

Inspection Report

Name of Service: Community Stroke Team

Provider: Belfast Health and Social Care Trust

Date of Inspection: 15 September 2025

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

1.0 Service information

Organisation:	Belfast Health and Social Care Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mrs Angela Kennedy
<p>Service Profile: The Belfast Health and Social Care Trust Community Stroke Team is a domiciliary care agency which provides rehabilitation services. The service includes a range of personal care services to people living in their own homes.</p> <p>A small number of Rehabilitation Assistants provide care and support under the guidance of Allied Health Professionals (AHPs). RQIA does not regulate the AHPs, although these are managed by the service.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 September 2025, between 10.00 am and 1 pm by a care Inspector.

The last care inspection of the agency was undertaken on 11 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.

It was evident that staff were well trained to deliver safe and effective care.

Service users said that the care and support provided by the Community Stroke Team was an excellent experience. Refer to Section 3.2 for more details.

No areas for improvement were identified.

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 and their quality of life

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 the 'service provided is excellent'. Carers were described as being 'dedicated, competent and wonderful people'. Service users described the care and support as being 'beyond (their) expectations' and that the staff were 'angels'. One comment included how the service makes them feel like they 'truly matter and that there are still people around that actually care'. The staff were also praised for their 'outstanding work' and that the service users felt that they 'could not have had better'.

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 were no concerns regarding service users receiving their calls in keeping with the care plan.

There was a process in place to ensure that any newly employed staff have the required pre-employment checks undertaken before they commence in post. There had been no new staff recruited since the date of the last inspection.

There was also a system in place to ensure that newly appointed staff, complete a structured orientation and induction, to ensure they are competent to carry out the duties of their job.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); and these were monitored by the manager.

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. Rehabilitation assistants also attended bi-weekly meetings with the manager, where they were given the opportunity to discuss any of the service users' changing needs. This was also used as a forum for shared learning. There was also a good system of communication between the AHPs and the rehabilitation assistants. The support the rehabilitation Assistants receive and the good communication pathways in place are good practice and are commended.

Staff meetings were also held on a quarterly basis; and these were held on a number of days, consecutively, to ensure that all staff had the opportunity to attend.

The care plan included moving and handling assessments and it was noted that these were updated on a regular basis.

The need for the duration of calls to be recorded on the care plan and on the staffing rota was discussed. Given that the focus of the service was on rehabilitation and that the care call times were expected to decrease, the longer the service user availed of the service, RQIA was satisfied that the rehabilitation Assistants spent as much time as they needed with each service user.

There was a system in place for identifying any missed calls; this included auditing of the daily notes completed by the rehabilitation assistants. Advice was given in relation to the frequency of auditing the daily notes, depending on how long the care package continued.

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.

It was good to note that the service users were provided with information leaflets from the Stroke Association. This was available in electronic format or in hard copy. This is good practice and is commended.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Angela Kennedy has been the manager in this agency since 9 November 2022.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

Review of incidents 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.

Service users 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Angela Kennedy, Manager, as part of the inspection process and can be found in the main body of the report.



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