The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Trust Domiciliary Service & Armagh and Dungannon Locality

Provider: Southern Health and Social Care Trust

Date of Inspection: 4 September 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:	Ms. Patricia McNally
Service Profile Trust Domiciliary Service Armagh and Dungannon Locality is a domiciliary care agency within the Southern Health and Social Care Trust (SHSCT). The agency's aim is to provide care to meet the individual assessed needs of people in their own homes.	

2.0 Inspection summary

An unannounced inspection took place on 4 September 2026, between 9.20 am and 5.30 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 area for improvement identified, by RQIA, during the last care inspection on 9 January 2026; 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.

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

The Inspector identified good practice in relation to the feedback from service users and relatives. There were good governance and management arrangements in place.

An area for improvement identified at the previous inspection relating to care records was assessed as met.

As a result of this inspection, there was one area for improvement identified which related to quality monitoring arrangements. Full details, including the areas for improvement identified, 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

3.0 The inspection

3.1 How we Inspect

staff team for their support and co-operation during and following the inspection.
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, 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

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

electronic staff survey.

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 get a good reliable service and the carers always turn up when they are meant to" and "The carers look after me well".

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 outstanding and I would genuinely describe them as angels" and "My husband is well cared for and the girls are fantastic".

Staff told us that they had no concerns about the care and support provided. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "I get spot checks from my supervisor and I don't know when they are happening" and "All care records are available in the client's home".

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 and regular staff training.

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.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on an electronic training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, basic first aid and fire safety.

Training requirements were reviewed regularly and gaps in staff training were identified through ongoing monitoring of the training matrix, supervision and quality assurances processes. Systems were in place to ensure identified gaps were recorded, appropriate refresher training was planned and staff were monitored until the required training was completed.

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.

Procedures were established for appraising staff performance and conducting staff supervisions in accordance with policy and procedure. Staff confirmed that appraisals and supervisions had occurred.

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 multidisciplinary 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.

An area for improvement identified at the previous inspection related to ensuring care plans were reflective of the International Dysphagia Diet Standardisation Initiative, as indicated by the Speech and Language Therapist (SLT). Review of a sample of care plans where service users required a modified diet evidenced that care plans detailed SLT assessments. On this basis, the area for improvement was assessed as met.

Staff training records confirmed that staff had received training in Dysphagia and were aware of action to take in the event of a service user choking.

The manager advised that restrictive practices such as bed rails were applied only under the direction of the multidisciplinary team. Documentation pertaining to such practices was held within care records and on a centralised register which was subject to regular review to ensure necessity and proportionality in line with best practice guidance.

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

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the agency.

3.3.3 Quality of Management Systems

Ms Patricia McNally has been registered with the Regulation and Quality Improvement Authority (RQIA) on 18 June 2026 as manager for the agency. Staff commented positively about the management team.

The agency's registration certificate was up to date and displayed appropriately.

The agency maintained a monitoring system for evaluating the quality of the services provided which included 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.

However, review identified that monthly quality monitoring reports had not been undertaken for May and June 2026. Reports should be completed consistently to ensure quality improvement is sustained within the agency. An area for improvement was identified.

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.

The agency retained records of all accidents/incidents and s review of a sample these records indicated that they had been managed appropriately. It was positive to note that a centralised tracking system was in place to aid in the identification of any trends arising. The manager advised that this was reviewed on a monthly basis. Medication incidents involving staff errors were managed through a performance evaluation with the identified staff member and further training and assessment was arranged to ensure competency in completing medication tasks.

There was a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. There was evidence of a system to ensure oversight of complaints; this included a review of complaints during the monthly quality monitoring visits. There was a process in place for the management of complaints.

A range of policies were held electronically and available to direct staff in care delivery and support.

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

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Patricia McNally, 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 23 **Stated:** First time	The Registered Person shall ensure that monthly quality monitoring reports are consistently completed in line keeping with regulations. Ref: 3.3.3
To be completed by: Immediate and ongoing from date of inspection	**Response by Registered Person detailing the actions taken:** A process has been established to ensure continuity of quality assurance activities during periods when the Trust Homecare Monitoring Manager is absent. In such circumstances, the Social Care Governance Lead (ACS) and/or Homecare Monitoring Officers will assume responsibility for completing the monthly quality monitoring reports, ensuring appropriate oversight, governance, and compliance requirements are maintained.

Please ensure this document is completed in full and returned via the Web Portal



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews