

# Inspection Report

**Name of Service: Belfast Trust Homecare Service**

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

**Date of Inspection: 31 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/Registered Provider:</b>	Belfast Health and Social Care Trust
<b>Responsible Individual:</b>	Mrs. Maureen Edwards
<b>Registered Manager:</b>	Mr. Matthew Ginn
<b>Service Profile –</b>	
<p>Belfast Trust Homecare Service is a domiciliary care agency, covering South and East Belfast, located at Avoca Building, Knockbracken Health Care Park, Belfast. The agency provides a range of personal care and support to service users living in their own homes and who require the assistance of one worker only.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 31 August 2025, between 09.00 a.m. and 2.00 p.m. The inspection was carried out by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The inspection also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management.

There were no Areas for Improvement identified during this inspection. The inspector signed off the one existing Area for Improvement.

Good practice was identified in relation to staff training and feedback from service users, relatives and staff. There were good governance and management arrangements in place.

## 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 Belfast Health and Social Care Trust (BHSCT) Homecare 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 any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, process inspectors will seek the views of those working in and using the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

### 3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector spoke with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of using or working in the agency.

Respondents spoken to by the inspector gave positive feedback. Service users said 'the service is excellent'. Another said the carers were 'more friends than carers'. Relatives of service users stated that they 'would be lost without the carers'. Another said that 'the carers are very nice people'. Staff reported that they felt well treated and supported by management. They also stated that the agency had worked hard with training.

A number of visiting professionals indicated that they were satisfied that care provided was safe, effective and compassionate and that the agency was well managed.

**3.3 What has this service done to meet any areas for improvement identified at the last inspection?**

<b>Areas for improvement from the last inspection on 9 May 2023</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1)(a)(2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from date of the inspection</p>	<p>The registered person shall ensure that records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) Kept up to date, in good order and in a secure manner</p> <p>(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service users plan and a detailed record of the prescribed services provided to the service user is kept at the service users' home and that they are kept up to date, in good order and in a secure manner.</p> <p>Ref: 5.2.3</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed records were available and up to date at the time of inspection. The inspector viewed care plans, which are held in the office and in the service users' home. The agency uses Care Line Live for recording attendance at calls and recording care.</p>	
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### 3.4 Inspection findings

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager 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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made in relation to adult safeguarding. A review of records confirmed that the agency had managed these appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care they received. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency provided staff with training appropriate to the requirements of their role. The manager advised that there were no service users who required assistance with moving and handling. The agency provides a one worker only service. A review of care records identified that risk assessments and care plans were up to date. The agency had undertaken care reviews in keeping with its' policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that all staff complete medication management training. The manager advised that there were no service users who required the administration of oral medication via syringe.

The Mental Capacity Act (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 as least restrictive as possible.

Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the current service users was subject to DoLS. A resource folder was available for staff to reference if needed.

#### **4.2 What are the systems in place for the promotion of service user involvement?**

From reviewing service users' care records and through discussions with service users, the inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency reviews care plans regularly and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

The annual quality report was reviewed by the inspector and demonstrated evidence of service user consultation.

#### **4.3 What are the systems in place for meeting the Dysphagia needs of service users?**

The manager reported that several service users required a modified diet. The inspector viewed a sample of care plans, which mirrored the Speech and Language Therapy (SALT) assessments. Staff training records confirmed that all staff had received training in Dysphagia and were aware of action to take in the event of a service user choking.

#### **4.4 What systems are in place for recruitment and are they robust?**

The manager reported that the Business Services Organisation (BSO) completes the recruitment function for the agency. A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and had direct engagement with service users. There was a system in place for the manager to check Northern Ireland Social Care Council (NISCC) registrations. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

#### **4.5 What arrangements are in place for staff induction and training?**

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 day care setting's policies and procedures. There was a formal induction programme of at least three days, which included shadowing of a more experienced staff member. The agency retains written records of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The inspector reviewed the training matrix maintained by the agency and found all training to be up to date.

#### **4.6 What are the arrangements to ensure robust managerial oversight and guidance?**

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, service users' relatives, and staff and HSC Trust representatives. The reports included details of a review of care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The inspector reviewed the Annual Quality report.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that the agency manages complaints in accordance with its policy and procedure. The agency reviews complaints as part of the monthly quality monitoring process.

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

Where staff are unable to gain access to a service user's home, there is a protocol in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

The inspector reviewed records of regular staff supervision as well as annual appraisals. Examination of appraisal and supervision records indicated that agency staff carried these out regularly as per the policies and procedures of the agency.

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

This inspection resulted in no areas for improvement. Findings of the inspection were discussed with Mr. Matthew Ginn (Manager) as part of the inspection process and can be found in the main body of the report.



## 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