

# Inspection Report

**Name of Service:** Home Care Service (North & West Locality)

**Provider:** Belfast Health and Social Care Trust

**Date of Inspection:** 19 August 2025

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

## 1.0 Service information

<b>Organisation:</b>	Belfast Health and Social Care Trust
<b>Responsible Individual:</b>	Mrs Maureen Edwards
<b>Registered Manager:</b>	Mr Paul McKeown (Registration pending)
<b>Service Profile:</b> Home Care Service (North & West Locality) is a domiciliary care agency providing a range of personal care and support to service users living in their own homes across Belfast (north and west).	

## 2.0 Inspection summary

An unannounced inspection took place on 19 August 2025, between 9.45 am and 4.15 pm by a care Inspector.

The last care inspection of the service was undertaken on 2 October 2023 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.

Whilst there was no evidence that service users did not receive their care in keeping with the Trust care plans, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment, supervision and appraisals, care planning, complaints and the annual quality report. Monthly quality monitoring processes; staff health and wellbeing practices; and staff training were also identified as areas for improvement.

Additionally, concerns were identified regarding the integrity of the information provided to the Inspector.

RQIA was further concerned regarding comments made by staff relating to certain aspects of their role. RQIA invited Trust representatives to a meeting on 10 October 2025. The purpose of the meeting was to provide feedback on the inspection findings and to discuss how the identified deficits were to be addressed.

During this meeting representatives of the Responsible Individual provided details of the actions taken or those they planned to take to address the matters raised. RQIA was assured that there were plans in place to address the identified issues.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **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/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/examine 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 users told us that they were very happy with the care and support provided by staff. They described the care workers as being '100 percent' and how 'they always come in with a smile on their faces'. Those spoken with said that they were 'absolutely happy' with the service and that the care workers were 'always respectful'.

Staff raised concerns in relation to certain aspects of their role. This is further discussed in section 3.3.3.

## **3.3 Inspection findings**

### **3.3.1 Staffing Arrangements (recruitment and selection, induction and training)**

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.

Whilst there was no evidence that service users' needs had not been met, certain members of staff raised concerns regarding staff shortages that had impacted upon their work load pressures.

RQIA is aware that the length of users' care call times are being reviewed, in an effort to free up staff capacity in this regard. Given that there was no impact on service users' needs being met, RQIA will keep this matter under review.

Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were generally completed and verified before staff members commenced employment and had direct engagement with service users; however, a review of recruitment records identified that full employment histories had not been recorded prior to employment. An area for improvement has been identified.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of staff training were retained; however, it was identified that specific training had not been provided to all staff in response to a cultural review which had been undertaken in 2023. Additionally, these elements of training were not captured on the staff training matrix. An area for improvement has been identified.

Review of records also identified that Home Care Coordinators were not provided with supervision and appraisals in keeping with the agency's policies and procedures. An area for improvement has been identified.

It was also identified that return to work meetings had not been held with staff in keeping with the agency's policies and procedures. Furthermore there was no evidence that a self-assessment completed by a staff member in relation to their wellbeing, had been reviewed by the manager. An area for improvement has been identified.

### **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; however, following intelligence received from staff, RQIA is not assured that service users' care plans are consistently uploaded to the electronic records management system (CareLine). This potentially impacts on the service users' needs being met. An area for improvement has been identified.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care workers. The agency also utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) care plan.

Where a service user had fallen at home, it was good to note that the Trust representative had been informed of this and the care plan updated as appropriate.

Where a medicine error had occurred, it was good to note that this had been communicated to the Trust key worker and to the service users' general practitioner as appropriate.

### 3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Paul McKeown has been the manager in this agency since 1 December 2022. An application for registration as manager has been received by RQIA and will be reviewed by RQIA in due course.

As discussed in section 3.2, staff raised concerns regarding the culture of the agency. Following the inspection, further concerns were raised by staff directly to RQIA. RQIA is aware of the investigation undertaken in response to whistleblowing concerns raised to the BHSCT on 27 June 2022; including matters raised by Trade Union staff on 15 July 2022. Whilst we were informed that the 49 recommendations emanating from this investigation were reviewed on a monthly basis, it is concerning, based on the recent concerns raised to RQIA that insufficient progress has been made with respect to addressing the issues. The concerns raised to RQIA pertain to recruitment, resource allocation, service delivery and a toxic culture. Many of the concerns received by RQIA are similar to those outlined in the Investigation Report. An area for improvement has been identified.

RQIA is concerned that efforts made to address the culture of the service have been ineffective. Staff continue to report dissatisfaction regarding their relationship with management and that they do not receive any feedback from management as to any actions that have been taken. An area for improvement has been identified to ensure that the management team undertake relevant training to enhance their role/leadership skills.

In view of the inspection findings outlined above, it is also concerning that monthly monitoring arrangements have not been sufficiently robust so as to identify these deficits and address them in a meaningful and timely manner. An area for improvement has been identified.

The annual quality report is in the process of being completed. An area for improvement has been identified to ensure this is completed in keeping with the agency's policy and procedures. Advice was given in relation to the need for the annual quality report to include an action plan when completed.

Additionally, the Inspector viewed feedback that had been collected for the purposes of completing the annual quality report. It was concerning that negative feedback received via this process had not been recognised or managed as complaints. An area for improvement has been identified.

Discussion with staff identified dissatisfaction with a lack of response from management when concerns are raised. RQIA acknowledges that there are times when management are unable to provide an update of any actions taken with the staff member who may have raised the initial concern; however, it is advised that management consider discussing the complaints process in general terms with staff, to manage their expectations in relation to management's response.

