The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ballymena Community Services**

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

Date of Inspection: **30 January 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
Registered Manager:	Mrs. Helen Thompson (Acting)
Service Profile – Ballymena Community Services is a Domiciliary Care Agency, conventional type. The agency is located in Ballymena and provides personal care, practical and social support to 253 service users living in their own homes. The agency employs 87 staff. The NHSCT commissions the care and support.	

2.0 Inspection summary

A Care Inspector carried out an unannounced inspection on 30 January 2026, between 9.00 am and 2.00 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 Ballymena 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 Ballymena Community Services.

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

Respondents spoken to by the Inspector gave positive feedback. One service user said ‘I’m very happy with the service I’m getting’. Another said the carers are ‘so good to me’. Relatives of service users stated that ‘the carers are all very caring’. Another said that ‘I couldn’t do without them’.

Staff reported that they felt well treated and supported. They stated that they appreciated the support of the manager. One stated that ‘the training is constant but in a good way’. They also stated that the induction and training were good.

One visiting professional stated that ‘this is a really good team and issues are dealt with very quickly.

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 6 January 2025		
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 the agency retrieves records 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. **Action taken as confirmed during the inspection**: Inspector confirmed that returned records were available and up to date at the time of inspection.	**Met**
Area for improvement 2 **Ref:** Regulation 13 (d) **Stated:** First time	The registered person shall ensure that the agency ensures that AccessNI checks are undertaken on all staff regardless of whether or not they commenced employment in Ballymena Community Services via internal Trust transfer/medical redeployment arrangements. **Action taken as confirmed during the inspection**: Inspector confirmed that the agency has created a Standard Operating Procedure to cover the process of internal transfers.	**Met**
Area for improvement 3 **Ref:** Regulation 23 (2)(c) **Stated:** First time	The registered person shall review the system for assessing the quality of care and service provision. This is to ensure that the RQIA Quality Improvement Plan is meaningfully reviewed as part of the monthly quality monitoring visits; consideration should also be given to utilising the	**Met**

	data on the service users and staff spreadsheets (the A-Z) that would provide the monitoring officer with higher-level oversight of the service; and support the priority actions required.	
	Action taken as confirmed during the inspection: Inspector confirmed that a Domiciliary Care Area Manager carries out the monthly monitoring process, during which the current RQIA Quality Improvement Plan is monitored monthly.	
Area for improvement 4 **Ref:** Regulation 22(8) **Stated:** First time	The registered person shall ensure that the agency retains all records pertaining to complaints within the registered office and retained centrally; this includes any complaints about the service that have been received by the Trust complaints department.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that a full record of complaints, compliments and comments is available for inspection. The Inspector noted that NHSCT is currently implementing a new Model Complaints Handling process, which has been developed by the Northern Ireland Ombudsman.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 9.1 **Stated:** First time	The Registered Person shall develop and implement a contingency plan for staffing shortages/arrangements; this relates particularly to how the agency prioritises services in the absence of Locality Manager, Area manager, Homecare Officer and administration roles.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that the acting manager has developed a	

	proposal for weekly management meetings (held on Monday mornings). This meeting will allow the management team to prioritise services in the event of staffing or service pressures.	
Area for improvement 2 **Ref:** Standard 8.10 **Stated:** First time	The registered person shall ensure that the agency develops smaller booklets for daily notes for use in smaller packages of care; this will enable more frequent auditing of these records.	**Met**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection. The Inspector discussed the options available to the agency, in light of the NHSCT moving to the paperless Care Line Live system based on staff using I-Pads. This system has already been implemented in the Antrim Homecare team. The NHSCT uses a uniform booklet for recording all homecare and in light of the impending move to a digital system, which will include auditing the Inspector has assessed the AFI as met.	
Area for improvement 3 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure that the agency develops the induction process to ensure it includes awareness information pertaining to Stoma care; and Diabetes Awareness.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that the agency has developed an educational programme for domiciliary care workers. Homecare Officers currently deliver this. The agency continues to be in discussions with specialist nurses to deliver this education directly but the agency continues to encounter resource issues.	

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 manager 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 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).

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 some service users, who required assistance with moving and handling. Care plans for these service users clearly identified the name of equipment required for their care. 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.

The agency had provided staff with training in relation to medicines management. The manager advised that all staff complete medication management training and that this followed up with regular spot checks. The manager 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 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 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.

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 these care plans 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. 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?

There was evidence 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. The inspector reviewed the training matrix maintained by the agency and found the majority of training to be up to date, with dates booked to complete the training that has expired.

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 manager reported that the agency had received one complaint since the last inspection. The Inspector confirmed that the manager had managed this appropriately. The manager confirmed that the agency reviewed complaints as part of the monthly quality monitoring process. The manager confirmed that NHSCT is currently implementing a new Model Complaints Handling process, which has been developed by the Northern Ireland Public Service Ombudsman (NIPSO). The manager confirmed that she has completed the required training.

The Inspector confirmed that the agency as 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 in line with 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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