



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Community Rehabilitation Service (Elderly)

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

**Date of Inspection:** 4 September 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>  | Mrs Lucy Anne May Jordan             |
| <p><b>Service Profile:</b> Community Rehabilitation Service (Elderly) is a domiciliary care agency which provides a range of personal care services to service users living in the south and east Belfast areas.</p> <p>Rehabilitation Assistants provide support with personal care; and therapy under the direction of multi-disciplinary team members.</p> <p>A small number of Rehabilitation Assistants also provide support to a care home. RQIA does not regulate this element of supply; and these are managed separately by the service. RQIA equally does not regulate the AHPs, although these are managed by the service.</p> |                                      |

## 2.0 Inspection summary

An unannounced inspection took place on 4 September 2025, between 9.30 am and 1 pm by a care Inspector.

The last care inspection of the agency was undertaken on 8 December 2023 by a care inspector. No areas for improvement were identified. The 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 established 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, such as the recruitment process.

Service users said that the care and support provided by the Community Rehabilitation Service was a good experience. Refer to Section 3.2 for more details.

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 rehabilitation assistants 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' relatives told us that they were very pleased with the service provided and that the carers were very pleasant, caring, friendly, efficient and reliable'. The staff told us that they were very satisfied that the care and support provided was safe, effective and compassionate; and that the service is well led.

## **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. 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 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, review of employment references identified that they had not been consistently supplied by the staff members' current/last employer. In one instance, this may have been due to an inputting error in relation to the date of leaving employment provided by the staff member. However, review of a second record identified that a reference had been supplied by someone who was not of the appropriate seniority level within the staff member's last employment.

Furthermore the reference had not been provided via a professional email address, therefore the agency would not have been able to verify the source of the email. An area for improvement has been identified.

Additionally, it was not possible to ascertain whether or not a full employment history had been provided by the staff member because of the way in which the gap in employment was recorded. Reasons for leaving previous posts were not consistently recorded. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

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 all staff training were retained and were noted to be up to date.

Procedures were in place for appraising staff performance and staff were provided with supervision on a regular basis.

### **3.3.2 Care Delivery and Care Records**

Due to the bespoke nature of this service, the care and support provided was directed by members of the multidisciplinary team. The care plans were person-centred and contained sufficient detail in relation to the tasks the rehabilitation assistants needed to complete. There was evidence that the care plans were updated on a regular basis. It was good to note that the rehabilitation assistants attended an MDT meeting on a weekly basis. Staff meetings were also held on a quarterly basis; and there were also Newsletters issued on a monthly basis, to ensure that the rehabilitation assistants were up to date and any new learning was shared through this process. This is good practice and is commended.

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

There was a system in place for managing the disposal of medicines which service users may have missed/declined. This is good practice.

Advice was given in relation to the need for the duration of calls to be recorded on the care plan and on the staffing rota, specifically for service users who had completed their active rehabilitation period. The manager welcomed this advice and agreed to implement this going forward.

There was a system in place for identifying any missed calls; this included regular auditing of the daily notes completed by the rehabilitation assistants.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office when the package of care ceased.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Lucy Jordan has been the manager in this agency since 17 May 2022. Those consulted with commented positively about the manager and described her as supportive and approachable.

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 the need for feedback to clearly distinguish between the feedback from service users and the feedback received from relatives.

Review of incident and complaints records identified that they were managed appropriately.

The annual quality report was reviewed. Whilst there was evidence that stakeholder feedback had been received through the monthly quality monitoring processes, advice was given in relation to the need for this to be included within the annual quality report. This will be reviewed at a future inspection.

Consent to contact service users for feedback on the service was also obtained. Service were also provided with a Complaints leaflet to support them in raising any concerns. Feedback on the quality of service could also be provided electronically through 'Care Opinion', online platform.

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. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a protocol in place for staff to follow where service users were not at home as planned. There was also a system of communication in place for service users who had other domiciliary care providers involved in their care and support.

There was evidence that the manager 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.

### 4.0 Quality Improvement Plan/Areas for Improvement

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

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 2           | 0         |

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

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>   |  |
| <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><br/>Immediate from the date of the inspection</p> | <p>The registered person shall ensure that employment references are consistently supplied by the staff members' current/last employer; where this is not forthcoming, records of efforts made to obtain same must be retained for inspection purposes; references must be sought from someone who has an appropriate level of seniority within the previous employment; and evidence of the receiving email from which the reference was received, should be retained for verification purposes.</p> <p>Ref: 3.3.1</p>                    |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>A Standard Operating Process (IMC Staff Onboarding) is now in place for the service, this includes ensuring that current/last employer provides a reference and from a verified email address. This will be used for all recruitment from the time of the inspection.</p> <p>This has also been escalated to senior management within the BHSCT as another body (BSO) completes these checks prior to start dates being offered.</p>                              |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection</p> | <p>The registered person shall ensure that full employment histories are recorded; and gaps in employment should be clearly recorded; and reasons for leaving previous posts should be consistently recorded.</p> <p>Ref: 3.3.1</p>  |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>A Standard Operating Process (IMC Staff Onboarding) is now in place for the service, this includes ensuring that candidate has provided full employment history, with gaps in employment explained, from leaving education. This will be used for all recruitment from the time of the inspection.</p> <p>This has also been escalated to senior management within the BHSCT as another body (BSO) completes these checks prior to start dates being offered.</p> |

*\*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 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews