The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: North West Care Rathfriland Branch

Provider: North West Care and Support Limited

Date of Inspection: 14 August 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	North West Care and Support Limited
Responsible Individual:	Mr. Philip Stewart
Registered Manager:	Mrs. Patricia Gyle
Service Profile – North West Care Rathfriland Branch is a domiciliary care agency which is based in Rathfriland. The agency provides a range of personal care and support to service users living in their own home. The care and support services are commissioned by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

A care Inspector carried out an unannounced inspection on 14 August 2026, between 12.45 pm and 4.15 pm.

The inspection was undertaken to evidence how North West Care Rathfriland 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 examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The Inspector also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

The Inspector identified good practice in relation to staff training, monthly monitoring of the service and recruitment processes. There were good governance and management arrangements in place.

The Inspector did not identify any Areas for Improvement following this 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 North West Care Rathfriland 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.

The Inspector will also examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Throughout the inspection process, the Inspector will seek the views of those receiving support from the agency and their relatives, those working for the agency and those professionals visiting service users.

3.2 What people told us about the service and their quality of life?

Respondents spoken to by the Inspector gave positive feedback.

One service user said 'they're great girls altogether. They come three times a day and are great with me'. Another said that 'I love them coming. They come four times a day and help me with care and meals'.

One relative of a service user stated that 'they are honestly just wonderful. They laugh and joke with my dad. He relies on them so much. The care package is a great comfort to the family'.

Staff reported that they enjoyed working in the agency and that management were supportive. One stated that 'I've been here many years. It's a good company to work for. I have difficulty with IT and they always help me. The manager is supportive. Another stated that 'I like it here. The induction and shadowing were very good. The manager is supportive'.

One visiting professional stated that 'I have no issues at all with North West Care. I have had a few conversations about a new care package for a client and found them great'.

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. The person in charge reported that the agency continues to recruit staff on an ongoing basis.

The Inspector reviewed the agency's staff recruitment records and 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. The person in charge was knowledgeable in this area.

The agency checked regularly to ensure that staff had current registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to check NISCC registrations monthly. 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 programme, having regard to NISCC's Induction Standards for new workers in social care. This ensured that they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a formal induction programme of at least three days, which included shadowing of a more experienced staff member. The agency retained written records of the staff members' capability and competency in relation to their job role.

The agency uses the Access Evo learning platform for on-line training, and face to face practical training is delivered by the agency's own in-house trainer. The Inspector confirmed that the agency maintains a record for each member of staff of all training, including induction and professional development activities undertaken. The Inspector reviewed the training matrix maintained by the agency and found the majority of training to be up to date. The Inspector noted that the agency had a 99% compliance rate with training. Where training was about to expire, further dates had been booked.

The person in charge reported that she and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia etc., at a level appropriate to their job roles.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told the Inspector they felt supported and involved in discussions about their personal development. Records evidenced that appraisals had been completed on an annual basis.

The agency holds a 'managers surgery' on the first Tuesday of every month where staff are invited to come and discuss issues. Refreshments are provided. meetings are also held every month and the agency retains the minutes for sharing with staff who were unable to attend.

3.3.2 Care Delivery

From reviewing service users' care records and through telephone discussions with service users, the Inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps computerised care plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

Where staff are unable to gain access to a service user's home, there is a policy in place that clearly directs agency staff as to what actions they should take to manage and report such situations.

The Inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that she was 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. Staff who spoke with the Inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. 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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that there had been no referrals since the last inspection.

The Inspector discussed the requirement with the person in charge that she must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care they received. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency provided staff with training appropriate to the requirements of their role. The person in charge advised that there were service users who required assistance with moving and handling. Care plans for these service users clearly identified the equipment required for their care. A review of care records identified that risk assessments and care plans were up to date. The Inspector noted that the agency had developed a high quality manual handling risk assessment.

The agency had provided staff with training in relation to medicines management. The person in charge advised that all staff complete online medication management training and that this followed up with face to face training with the agency's in-house trainer as well as competency

checks. The manager advised that no service users required the administration of oral medication via syringe.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and receive help to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the Inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users was subject to DoLS. A resource folder was available for staff to reference if needed.

There was a policy in place for the use of restrictive interventions. The agency maintained a register, which is reviewed and updated annually. The person in charge reported that several service users were subject to restrictive practices regarding bedrails and medication administration.

The person in charge reported that several service users required a modified diet. The inspector viewed a sample of these care plans and confirmed that these followed the Speech and Language Therapy (SLT) assessments. Staff training records confirmed that all staff had received training in Dysphagia and were aware of action to take in the event of a service user choking.

3.3.3 Management of Care Records

The person in charge confirmed that the agency uses the Access Evo online platform for care planning. However the agency maintains paper-based care plans in the homes of service users.

There was a system in place to ensure that agency staff retrieved records from discontinued packages of care in keeping with the agency's policies and procedures.

The agency maintains a procedure for the management of late and missed calls and these are reviewed as part of monthly monitoring arrangements.

3.3.4 Quality of Management Systems

The agency had monthly monitoring arrangements in place in compliance with regulations. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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

The agency's registration certificate was up to date and displayed appropriately. The inspector viewed the certificate of insurance for the agency and confirmed that this was current, with the correct level of cover.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. The person in charge reported that the agency had received one complaint since the last inspection. The Inspector viewed the complaint and confirmed that it had been managed appropriately. The Inspector made a suggestion that the agency should maintain a complaints matrix. The person in charge confirmed that the agency reviewed complaints monthly as part of the monthly quality monitoring process.

There was also a system in place to ensure that the agency managed incidents/accidents in accordance with its policy and procedure. The Inspector viewed the incidents and confirmed that these had been managed appropriately. The person in charge confirmed that the agency also reviewed incidents monthly as part of the monthly quality monitoring process.

4.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Judith Beckett (person in charge and branch manager) and Mrs. Patricia Gyle (Registered Manager) as part of the inspection process. These can be found in the main body of the report.

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