The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Children's Inreach Support Service

Provider: Belfast HSC Trust

Date of Inspection: 7 August 2025

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

1.0 Service information

Organisation/Registered Provider:	Belfast HSC Trust
Responsible Individual/Responsible Person:	Mrs Maureen Edwards
Registered Manager:	Mrs Melanie Harrison

Service Profile:

Children's Inreach Support Service is a domiciliary care agency which provides care and support to a number of service users who have a severe learning disability and a range of other complex needs. Service users are aged under 18 years old.

The agency office is located within the grounds of Knockbracken Health Care Park in Belfast. The service is commissioned by the Belfast (HSC) Trust.

2.0 Inspection summary

An unannounced inspection was undertaken on 7 August 2025, between 10 a.m. and 3.45 p.m. by a care Inspector.

The last care inspection of the agency was undertaken on 4 March 2025 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.

The inspection established that improvements were required to ensure the effectiveness and oversight of certain aspects of the agency such as induction and training, the use of agency staff, staff supervision and appraisal, notification of incidents and monthly monitoring arrangements.

Enforcement action resulted from the findings of this inspection.

A Serious Concerns meeting was held on 9 September 2025 with representatives of the Responsible Individual and with the Registered Manager to discuss these shortfalls.

During the meeting the representatives of the Responsible Individual and the Registered Manager provided a full account of the actions taken/to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed. A robust action plan was also submitted.

Following the meeting, RQIA decided to allow the Responsible Individual and the Registered Manager a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed.

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 Children's Inreach Support Service. This included registration information, and any other written or verbal information received from service users' relatives, staff and the commissioning trust.

Throughout the inspection process inspectors seek the views of those receiving the service, their representatives and those working in the agency and 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

Service User representatives spoke highly of the service. They told us the service has been "very helpful in giving us some in-home support", whilst others said how it had provided opportunities for their child to engage in the local community. Staff were described as "really lovely" and, "so nice, genuinely every single member of staff…I don't know what kind of training they get but they are all amazing." They explained how they felt comfortable with staff being within their home, advising they never felt judged. One parent expressed how grateful they were that the staff and the service "meet us where we are."

Service users' representatives told us how critical the support provided by Children's Inreach Support Service has been, not only for the child supported, but the wider family. They explained how reassured they were that their child was well supported, and that it offered opportunity for them to spend time with their other children, complete practical tasks or engage in much needed self-care. Relatives told us that communication was effective and they felt well advised of changes. They demonstrated an awareness as to the complaints procedures, and told us that they are currently "really happy with everything". One parent said, "I cannot stress enough how life changing this has been to me".

Staff told us that they really love their jobs and spoke about the children and their families with a great amount of respect. They spoke knowledgably about the needs of service users and how such needs are best met. Staff advised that assessment of need informed the provision of staff training, and gave the example of how moving and handling training was provided in preparation for a new service user who would require the use of specialised equipment.

The staff advised that their intervention usually occurs during periods of crisis and how vital the service is to not only the service user, but the entire family unit. They described the service as "invaluable". Staff expressed feelings of pride when they reflect on the positive outcomes achieved by service users during the time of their involvement with the service. They spoke of skills development and enhancement of support networks for both service users and their representatives/families.

Staff spoke positively about the team and told us that they felt well supported within their role. They spoke positively about current recruitment efforts aimed at expanding service provision. During the time the service has been operational, they advised that they had learnt a lot both individually and as a team. They told us how they were excited about the development of the service and how they believed the service would continue to improve in the future.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing for each individual service user supported by the agency had been assessed and there was clear evidence that this was considered within the staff rota to ensure calls received were in keeping with the care plan. The rota was prepared in advance, with adequate staff numbers on duty each day to meet the needs of service users.

Staff are required to complete a structured orientation and induction to ensure they are competent to carry out their duties. As there was no evidence available that staff had completed such orientation and induction, in keeping with the agency's policies and procedures. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

A review of staff records identified that a member of staff had been employed from an agency. The Registered Manager however, had no meaningful oversight in terms of ensuring the suitability of this staff member prior to them working within the service, including completion of an enhanced AccessNI check and requisite training. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

A review of staff training records identified that the electronic matrix did not record overall compliance rates as there was a reliance on manual identification of when training was due or had expired. A number of training elements were found to be out of date, for example, some staff required emergency first aid and safeguarding of children training. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

A review of the arrangements for staff to receive supervision identified that this had not been provided in line with the Trust's policy and procedure. This was identified as an area for improvement where action is required to ensure compliance with the Standards.

A review of records also established that the agency had not provided staff with an appraisal of their performance. This was identified as an area for improvement where action is required to ensure compliance with the Standards.

