The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Reablement Service**

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

Date of Inspection: **16 April 2026**

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 Health & Social Care Trust
Responsible Individual/Responsible Person:	Mrs Lena Cooke
Registered Manager:	Ms Jennifer Welsh
Service Profile: Reablement Service is a domiciliary care agency providing a rehabilitative-focused service from support staff to people over the age of 65 living in their own homes under the guidance of Allied Health Professionals (AHPs). Services are provided across the Belfast Health and Social Care Trust (BHSCT) area. RQIA does not regulate the AHPs, although these are managed by the service.	

2.0 Inspection summary

An unannounced inspection took place on 16 April 2026 between 11.20 am and 4.00 pm by a care Inspector.

The last care inspection of the agency was undertaken on 8 April 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 it is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users.

There were no areas for improvement identified as a result of this inspection. Details of the inspection findings can be found in the main body of the report.

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 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 service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those receiving support, as well as those working within the agency and review a sample of records to evidence how it 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

Service users and a relative who provided feedback on the service indicated that they were satisfied with the care and support provided by the agency. One service user who spoke with the inspector made the following comment "the carers are good – they are lovely girls and we get on well. I am very happy"".

Staff who spoke with the inspector indicated that the service users receive good care and support from the agency, and that training and support from management was of a good standard.

Health and Social Care (HSC) professionals who provided feedback on the agency said that the service is well-run and that the service users get good quality care that is compassionate and safe.

3.3 Inspection findings

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

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and outlined the procedure for staff reporting concerns. The

organisation had an identified Adult Safeguarding Champion (ASC) and the Manager also completed ASC training.

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. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of safeguarding records evidenced that these were managed appropriately. All safeguarding concerns raised within the service were recorded electronically and reviewed by the manager to ensure all actions required for the protection of service users were completed in line with the adult safeguarding policy.

All staff had completed adult safeguarding training during their induction and this was refreshed every two years thereafter.

The agency retained records of all accidents/incidents that occurred within the service. These were were recorded on a centralised recording system and the manager also kept a separate digital record which was reviewed on a monthly basis for the purposes of identifying any patterns that may emerge and to ensure all necessary actions in response to accidents/incidents were fully carried out as per policy and procedure. A review of these records indicated that these had been managed appropriately.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

3.3.2 Staff Selection, Recruitment and Induction

A review of the agency's staff selection and 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. Staff were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction which incorporated NISCC's Induction Standards for new workers in social care; this helps to ensure staff are 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. Written records were retained by the agency of all training, including induction and professional development activities undertaken.

3.3.3 Staff Training and Development

Staff were provided with an in-depth and robust training programme to equip them with the requirements of their role. All staff training was recorded on a spreadsheet which was regularly reviewed to ensure compliance. The manager advised that there was an effective ongoing mandatory training programme which ensure that all staff were provided with regular opportunities to keep their training refreshed. Staff who spoke with the inspector said that the training provided was of a high standard.

The manager reported that none of the service users currently required the use of specialised equipment for mobilising however manual handling training was included within the service's mandatory training programme and there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

All staff had been provided with training in relation to medicines management which was refreshed every two years. The manager advised that there was ongoing rolling training available for staff in relation to medication management which could be arranged for any staff member as deemed necessary to ensure competency in relation to medication administration.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents. Staff had also completed mandatory training in Infection Prevention and Control, Mental Capacity Act, and Control of Substances Hazardous to Health (COSHH). It was positive to note that staff who spoke with the inspector advised that they felt that training was useful and that they were aware of the need to keep their mandatory training up to date.

The manager confirmed that all staff receive regular individual supervision as well as an annual appraisal.

3.3.4 Care Records and Service User Input

A sample of service users' care records was examined and contained detailed information about the level of support required. Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Service Users whom we spoke with said that they were very happy with the support provided by the agency.

3.3.5 Governance and Managerial Oversight

On examining a sample of monthly monitoring reports it was established that there was engagement with service users and representatives, however, feedback was not routinely obtained from staff and HSC Trust representatives and there were no identified actions to carry forward. The manager was directed to review a sample template for quality monitoring reports on RQIA website and advised to include these additional details within future reports so as to quality assure care delivery, identify deficits and actions to be progressed in the following month as part of ongoing service improvement. The manager took on board this

advice and agreed to include this information in all future reports. This will be reviewed at a future inspection.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a policy and procedure in place for staff who are unable to gain access to a service user's home.

The Annual Quality Report was reviewed and was satisfactory.

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 Mrs Lena Cooke (Manager), 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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