The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Opus Homecare**

Provider: **Opus Homecare**

Date of Inspection: **12 May 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:	Opus Homecare
Responsible Individual/Responsible Persons:	Mrs Michelle Cupples Mrs Teresa Harvey
Registered Manager:	Mrs Teresa Harvey
Service Profile – Opus Homecare is a domiciliary care agency based in Belfast which provides a range of personal care, social support and sitting services to 112 people living in their own homes. Services are commissioned by the South Eastern Health Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 12 May 2026 between 10.00 am and 3.00 pm by a care Inspector.

The last care inspection of the agency was undertaken on 2 April 2025. No areas for improvement were identified. This inspection was undertaken to assess how the agency is performing in relation to the regulations and standards and to determine if it is delivering safe, effective and compassionate care; and if the service is well led.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users. Improvements were required to ensure the effectiveness and oversight of certain aspects of the agency,

Three areas for improvement were identified during this inspection relating to records management, recording of restrictive practices and availability of records for inspection purposes. This is discussed in sections 3.3.1, 3.3.2 and 3.3.5. Further details of the findings of this inspection are outlined in the main body of the report.

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 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 and their representatives; the home care workers who work for the agency and HSC staff. A review of a sample of records is also undertaken to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

A Service user who spoke with the Inspector advised that they were very happy with the care and support they received from staff working for the agency. Comments included the following statement: "They are very professional and I have no complaints at all – they're great".

Relatives who spoke with the Inspector spoke very positively about the standard of care provided to their loved one. Comments included the following statements: "Everything is absolutely brilliant I couldn't recommend them enough – really good caring girls" and "I cannot speak highly enough about them they are respectful and always on time – fabulous girls".

Staff who spoke with the Inspector felt satisfied with the training and managerial support provided to them. Staff said they felt that the service users receive a good service and they felt service users looked forward to seeing them.

Health and Social Care (HSC) Staff who spoke with the Inspector said that staff in the agency were proactive in responding to any issues raised within the service and that service users were satisfied with the care and support provided.

3.3 Inspection findings

3.3.1 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 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Staff were required to complete adult safeguarding training during induction and refresher training yearly thereafter. 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. 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 agency retained records of any referrals made to the Adult Safeguarding team in relation to adult safeguarding concerns. A review of records confirmed that whilst safeguarding concerns had had been raised and managed appropriately, the storage of these records was not held centrally making it difficult to review and track the progress of any adult safeguarding concerns raised. The number of Adult Safeguarding concerns raised since the last inspection could not be easily ascertained.

The agency retained records of any referrals made to the HSC Trust in relation to accidents/incidents which occurred. A review of these records confirmed that the agency had responded appropriately to the concerns raised in line with the with the Trusts' reporting requirements.
Examination of a sample of monthly monitoring reports evidenced that all recorded accidents/incidents were reviewed on a monthly basis. A review of a medication incident established that appropriate actions had been taken to ensure service user safety and staff competence in the administration of medication.

It was recommended that a centralised record for all accidents and incidents including adult safeguarding concerns raised should be implemented to enable the swift identification of any patterns or trends. An area for improvement has been identified.

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

3.3.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (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 are helped 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 the least restrictive option.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge confirmed that there were no service users who were subject to DoLS supported by the agency.

On review of other restrictive practices such as the use of bed rails, locked medication boxes or postural harnesses, it was identified that there were no recording arrangements in place to identify service users who were subject to such restrictive interventions. The need to consider any restrictions on liberty and to develop a way of monitoring such practices to ensure these are applied only after assessment and direction by the multi-disciplinary team was outlined to the person in charge. Furthermore, all restrictive interventions applied must be regularly reviewed

so they are not used disproportionately or for longer than is necessary in line with best practice guidance. An area for improvement was identified.

3.3.3 Staff Recruitment, Induction and Training 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.

A 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. 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 person in charge. 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. The induction programme also included shadowing of a more experienced staff member.

Staff were provided with training appropriate to the requirements of their role as part of induction to the agency. This included training for staff in the use of specialised equipment for service users who required equipment to assist them with mobility/ transfers. Refresher training was provided to staff on a yearly basis thereafter.

All staff had been provided with training in relation to medicines management and a review of staff's competence was undertaken in person and signed off by the manager before staff were tasked with assisting with medication.

3.3.4 Care Records and Service User Input

A sample of service users' care records examined confirmed that these contained sufficient information about the level of support required and that moving and handling risk assessments and care plans were up to date. 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.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided in respect of the consistency of their food and fluids. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded within the service user's care records.

3.3.5 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards however it was disappointing to note that records pertaining to these were not available to review at the time of inspection. As these records were not available at the previous inspection and this was the second time in which records were sent retrospectively, an area for improvement has been identified.

On review of the reports of the agency's quality monitoring, sent after the inspection, it was established that there was engagement with service users, service users' relatives, staff and 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.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The person in charge confirmed that one complaint was received since the last inspection. A review of this confirmed that this was appropriately managed and had been reviewed as part of the agency's quality monitoring process.

It was recommended that all complaints are recorded within a centralised system to enhance oversight and governance of complaints management processes. This will be reviewed at a future inspection.

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

Where staff are unable to gain access to a service users' home there was a system in place that ensures that the service has an operational policy, procedure or protocol that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

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	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with, as part of the inspection process. The timescales for completion commence from the date of inspection.

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 21 (1) (a) **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall ensure that all records are maintained and in good order. This is in respect of records relating to accident/incidents and Adult Safeguarding concerns to enable efficient oversight and governance. Ref: 3.3.1
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref:** Regulation 15 (2) (b) (c) (11) **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall ensure service user's plans contain all necessary information to adequately and safely respond to identified needs and presenting risks inclusive of restrictive practices and Deprivation of Liberty Safeguards agreed. Systems must be in place to ensure multi-disciplinary assessment/input, regular review and reflect the least restrictive approach for the least amount of time possible. **Ref: 3.3.2**
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref:** Regulation 21 (1) (c) **Stated:** First time **To be completed by** Immediately and ongoing	The Registered Person shall ensure that the records specified in Schedule 4 are maintained and are at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. **Ref: 3.3.5**
	Response by registered person detailing the actions taken:

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

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