3.3.2 Management of Care Records and Care Delivery

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.

Whilst care plans were in place to direct staff on how to meet service users' needs, it was identified that these often lacked sufficient detail. In the risk assessments completed for service users, it was identified that a significant number of known risks were not recorded. There was also limited evidence that staff had read and signed to acknowledge their understanding and compliance with prescribed interventions contained in supplementary plans from allied health professionals, such as Positive Behaviour Support (PBS) Plans. The service was unable to produce relevant documentation associated with Deprivation of Liberty Safeguards (DoLS), and these were not reflected within the service users' plans. Whilst there was evidence that the agency sought to identify restrictive practices utilised as part of care and support delivered to individuals, not all restrictions were appropriately detailed within care records, and the agency did not retain a register of any restrictions used. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

An examination of service users' care records identified that these were not being updated on a regular basis. The Registered Manager later advised that she attended regular, formal multidisciplinary reviews regarding service users and provided assurances that the information obtained at these meetings would be included within service user records to inform care and staff practice. This will be examined at the next inspection.

There was evidence that service users' representatives signed a consent form, however this contained limited information about aspects of the service being provided. For example, there was no information to explain how personal data would be collected, stored and/or shared, and whether photographs of service users could be used, and in what context. Service users and their representatives had not been provided with support and/or care agreements. This was identified as an area for improvement where action is required to ensure compliance with the Standards.

It was positive to note that there was evidence of service users and/or their representatives having access to their written records within their home. A review of a sample of daily records evidenced that they were legible, up to date and accurately reflected the care and support provided.

There was a system in place to ensure that the activities offered to service users were varied and tailored to their individual needs and preferences. A collaborative approach was taken to exploring new opportunities for service users to engage in activities both within their own home and in the local community. The service also advised as to planned group activities such as a summer scheme programme which was scheduled to occur the week subsequent to the inspection.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Melanie Harrison has been the manager in this agency since 18 November 2024.

Those consulted with commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was identified that RQIA had not been notified about a period of absence of the Registered Manager of over 28 days. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

A review of the Registered Manager's oversight of staff registration with their relevant professional body found that necessary checks were not consistently completed. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

There was a process in place to manage any complaints received by the agency with information shared to assist the complainant where necessary.

A review of incidents and accidents found that the current system did not permit a meaningful review of any patterns or trends. It also demonstrated that some notifiable events had not been reported to RQIA. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

Whilst the agency appropriately completed notifications to the HSC Trust in relation to safeguarding concerns, no central record was maintained; this meant that the manager had no mechanism to review any current or potential trends around safeguarding matters. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

The agency is required to have a robust system in place for evaluating the quality of the services which the agency arranges to be provided. The monthly monitoring reports of the agency did not always make reference to those items identified as areas for improvement within this inspection report. There were also some inconsistencies with regard to the accuracy of information; where improvements had been identified as being required, these were not recorded in an action plan, and there was no mechanism to ensure that any such improvements were followed to successful conclusion. Furthermore, the reports were not shared with the Registered Manager in order that improvement could be achieved or sustained. This was identified as an area for improvement where action is required to ensure compliance with the Regulations.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	9	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Melanie Harrison, Registered Manager, 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 16 (5)(a) **Stated:** First time **To be completed by:** 29 September 2025	The Registered Person shall ensure that all care staff are provided with an appropriately structured induction with records of the induction retained. Ref: 3.3.1
	Response by registered person detailing the actions taken: Registered Manager has developed an induction booklet and structured induction processes for CISS. These have been finalised and shared with all staff. New staff have started in the service in September and October 2025. The new induction booklets and structured induction programme have been utilised and has received positive feedback from staff. Induction records are retained in their manual induction booklet.
Area for improvement 2 **Ref:** Regulation 13 (a), (b), (c), (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that full information and documentation relating to the fitness of workers supplied by an agency is available for any agency staff used within the service. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Agency's guide on use of external agency staff will be followed. The Agency Tracker detailing the external agency staff utilised has been added to the Teams channel. Currently the service does not have any external agency staff members. If there are external agency members of staff in future, the Managers check list will be completed, which ensures that skills and qualifications meet the Job Description, registration with NISCC, Access NI check is completed and that all documents, including profile and induction are collated in one area. This will be monitored by RM to ensure compliance as appropriate.
Area for improvement 3 **Ref:** Regulation 15 (9)	The Registered Person shall ensure there is a robust system of oversight of staff training in place, and all staff training is completed in a timely manner.

