

Inspection Report

Name of Service: Rutledge Recruitment & Training

Provider: Rutledge Recruitment & Training Ltd

Date of Inspection: 29 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:	Rutledge Recruitment & Training
Responsible Person:	Mr. Jonathan Doherty
Registered Manager:	Mrs. Nicola Woods, not registered
Service Profile – The service provides care and support to individuals living in their own homes. Services provided include personal care, medication support, meal provision and a sitting service. These services are commissioned by the Southern and Northern Health and Social Care Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 29 June 2026 between 10.20 am and 3.10pm by a care Inspector.

The last care inspection undertaken on 26 June 2025 identified two areas for improvement relating to staff supervision and quality monitoring reports. This inspection was undertaken to assess the progress with these areas for improvement identified by RQIA at the previous inspection and also to evidence how the agency is performing in relation to the regulations and standards. It also sought to determine if the agency is delivering safe, effective and compassionate care; and if the service is well led.

As a result of this inspection both areas for improvement were assessed as having been addressed by the provider. This is discussed in more detail in sections 3.3.1. & 3.3.4. Three new areas for improvement were identified during this inspection relating to the recording of accidents/incidents, recruitment practices and the complaints policy. This is discussed in more detail in sections 3.3.1, 3.3.2 & 3.3.4 of the report.

Overall, the inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. Full details of the new areas for improvement identified can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 Trusts.

Throughout the inspection process Inspectors will seek the views of service users and the relatives of those in receipt of a service, and examine a sample of records to evidence how the 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to relatives and staff to seek their views of the agency.

Relatives who provided feedback to the inspector spoke positively about the agency and the care provided to their loved one. Some comments included; "I am very happy with them" and; "They are wonderful and so caring - delighted with them".

Staff working for the agency told us they were satisfied with the care delivery and training; However, one staff member said they felt that there was little opportunity to meet with other staff and line management for the purposes of sharing ideas and making improvement suggestions. This was shared with the manager to action as appropriate.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment, selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring sufficient staffing levels to meet the needs of service users.

An examination 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.

To ensure compliance with regulations a full employment history of all potential employees must be obtained. On inspection of records relating to the most recently recruited staff however, it was noted that a proportion of these did not detail all of the employees' work histories from the age of 18. An area for improvement was identified.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to 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 induction programme which also included shadowing of a more experienced staff member.

Checks were made to ensure that staff were appropriately registered with NISCC; there was a system in place for professional registrations to be monitored by the manager.

The agency maintained a record for each member of staff of all training, including induction and professional development activities undertaken. A review of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities which included fire safety, manual handling, medicines management, dysphagia, first aid and infection control.

An area for improvement identified at the previous inspection related to supervision arrangements which were not being conducted in line with the agency's supervision policy. A review of the staff supervision arrangements confirmed that a new system to monitor and track supervision of all staff had been implemented to ensure that staff received regular supervision and appraisal. On this basis, the area for improvement was deemed to have been addressed by the provider.

3.3.2 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. The organisation had an identified Adult Safeguarding Champion (ASC) who completed the annual position report which was satisfactory.

Discussions with the person in charge 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.

The agency retained records of any referrals made to the Health & Social Care (HSC) Trusts in relation to adult safeguarding. A review of these records confirmed that no adult safeguarding concerns had been raised since the last inspection.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). The annual safeguarding position report had been completed.

The agency had an electronic record which had recorded an unwitnessed fall by a service user. On review of the management of this incident, there was no available information to confirm what action if any, was taken by the agency to ensure the safety and well-being of the identified service user. Furthermore it was unclear how this incident was reported to the agency. The need for a centralised recording system to record how incidents are initially reported and responded to was discussed with the person in charge and an area for improvement was identified.

3.3.3 Care Records and Service User Input

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment support plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals. Care records included 'About Me' documents, which were developed with the service users' and representative's input. This helped to ensure the sharing and provision of person-centred information with carers in respect of their service users. A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date. The details of support plans were signed by service users and/or their representatives as appropriate.

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.

3.3.4 Governance and Managerial Oversight

There has been a change in managerial arrangements within the service and Mrs Nicola Woods is the Acting Manager since 20 April 2026. RQIA will keep this matter under review.

