The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: North West Care

Provider: North West Care and Support Limited

Date of Inspection: 23 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:	North West Care and Support Limited
Responsible Individual:	Mr Philip Stewart
Registered Manager:	Miss Anne Allen (Acting)
Service Profile: North West Care is a conventional domiciliary care agency which provides a range of personal care and support to service users living in their own home. The service users' care is commissioned by the Western Health and Social Care Trust (WHSCT) and the Northern Health and Social Care Trust (NHSCT); a number of service users pay for their care and support directly.	

2.0 Inspection summary

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An unannounced inspection was undertaken on 23 July 2026 between 9.35 am and 5,15pm by a care Inspector.

The last care inspection of the agency was undertaken on 15 May 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/day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff were well trained to deliver safe and effective care. Service users said that the care and support provided by North West care was a good experience. Refer to Section 3.2 for more details.

No areas for improvement were identified during 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 the North West Care 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.

Throughout the inspection process inspectors seek the views of the service users who are in receipt of care and support; service user representative; staff who work for the agency; commissioners; and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

Service user feedback was sought by the agency on a monthly basis and returns illustrated a high level of engagement. It was also positive to find that information was easily accessible to service users' and their families as to how to make a complaint; with submission of complaints able to be made in writing via the agency's website.

100% satisfaction ratings were received from service users' and their representatives in respects of staff uniform and compliance with appropriate use of personal protective equipment (PPE). Additionally, 100% of returns also illustrated that service users were either mostly or extremely satisfied with the reliability of care provided.

Written feedback saw service users described as friendly", "kind and compassionate" as well as "amazing". A service user representative advised that staff were knowledgeable and skilled in working with individuals' living with dementia, valuing the patience illustrated by staff to their loved one. One service user told us that North West Care is an "excellent service and if there are any problems they let us know".

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 agency advised that it operates continuous recruitment.

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. The interview process was reviewed and written records were retained by the agency of the person's capability in relation to their job role. Interview records sampled were detailed and contained a scoring system. It was positive to find the agency had a system in place to assure all employee's met vehicle and insurance requirements to safely undertake driving as part of their role.

There was evidence that all newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. Additional assurances were obtained by the agency regarding new employee's knowledge, skills and competency through direct feedback obtained by more experienced staff for which facilitated the completion of shadow shifts. In discussion with the manager it was positive to find additional support and/or training were provided based on feedback as needed.

There was a system in place for professional registration, with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory bodies, to be monitored by the manager.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. Where training was due to expire there was evidence of action taken by the agency to address this. Training provided to staff included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and dysphagia, at a level appropriate to their job roles.

It was positive to find that the agency provided staff with additional training to ensure service users' assessed needs could be safely met, such as administration of liquid medication, use of non-invasive ventilation devices, epilepsy, positive behavioural support (PBS) plans and tracheostomy training.

Medication training undertaken by staff consisted of e-learning training issued by the WHSCT as well as face to face training delivered by an in house trainer who subsequently assessed staffs' competency in relation to medication management. There was evidence that this was reviewed at a frequency in keeping with the agency's policies and procedures.

Discussions occurred with representatives of the Trust regarding concerns relating to WHSCT Medicines Adherence Pathway Interim Guidance and feedback was subsequently shared with the agency.

It was positive to see that the agency actively sought feedback from staff in respects to training; providing an opportunity to evaluate the efficiency of training in supporting staff to safely and competently carry out their roles, identify areas were training could be improved while also informing future training provision and supporting continuous learning and development.

There was a system in place to monitor supervision compliance and evidence that staff engaged in supervision at a frequency which aligned with that stipulated within the organisations' policies and procedures. Records evidenced that appraisals had been completed on an annual basis.

3.3.2 Care Delivery and Management of Care Records

There was evidence of effective communication systems which ensured timely sharing of information about any changes to the service users' care, which the staff needed to assist them in their roles. Assurances were provided regarding processes in place for the exchange of information were a service user needs are being jointly met by North West Care and an alternative provider.

