The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Rodgers Community Care

Provider: Rodgers Community Care

Date of Inspection: 1 September 2026

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

1.0 Service information

Registered Provider:	Rodgers Community Care Ltd
Responsible Person:	Mr Michael Douglas
Registered Manager:	Mrs Isobel Swain
Service Profile – Rodgers Community Care is a domiciliary care agency based in Lisburn which provides a range of personal care, social support and sitting services to adults and children living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. These services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 1 September 2026, between 10.10 am and 3.45 pm by a care Inspector.

The last care inspection of the agency undertaken on 8 July 2026 identified two areas for improvement relating to staff training and the review of agency policies. This inspection was undertaken to assess the progress with respect to the areas for improvement identified during the last inspection and to review how the agency is performing in relation to the regulations and standards. It also sought 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 however improvements were required to ensure the effectiveness and oversight of certain aspects of the agency. These related to accident/incident recording and the recording of restrictive practices. This is discussed in sections 3.3.1 and 3.3.2. Further details of the findings of this inspection are outlined in the main body of the report and in the Quality Improvement Plan in section 4.0.

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 Health and Social Care (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

Service users and relatives who spoke with the Inspector advised that they were happy with the care and support they received from staff working for the agency. Some service users expressed a need for a review of their care call times which was shared with the registered manager to action as necessary.

Feedback from a service user questionnaire stated that staff were good but some completed their tasks quickly. This feedback was also shared with the registered manager to review and action as necessary. Another comment received included the following statement: "the service is excellent and I always look forward to the carers' visit".

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 from the agency.

A number of staff responded to the electronic survey. The feedback received indicated that staff were satisfied or very satisfied that the care and support provided by the agency was safe, effective compassionate and that the agency was well- led. One comment included the following statement: "Great company to work for, very understanding and lovely people".

Health and Social Care (HSC) professionals who provided feedback on the service said that staff in the agency were prompt and proactive in responding to any issues raised; that communication with the service was good and that staff had a good working knowledge of their client base. Another HSC staff member who provided feedback on the service stated that the agency was flexible, person- centred and accommodating of the different communication needs of service users.

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 safeguarding concerns had been managed appropriately.

The agency retained records of all accidents/incidents which occurred. A review of these records identified that some information was not recorded clearly in the centralised record and it was difficult to ascertain pertinent issues and if these had been managed appropriately. An area for improvement was 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 or locked medication boxes, 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 during the previous inspection but had not been actioned. 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 on a weekly basis.

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.

An area for improvement identified at the previous inspection related to staff training records. A review of these confirmed that a new electronic record- keeping system to record all staff training and when it is due for renewal had been implemented. On further examination of training records it was identified that a small number of staff had outstanding training in respect of Adult Safeguarding, Fire Safety, DoLS and Infection Prevention and control (IPC). Arrangements for staff to complete this training within a specific time frame were shared with the inspector after the inspection and on this basis the area for improvement was assessed as met.

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.

All staff had been provided with training in relation to medicines management at induction and this is refreshed after eighteen months through face to face training with the manager. A competency assessment is also completed and signed off with all staff to ensure their proficiency in assisting with this task.

3.3.4 Care Records and Service User Input

A sample of service users' care records examined confirmed that these contained information about the level of support required and that moving and handling risk assessments and care plans were up to date. One service user's record did not contain a bed rails risk assessment. The person in charge agreed to action this immediately. Overall, examination 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 has been no change in the management of the agency since the last inspection. Mrs Janene Swain has been the manager in this service since 11 February 2009.
Those consulted with commented positively about the manager and the management team and described them as supportive, approachable and able to provide guidance.

There were monitoring arrangements in place in compliance with Regulations and Standards. Examination of a sample of monthly monitoring reports evidenced 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. It was recommended that reports record incidents that are notifiable to RQIA and staff's registration status. This will be reviewed at a future inspection.

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. A review of one complaint evidenced that this was being appropriately in line with the agency's complaints policy.

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	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Janene Swain, manager and Mr Michael Rodgers, Director, 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 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 to enable efficient oversight and governance of all incidents that occur. Ref: 3.3.1
	Response by registered person detailing the actions taken: The current recording system has been reviewed and modified to ensure a more accurate record of accidents/ incidents are maintained, thus ensuring a more efficient overview of records and for governance. These records shall be reviewed and updated regularly or as and when required.
Area for improvement 2 **Ref:** Regulation 15 (2)(b)(c) **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall prepare a written care plan which contains all necessary information to adequately and safely respond to identified needs and presenting risks inclusive of restrictive practices. This includes ensuring a system is put in place to record, monitor and review all restrictive practices that are based on multi-disciplinary assessment of need and subject to regular review. Ref: 3.3.2
	Response by registered person detailing the actions taken: A system has been implemented to record identified restrictive practices; this process is in the process of being completed. These records shall be reviewed and updated regularly or as and when required.

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