It is further concerning that during the inspection, full and complete information was not provided to the Inspector. This relates to the provision of the Rapid Access Service (RAPS) which the Manager stated was not under the North and West registration. This information was subsequently confirmed to be inaccurate. An area for improvement has been identified.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. Advice was given in relation to including an action plan in the report. This was discussed with the person delegated the responsibility of completing the reports, who welcomed the advice. This will be reviewed at a future inspection.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were analysed on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

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 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.

#### **4.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Regulations and the Standards.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	7	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Paul McKeown, Manager and members of the senior management team, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that full employment histories are obtained as part of the recruitment process.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Discussion has taken place with retained HR at Belfast Trust and with Recruitment at Business Services Organisation. Full employment histories are requested on the application form. The Chair of a recruitment panel must check for gaps in employment at shortlisting. Gaps in employment that have been identified are discussed with the candidate at interview and a record is made on the Chairperson's checklist.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that that Home Care Coordinators are provided with supervision and appraisals in keeping with the agency's policies and procedures.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> After the inspection, all Coordinators received an up to date supervision. The registered person shall ensure moving forward that supervisions and appraisals for Home Care Co-ordinators are carried out in line with the agency's policies and procedures. The Reg 23 form has been updated to seek feedback from office staff and care staff about the frequency of supervision. Belfast Trust Social Care Supervision Policy was launched on 18 September 2025. This policy will now be cascaded throughout the agency. The service maintains a tracker to oversee assurance and exception reporting.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15 (2)(a)(b)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that regular audits are undertaken to ensure that service users' care plans are uploaded to the CareLine system in a timely manner.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> An audit has taken place to ensure that all Care Plans are uploaded to Care Line Live. A new process for managing care plans has been devised as well as an audit framework.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 10 (2) (b)(1)</p>	<p>The registered person shall ensure that the management team undertake relevant training to enhance their role/leadership skills.</p> <p>Ref: 3.3.3</p>
<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A training needs analysis has been completed, and a plan is in development so that each member of the management team will complete a specific training course on management and leadership.</p> <p>The Trust is revising the mandatory training plan for the Home Care management team which is currently made up of a combination of Trust led programmes and bespoke Home Care. The current mandatory requirement is: Understanding Leadership; New Managers Toolkit; Effective Communication &amp; Difficult Conversations; Developing Yourself, Others &amp; Team, Improving Performance; Effective Team Working &amp; High Performing Teams, Facilitating change in HSC, SDR for reviewers, attendance management, supervising training for managers, civility, and Compassionate Workplaces. Home Care are also in the process of ensuring all managers in Bands 5 &amp; 7 hold the ILM Level 5.</p> <p>A new Foundations of Leadership course based on the Trust values was launched on 10<sup>th</sup> November. This will be embedded in the Home Care mandatory training and all elements of current training will be reviewed and improved to compliment it. The Training Manager is liaising with the Trust HR training team to add an enhanced seminar element within the Home Care service to enable staff to explore their learning and identify areas for development for the individual manager and the Home Care service.</p> <p>The service has set a mandatory training requirement of 85% for all training by the end of January 2026, with the exception of ILM level 5 which will have 2 allocated spaces per year.</p> <p>An evaluation process for all training has been introduced that will also serve as evidence for NISCC PRTL.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the monthly quality monitoring visits focus on the culture of the agency, in addition to the recommendations identified in the culture review report.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Regulation 23 (monthly monitoring) form has been updated to include a section on culture of the agency. A format for seeking feedback from staff specifically on the culture of the agency has been devised. This has become part of the Regulation 23 monthly reviews from October 2025.</p> <p>The Trust Home Care Oversight Group will oversee implementation of the recommendations associated with the culture review report.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 22 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that feedback received via the agency's annual quality monitoring process is reviewed; where negative feedback is received, the complaints process should be followed.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Any negative feedback on the 2024 / 2025 Annual Report surveys has been addressed. Negative feedback received from service users is escalated via line management and the Trust Complaints Department, as per the Trust Complaints Policy. Negative feedback from other stakeholders is managed via the Trust adverse incidents policy and recorded on the Trust Datix system.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 21 (1)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that RQIA is provided with full and accurate information regarding the type of service users being supported; this relates to service users who are under the RAPS service.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Statements of Purpose have been updated to clarify that the Rapid Access Personal Support Team sits under the registration of Belfast Trust Home Care Services North &amp; West Belfast (11029). The acting registered manager is aware of this registration.</p>

<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all staff receive training in response to the cultural review undertaken in 2023; and ensure that all elements of this training are included in the staff training records.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> An audit of staff training records has taken place to ensure that staff who have not yet received this training will be identified and will receive this training by end of January 2026. The Trust Home Care Oversight Group will oversee implementation of the recommendations associated with the culture review report and this will include staff training needs. A before and after measurement process for all training will be devised with HR and implemented.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the agency's policies and procedures in relation to staffs health and safety are adhered to; this relates to return to work interviews, following any period of absence; and in relation to any self-assessments completed in relation to their wellbeing.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The agency's own absence management plan identifies and records that return to work interviews are taking place and each line of management investigates when this has not taken place via exception reporting.</p> <p>Co-ordinators and Home Care Managers must now discuss any recommendations by occupational health or by individual stress risk assessments with their line managers at a monthly sickness absence meeting.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the annual quality report is completed.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Annual Report for 2024 / 2025 was completed and approved by the Service Manager on 18 September 2025.</p> <p>Plans will be put in place to ensure a more timely issue of the agency's Annual Report for 2025 / 2026 in April / May 2026.</p>

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



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