The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Antrim Community Services**

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

Date of Inspection: **5 February 2026**

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

1.0 Service information

Organisation:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual:	Mrs. Suzanne Pullins (Acting)
Registered Manager:	Mrs. Helen Ferguson (Acting)
Service Profile – Antrim Community Services is a domiciliary care agency, conventional type, located in Antrim town centre. The agency provides personal care, practical and social support to 143 service users living in their own homes. A team of 69 staff deliver the care and support. The NHSCT commission the service.	

2.0 Inspection summary

A Care Inspector carried out an unannounced inspection on 05 February 2026, between 9.00 am and 1.30 pm.

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 Inspector also reviewed the agency's reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

The Inspector did not identify any Areas for improvement during this inspection.

The Inspector identified good practice in relation to the feedback from service users, relatives and staff. The Inspector confirmed that 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 Antrim Community Services 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, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process, the Inspector will seek the views of service users and their relatives, as well as staff working for the agency and visiting Health and Social Care professionals; and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The Inspector provided information 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 Inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support, their experiences of receiving support or working in Antrim Community Services.

Through actively listening to a broad range of service users, RQIA aims to ensure that our inspection reports and quality improvement plans reflect the lived experience of service users and others.

The Inspector received positive feedback from service users and their relatives. One service user said ‘all the staff are excellent and kind’. Another said that ‘it’s great the carers are there. I couldn’t do without them’. One relatives of a service user stated that ‘they are great for us. The times could be better but no issues with the care’. Another said that ‘they are a godsend really’.

Staff reported that they felt well treated and supported. They stated that they appreciated the support of the manager. One stated that ‘I found the iPad difficult at first but getting used to it now’. Another stated that she found the shadowing shifts great’.

One visiting professional stated that ‘this is a really good team and they do a good job’.

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

Areas for improvement from the last inspection on 14 November 2024		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 21 (1)(c) **Stated:** Second time	The registered person shall develop and implement a system to ensure that records are retrieved from the service users' homes in keeping with the agency's policy and procedure; this relates to completed daily notes, in addition to the full care records of discontinued packages of care; records pertaining to this process should be retained.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed a process is in place to ensure all service user records are retrieved from service users' homes. Full adherence to this process had been hindered in the last 12 months due to limited availability of office staff, due to long-term absences and challenges with recruitment to temporary posts. All documentation is now retrieved as soon as possible after the service has been discontinued and within agreed timeframes as per procedure. The RM has developed an action plan to retrieve outstanding records, In all circumstances were it has been impossible to collect service user records an incident report will be completed.	
Area for improvement 2 **Ref:** Regulation 15 (2) (a)(b)(c) **Stated:** First time	The registered person shall ensure that care plans are up to date; and that risk assessments are up to date; this relates specifically to SALT assessments; Bedrail Risk assessments; and moving and handling assessments.	**Met**

	Action taken as confirmed during the inspection: Inspector confirmed care plans and risk assessments were available and up to date at the time of inspection. A system has been put in place to alert professional staff responsible for updating care plans and risk assessments in a timely manner. All copies of communication with named professionals will be filed in Service user records going forward. Information will be sent to Named Workers on a monthly basis and escalated to Senior Management should returns not be received.	
Area for improvement 3 **Ref:** Regulation 23 (2)(c) **Stated:** First time	The registered person shall ensure that the monthly quality monitoring reports detail progress towards compliance on areas for improvement identified in the RQIA QIP; the reports should also examine the numbers of risk assessments and care plans that are out of date; and the reports shall be submitted to RQIA on the 5th day of every month until further notice.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that RQIA QIP is monitored as part of the monthly monitoring process. All monthly monitoring reports up to date at time of inspection. Note that acting RM had completed last 2 months MMRs but she was acting up for Area Manager at this time so was not actually managing the service directly. MMRs had been sent to RQIA monthly but service had been told not to send any more.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 **Ref:** Standard 15 **Stated:** Second time	The registered person shall ensure that records relating to complaints and adult safeguarding are retained centrally.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed Records are retained in an Adult Safeguarding file within the Antrim Office.	
Area for improvement 2 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure that staff receive awareness training in respect of Diabetes Awareness and Stoma care training should be provided to staff who attend service users who have a stoma in place.	**Met**
	The Inspector confirmed that Stoma Care training is already in place and Diabetes Awareness sessions form part of the training matrix. This is delivered by the Homecare Officers following written guidance from professional staff. Managers are still negotiating with specialist clinical staff regarding direct delivery by specialist nurses. Once appropriate resource agreed, ensuring remaining within the scope of practice/knowledge required for a social care worker in home care, an implementation plan would commence.	
Area for improvement 3 **Ref:** Standard 8.6 **Stated:** First time	The registered person shall ensure that the staffing levels for those who are primarily office-based, are reviewed on an ongoing basis. These staff support and promote the delivery of quality care services.	**Met**
	Action taken as confirmed during the inspection: The Inspector noted that staffing levels are reviewed daily in each office, to assist with temporary cover to ensure delivery of safe services.	