An area for improvement identified at the previous inspection related to information contained within the quality monitoring reports. On review of a sample of the most recent reports, there was evidence that the monthly monitoring visit template had been revised, and included engagement with service users, representatives/relatives, staff and there was evidence of efforts to engage with HSC Trust representatives. On this basis the area for improvement was deemed to have been addressed by the provider. Advice was given to the person in charge around ensuring that all sections of the report are completed and to ensure that the information contained within the report corresponds with what is being requested within the template. This will be reviewed at a future inspection.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. A review of the complaints policy found that this required updates to include the correct address and contact details of other organisations that may provide support to complainants. An area for improvement was identified. The person in charge advised that one complaint had been received since the last inspection. A review of this confirmed that this was appropriately managed and reviewed as part of the agency's quality monitoring process.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the QIP were discussed with Mrs Nicola Woods, Registered 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 no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of the matters specified in Schedule 3. Ref: 3.3.1 Response by registered person detailing the actions taken: The registered person acknowledges the requirement under Regulation 13(d) and confirms that the agency has reviewed its recruitment and registration processes to ensure that no temporary domiciliary care worker is supplied to provide care unless full and satisfactory information, as required under Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, is available and has been appropriately checked. Prior to a worker being approved for deployment, the agency will ensure that all required pre-employment and recruitment checks have been satisfactorily completed and appropriately recorded. This includes verification of identity, employment history and any gaps, references, relevant qualifications and/or training, appropriate AccessNI checks, right to work documentation where applicable, and any other information required under Schedule 3 and relevant Northern Ireland regulatory requirements. Recruitment files will be subject to appropriate review before a worker is made available for placement. Where required information or satisfactory evidence remains outstanding, the worker will not be supplied to provide domiciliary care until the necessary requirements have been met.

	The registered person will maintain oversight of this process through ongoing monitoring and periodic audit of staff recruitment records to provide assurance of continued compliance with Regulation 13(d). Status: Implemented immediately and ongoing.
Area for improvement 2 Ref: Regulation 22 (5) Stated: First time To be completed by: Immediately and ongoing	The registered person shall establish a procedure for considering complaints made to the registered person by a service user or service user's representative. A copy of the complaints procedures to be supplied shall include the correct name and address of RQIA and any other organisations that may be contacted if they remain dissatisfied or require support services or independent advocacy. Ref: 3.3.4 Response by registered person detailing the actions taken: The registered person confirms that the agency's complaints procedure had been reviewed and updated to contain the appropriate information, including the relevant details for RQIA and information regarding other organisations that service users or their representatives may contact should they remain dissatisfied or require additional support or independent advocacy. At the time of inspection, the current updated version was not available on view. This has been addressed to ensure that the current and approved complaints procedure is readily accessible and available for review. The registered person will ensure that only the current version of the complaints procedure is in circulation and available to service users, representatives, staff and inspectors as appropriate. Document control arrangements will also be maintained so that any future changes to contact details or regulatory requirements are reflected promptly. Status: Addressed immediately with ongoing review.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards 2021	
Area for improvement 1 Ref: Standard 8.16 Stated: First time To be completed by: Immediately and ongoing	All accidents and any incidents occurring when an agency worker is delivering a service are reported as required in accordance with legislation and procedures and a record of these is maintained for inspection. This relates to ensuring all accidents/incidents reported are recorded and held within a centralised record keeping system that is available for review on inspection. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person confirms that accidents and incidents occurring during the delivery of domiciliary care services are reported and recorded in accordance with the agency's procedures and applicable reporting requirements. A centralised record of accidents and incidents was available within the agency's record-keeping arrangements at the time of inspection; however, this specific record was not requested or presented for review during the inspection. To provide clearer assurance going forward, the registered person will ensure that the centralised accident and incident record is readily identifiable and made available for review during future inspections. Relevant staff will also be reminded of the requirement to ensure that all reported accidents and incidents are entered into the central record in a timely manner. The registered person will maintain oversight of accident and incident reporting and will periodically review the centralised record to ensure records are complete, appropriate follow-up actions have been undertaken, and any required notifications have been made. Status: Existing arrangements reinforced with immediate and ongoing monitoring.

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Quality Improvement
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