In addition to regular staff meetings, the agency was found to frequently distribute learning alerts to staff. Those reviewed demonstrated the agency's commitment to promoting best practice, including the sharing of guidance and techniques for example, relating to manual handling, management of sharps and recording.

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

A service agreement provides clarity, protection and consistency for service users, outlining what support will be provided, how it will be delivered and the responsibilities of both the individual and the agency. All service user records reviewed contained a signed agreement which was reflective of unique circumstances and needs of the individual. There was evidence that matters pertaining to consent had also been reviewed and discussed with service users and/or their representatives.

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.

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, 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.

Risk assessment and management plans reviewed were found to be robust. Where service users required the use of specialised equipment to assist them with moving, moving and handling risk assessments were available and care plans contained directions for use of aids and equipment. Where equipment could be considered restrictive, this was risk assessed and also included in the care plan and subject to review as part of the annual care review process. An error was identified in relation to risk ratings in respects of one service users' plan, this was addressed upon being highlighted to the manager.

Where service users were assessed as requiring a modified diet service users' plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan, and explicitly outlined all additional recommendations made.

The Regional Policy on the use of Restrictive Practices in Health and Social Care Settings establishes the requirement for all organisations to retain a restrictive practice register advising as to the total number, type of restrictive interventions used and minimisation actions. Currently the system utilised by the agency is unable to generate a report regarding total number of restrictive practice intervention deployed however assurances were provided that this has been discussed with the software developer. Given restrictive practice were clearly identified in service user plans, and there was evidence of discussions occurring between service users and agency representatives seeking consent in implementation the Inspector was satisfied. This will be reviewed again at a future inspection.

Staff recorded regular evaluations about the care and support provided; this promotes oversight by enabling review of the quality of care and identifying any emerging issues or needs. Staff were aware as to reporting responsibilities regarding any observed changes in service user needs and/or risks and there was evidence that any such changes were referred back to the commissioning trust to reassess.

3.3.3 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Miss Anne Allen has been the acting manager in this agency since 7 June 2026. We were advised as to intentions regarding submission of a registered manager application.

There was a system in place to manage and monitor complaints received by the service. Information reviewed demonstrated sufficient communication with the complainant throughout the management of the complaint. It was positive to find practice appropriately aligned with the Northern Ireland Public Services Ombudsman's (NISPO) Model of Complaints Handling Procedures. Additionally, trends relating to complaints were considered as part of the quality monitoring processes and in a separate governance review process conducted on a quarterly basis. A suggestion was made by the Inspector regarding the systems' ability to efficiently identify nature of complaints which the manager agreed to explore.

It was also positive to find the agency maintained an active record of compliments received, for which 77 had been reported since the date of the previous inspection. The majority of compliments reviewed related to the quality of care provided and staff attitude.

Review of incident records identified that they were managed appropriately. An area of good practice was also identified in respects of the agency's system for monitoring incidents and accidents which was found to be robust. The efficient presentation of data supported effective governance and oversight, while facilitating analysis and enabling the timely identification of emerging patterns and trends. This ensure that, where necessary, appropriate remedial action could be taken promptly. Following discussion with the manager, they agreed to further develop written analysis of incidents/accident retained by the agency; this will be reviewed at a future inspection.

There was a protocol in place for staff to follow should they be unable to gain access to the service users' homes; this ensures that staff respond consistently and in a timely manner, supporting the safety and welfare of service users. It was good to note that this reviewed on a regular basis with staff.

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.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. An area of good practice was identified in respects to the level of consultation undertaken by the agency on a monthly basis. The reports of these visits were completed in detail with actions that endeavoured to ensure continuous quality improvement.

The annual quality report for the agency was in the process of being completed at the time of the inspection; this will be reviewed at a future inspection.

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 Miss Anne Allen, Acting Manager, as part of the inspection process and can be found in the main body of the report.

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