

Inspection Report

Name of Service: HCNI Ltd t/a Caremark

Provider: HCNI Ltd

Date of Inspection: 22 July 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:	HCNI Ltd
Responsible Individual/Responsible Person:	Mr Richard David Magrath
Registered Manager:	Mrs Emily Magrath
Service Profile – HCNI Ltd t/a Caremark is a domiciliary care agency based in Bangor. The agency currently provides care to 903 service users in their own homes, who require care and support due to a physical disability, learning disability, mental health care needs and older people. The agency has a current staff compliment of 425 staff that provides services commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2026, between 9.35 am and 4.30 pm. by a care Inspector.

The last care inspection of the service was undertaken on 9 April 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service 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. No areas for improvement were identified during this inspection.

Good practice was identified in relation to managerial governance and oversight; management of complaints; and the fire safety information available to service users' and staff.

Service users said that the care and support provided by the agency was excellent. It was established that staff promoted the dignity and well-being of the service users and that staff were knowledgeable and well trained to deliver safe and effective care.

A small number of staff indicated dissatisfaction with some aspects of communication between care and office based staff. The information was discussed with the manager who subsequently shared evidence of how staff feedback had been actioned appropriately.

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 relatives, staff or the commissioning Trust.

Throughout the inspection process Inspectors seek the views of those working for or and representatives of those 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 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

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.

Staff told us that they had no concerns about the care and support provided. They were generally happy working for the Agency and stated, "it was a great company to work for". One staff member was dissatisfied with some terms and conditions of employment.

Service users commended the care and support provided. They discussed how they felt that the staff were responsive to their needs and enabled them to experience a better quality of life.

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 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.

Review of the 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.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the roles and responsibilities of their job.

Records of all staff training were retained and were noted to be up to date. Staff confirmed they received sufficient training for their roles. Service user specific training had also been provided to staff.

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.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

The agency employs a Well-Being Manager to provide support to staff, this includes, monitoring calls with all newly employed staff. These calls provide staff with an opportunity to discuss any issues/concerns, which in turn are brought to the manager's attention to action as necessary.

3.3.2 Care Delivery and Care Records

Staff meetings were held, with minutes recorded and circulated to ensure staff unable to attend remained informed. The manager was advised these records could be improved by including more detailed information within the action plans, such as timescales for completion. There were regular handovers throughout each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles. It was good to note the oversight arrangements in relation to the length of calls to ensure care is delivered in accordance with the service users' assessed needs.

The service user's needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment, a care plan was developed to direct staff on how to meet service user's needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. There was evidence of regular contact with service users' representatives, in line with the commissioning Trust's requirements.

There was a policy in place for the use of restrictive interventions and a register was in place, which was reviewed and updated regularly. Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

All staff had been provided with training in relation to medicines management. There was a robust system in place for the management of any medication errors.

3.3.3 Quality of Management Systems

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

There has been no change in the management of the service since the last inspection. Staff commented positively about the support and guidance offered by the manager and other members of the management team. Some staff indicated dissatisfaction in relation to communication between themselves and office based staff. This information was shared with the manager to action appropriately.

A review of the reports of the agency's quality monitoring established that there was engagement with service user's relatives, staff and Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. These reports were shared with the Responsible Person, to clearly evidence this, the manager was advised to consider including a form of electronic signature on these reports.

A review of incident records evidenced that these had been managed appropriately. Records were detailed and comprehensive. It was good to note that these were reviewed as part of the monthly quality monitoring process.

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.

There was a process in place to manage any complaints. The management and oversight of complaints; had been strengthened since the last inspection by the appointment of a Complaints Manager and completion of additional staff training and awareness sessions.

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. A specific individual was identified as the agency's ASC. There were processes in place for the management of any safeguarding concern. The annual safeguarding position report had been completed.

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 Emily Magrath, the manager, as part of the inspection process and can be found in the main body of the report.



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