Inspection Report

Name of Service: Home Instead T/A Belfast Care Ltd

Provider: Belfast Care Ltd

Date of Inspection: 18 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/Registered Provider:	Belfast Care Ltd
Responsible Individual/Responsible Person:	Mr. Roger McLaughlin
Registered Manager:	Ms. Louise Gillespie
Service Profile – Home Instead T/A Belfast Care Ltd is registered with RQIA as a domiciliary care agency. It operates from offices in Belfast. The agency provides support to mainly elderly service users living in Belfast and the surrounding area.	

2.0 Inspection summary

An unannounced inspection took place on 18 September 2025, between 10.15 a.m. and 2.15 p.m. It was carried out by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 May 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

It was established that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

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 the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives or staff.

Throughout the inspection process inspectors will seek the views of those being supported by and working for the agency; and review/examine 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

We received feedback from a range of service users, relatives and staff to seek their views of receiving care and support from and working for the agency.

All spoke very positively about the agency, telling us about the high standard of care delivered and how the agency truly values its service users and staff.

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 was evidence of robust systems in place to manage staffing.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

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

The interview process was reviewed and written records were retained by the agency of the person's capability and competency in relation to their job role. Interview records were detailed and contained a scoring system.

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 agency's policies and procedures. There was a robust, structured induction programme which also included

shadowing of a more experienced staff member. Several staff told us that they had had a 'good induction'.

The agency had maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Service user specific training had also been provided to staff such as Dementia Awareness. One staff member told us that they felt 'the training was thorough and I've always felt prepared and confident in providing care'

We were told by a number of staff about the good teamwork in place and that staff felt very valued in their role. Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend.

3.3.2 Care Delivery and Care Records

Service users told us that the care supported them to feel safe and was as good as they wanted it to be. Service users' relatives were very positive about the care and support offered. They told us that their relatives were well cared for and about the positive impact that the service has had on the whole family.

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.

The agency utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes. There was a system in place to ensure staffs' daily notes were audited in a timely manner.

From reviewing service users' care, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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. The responsible individual was identified as the appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

3.3.3 Quality of Management Systems

Ms. Louise Gillespie has been manager of the agency since it was registered with RQIA on 2 September 2022. Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's 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 service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that the agency had received a range of compliments from various sources since the last inspection.

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 the Responsible Individual, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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