos of supported living to promote a homely environment, the Responsible Individual agreed to review this practice.

Service users care records were held confidentially in line with data protection regulations.

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.

Service agreements were in place for all service user records sampled. These agreements, signed by the service user's and/or their representatives, clearly outlined the parameters of service provision, the responsibilities of both parties whilst providing essential information in an accessible manner regarding the agency's policies and procedures.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, and/or their representatives, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Service users' plans referenced supplementary interventions prescribed and directed staff to comply with these, for example Positive Behaviour Support (PBS) Plan, Speech and Language Therapy (SALT) Care Plans and manual handling risk assessments.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service users care records. A central register was in place to enable tracking of any DoLS due for review.

A review of service user records found that the use of restrictive interventions was clearly and explicitly documented within care and support plans. However, one service user's records did not contain the same level of comprehensive information observed in other plans reviewed. When this was brought to the attention of the manager, immediate action was taken to address this. Assurances were provided that all associated documentation, including the individual's restrictive practice registered, would be reviewed to ensure consistency and accuracy across records.

Discussion occurred with representatives of the agency surrounding the requirements of the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings and noted for action. Compliance with this will be reviewed again at a future inspection.

The agency had a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their representatives; and regular auditing of the daily notes. Managerial audits were also conducted in respects of health and safety and management of service user's medication and finances.

The importance of regular team meetings was explored with the manager, who acknowledged the role of these meetings in promoting shared learning, timely dissemination of information associated with safe and effective delivery of care whilst offering a forum for which peer support can be developed. The need to strengthen arrangements in this area was acknowledged and during the course of the inspection dates for team meetings were organised for the remainder of the year.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Deborah McIlwaine who had been acting manager of the agency since 9 June 2023 had their application for registered manager approved on 17 December 2025.

It was recognised that the agency's complaints policy and procedure was under review at the time of the inspection, and recommendation was made by the Inspector regarding necessary amendments. The Responsible Individual provided assurances that appropriate updates would be made. Complaints were managed appropriately and it was good to note that any identified learning was shared with staff. It was also positive to find the agency had engaged with external providers, in an effort to achieve resolve as needed. Feedback received from service user representatives suggested a lack of knowledge as to the agencies procedures and concern about raises a complaint. This was discussed with the manager who agreed to take appropriate action to address this.

Review of incident records identified that these were managed appropriately, with the agency found to be in compliance with statutory notification requirements. A tracking system maintained by the agency was identified to contain comprehensive information detailing all actions taken by the agency in response to accidents/incidents. It also evidenced that accidents/incidents were audited on a regular basis, to establish any developing patterns/trends. Outcomes were also recorded, for example date that changes were made to service users plans. The accessibility of this information promoted effective managerial oversight and demonstrated good governance arrangements in relation to accident/incident management.

Domiciliary Care Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the setting's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed to a satisfactory standard.

Review of a sample of records evidenced that a system for reviewing the quality of care and staff practices was in place. The agency was visited each month by a representative of the registered provider to consult with service users, their representatives and staff and to examine all areas of the running of the agency. Advice was given as to means to further improve the standard of quality monitoring reports in order to drive service improvement; such as inclusion of adequate analysis of accidents and incidents, assuring the reader is at all times aware as to the records reviewed by the monitoring officer and those individuals consulted. The Responsible Individual and manager were receptive to suggestions made and agreed to make necessary changes to current practice.

This will be reviewed again at a future inspection.

An area of good practice was recognised in relation to the quality of analysis detailed within the annual quality report which summarised the agency's activity over the previous year and incorporated feedback gathered from stakeholder surveys. This demonstrated a commitment by the agency to evaluate service provision aimed to ensure continuous improvement.

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 Mrs Angela Eileen McKeever, Responsible Individual and Mrs Deborah McIlwaine, Registered Manager as part of the inspection process and can be found in the main body of the report.



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