	The person in charge reported that due to recruitment challenges this can be a long protracted process, some of which the agency have limited control over as managed by a 3rd party organisation BSO. A recruitment exercise has recently been completed and this should result in all office based permanent vacancies being filled in the next few months.	
Area for improvement 4 **Ref:** Standard 8.10 **Stated:** First time	The registered person shall ensure that smaller daily notes booklets are developed for use in smaller packages of care; this will enable more frequent auditing of these records.	**Met**
	Action taken as confirmed during the inspection: The person in charge reported that daily record notes are ordered through a printing company and the NHSCT uses a uniform booklet for all care records. Discussions to reduce the amount of pages in the book had been discussed with senior management but had not been progressed due to the implementation of Care Line Live on a digital format. The inspector viewed this system during the inspection.	

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the agency's provision for the welfare, care and protection of service users was. 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 person in charge established that she was 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 Inspector viewed evidence of implementation of this policy during the inspection.

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

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

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 service users who required assistance with moving and handling.

The Inspector viewed digital care plans on the Care Line Live system for these service users and these clearly identified the name of equipment required for their care. The Inspector reviewed digital care records and confirmed that risk assessments and care plans were up to date. The agency had undertaken care reviews in keeping with its policies and procedures.

The agency had provided staff with training in relation to medicines management. The person in charge advised that all staff complete medication management training and that this followed up with regular spot checks. The person in charge advised that no service users 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 receive help 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 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 on Care Line Live, 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 keeps care plans under regular review 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 Inspector viewed the annual quality report and client satisfaction survey, which demonstrated evidence of regular service user consultation. The agency also gathers feedback at service reviews either in person or by phone.

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

The person in charge reported that several service users required a modified diet.
The inspector viewed a sample of these care plans on Care Line Live and confirmed that these followed the Speech and Language Therapy (SLT) 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 Inspector had requested to review the agency's staff recruitment records. Due to managerial sick leave, these records were not available for the Inspector during the inspection. The Inspector subsequently 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. The manager was knowledgeable in this area. The agency checked regularly to ensure that staff had current registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to check NISCC registrations monthly. 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?

The Inspector confirmed that all newly appointed staff had completed a structured orientation and induction programme, having regard to NISCC's Induction Standards for new workers in social care. This ensured that they were competent to carry out the duties of their job in line with the agency'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 retained written records of the staff member'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. This is now recorded on the digital Care Line Live system. The inspector reviewed the training matrix maintained by the agency on this system and found the majority of training to be up to date, with dates booked for the outstanding areas.

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

The Inspector confirmed that the agency has monthly monitoring arrangements in place in compliance with regulations. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users;

accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The Inspector confirmed that the RQIA Quality Improvement Plan forms part of this report.

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.

The Inspector confirmed that there was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. The person in charge reported that the agency had received one complaint since the last inspection. The Inspector confirmed that the agency had managed this appropriately. The person in charge confirmed that the agency reviewed complaints monthly as part of the monthly quality monitoring process. She confirmed that NHSCT is currently implementing a new Model Complaints Handling process, which has been developed by the Northern Ireland Public Services Ombudsman (NIPSO). The person in charge confirmed that she has completed the required training.

The Inspector confirmed that the agency has a system in place to ensure that agency staff retrieved records from 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 system in place that clearly directs agency staff 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 the agency carried these out regularly as per its policies and procedures.

5.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Helen Thompson (Acting Manager) and Mrs. Sharon Byrne (person in charge), as part of the inspection process. These can be found in the main body of the report.

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