Stated: First time **To be completed by:** 29 September 2025	Ref: 3.3.1
	Response by registered person detailing the actions taken: Training Needs Analysis has been updated for the service, including specific training for the team along with mandatory training. A spreadsheet is now in place and calculates compliance. Individual training record which will cover mandatory and additional training that staff have attended, has been shared with all staff. This will be reviewed in supervision and team meetings to ensure compliance and timely completion of training.

Area for improvement 4 **Ref:** Regulation 15 (2)(b)(c) **Stated:** First time **To be completed by:** 13 October 2025	The Registered Person shall ensure service user plans contain all necessary information to adequately and safely respond to identified needs and presenting risks. There should be provision for staff had read and sign that they understand how care is to be delivered and care documents should include Deprivation of Liberty Safeguards (DoLS) and the use of any restrictive practices. Ref: 3.3.2
	Response by registered person detailing the actions taken: Templates for Care and Support Plans alongside Risk Assessments have been updated. The care and support plan now incorporates risk assessments, restrictive practices and meeting dates to have them all in one place that enables there to be cross referencing. All children/young people open to the service have updated plans completed by the staff and are being reviewed by management. DOLS for young people aged 16 plus are saved in the teams folder under the child's name and available to staff to review. All care plans are signed and dated by keyworker, have version control, and are signed and agreed with parents.
Area for improvement 5 **Ref:** Regulation 27 (1)(b) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure notification is made in a timely manner of any absence of the Registered Manager for a continuous period of 28 days or more. Ref: 3.3.3
	Response by registered person detailing the actions taken: Registered Manager and PSW are aware of this requirement and will action this if required in the future.
Area for improvement 6 **Ref:** Regulation 13(d) Schedule 3 (7) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure regular checks are conducted of staff registrations with an appropriate regulatory body. Ref: 3.3.3
	Response by registered person detailing the actions taken: Registered Manager checks this on a monthly basis as part of the monthly Agency audit.
Area for improvement 7 **Ref:** Regulation 15(12) (b)	The Registered Person shall ensure all notifiable incidents are reported as required to relevant organisations. Ref: 3.3.3

Stated: First time **To be completed by:** 17 November 2025	**Response by registered person detailing the actions taken:** Registered Manager and PSW have reviewed this action and are aware of expectations. A database is now set up to record summary of Datix incidents. RM and PSW will ensure that RQIA are informed of all notifiable incidents.

Area for improvement 8 **Ref:** Regulation 15 (12)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure written records are kept of all safeguarding concerns and include details of any investigations completed, the outcome, and action taken by the agency. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Agency has updated its Datix Tracker to capture key information in relation to incidents including safeguarding incidents. The Datix Tracker is audited each month by the Registered Manager. In addition to this, audit tools have been adapted to meet CISS needs. Monthly audits of children's recordings (care plans, Risk Assessments & Restrictive Practices), and daily recording (sessions, phone calls and meetings) will be audited. This includes auditing records in relation to safeguarding concerns/ investigations/ outcomes and actions.
Area for improvement 9 **Ref:** Regulation 23(1),(4) **Stated:** First time **To be completed by:** 9 September 2025	The Registered Person shall ensure monthly monitoring reports are completed and appropriately shared to drive service improvement within the agency. Ref: 3.3.3
	Response by registered person detailing the actions taken: This requirement has been communicated to the MMO. Monthly monitoring reports will be shared with RM, PSW, Co-Director and are available to RQIA as required. Action plans will be reviewed and progressed in a timely manner.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 13.3 **Stated:** First time **To be completed by:** 22 September 2025	The Registered Person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Agency has an agreed supervision plan for the service area. Individual supervision will be offered on a bi-monthly basis. Group Supervision will be offered on a monthly basis. This will be protected time and the team will be invited to attend if not on the rota. Team Meetings will take place on a monthly basis. The Service is implementing a weekly huddle between the Registered Manager and the team to share information and plan for the service.

Area for improvement 2 **Ref:** Standard 13.5 **Stated:** First time **To be completed by:** 17 November 2025	The Registered Person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures. Ref: 3.3.1
	Response by registered person detailing the actions taken: SDR's will be finalised by November 2025 and then reviewed within supervision.

Area for improvement 3 **Ref:** Standard 4.2, 4.3 **Stated:** First time	The Registered Person shall ensure relevant written service agreements are in place and contain all necessary details. These agreements should be kept under review. Ref: 3.3.2
To be completed by: 13 October 2025	**Response by registered person detailing the actions taken:** Written service user agreement proforma detailing the service that will be provided to each service user, has been developed. This will be completed at the initial visit with families by the RM and keyworker and will be kept under review. This will be signed by service and families and copy given to parents/ carers.

Please ensure this QIP is completed in full and uploaded via Web Portal

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