The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Home Care Service (North & West Locality)

Provider: Belfast Health and Social Care Trust

Date of Inspection: 27 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 and Social Care Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Ms. Roberta Spence (Not registered)
Service Profile: Home Care Service (North & West Locality) is a domiciliary care agency providing a range of personal care and support to service users living in their own homes across Belfast.	

2.0 Inspection summary

An unannounced inspection took place on 27 April 2026, between 9.20 am and 4.30 pm by care Inspectors.

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 19 August 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that compassionate care was delivered to service users. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as the care records; the monthly quality monitoring processes; the management of safeguarding and incidents; and the process for managing any concerns raised. Improved management oversight of restrictive practices and care plans for service users with eating and drinking difficulties was also required.

Service users said that the care and support provided by Home Care Service (North & West Locality) was a positive experience. Refer to Section 3.2 for more details.

As a result of this inspection eight of the ten areas for improvement previously identified were assessed as having been addressed by the provider. One area for improvement was stated for the second time; and one was carried forward for review at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 information held by RQIA about this agency was reviewed. This included the previous QIP, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process Inspectors seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Staff told us that they had no concerns to raise in relation to their ability to deliver care and support in keeping with the service users' care plans. Further staff comments are detailed in section 3.3.3.

Service users' relatives said they had no concerns. The care workers were described as being 'very chatty, they come in, do their bit' and that they often are seen 'laughing and joking' with the service users. Comments included that they are 'very good' and 'always respectful'. One relative raised concerns regarding the tea call being too early. With the relatives consent, this was relayed to the manager for review and action as appropriate.

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.

Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

There was a system in place to ensure that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commence employment and have direct engagement with service users. It was identified, however, that a staff member who had transferred internally within the Trust did not have a new AccessNI check undertaken, prior to commencing in post. RQIA recently issued communication to all providers outlining their responsibility under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (known as the 2003 Order) to undertake pre-employment checks for staff who work in the Agency, with an effective date of compliance of 1 June 2026. This matter will be reviewed at a future inspection.

An area for improvement previously identified in relation to the recording of full employment histories, was carried forward for review at the next inspection.

There was a process in place to ensure that newly appointed staff complete a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of staff training were retained and were noted to be up to date. It was good to note that an area for improvement, previously identified, in relation to staff training had been addressed.

Procedures were in place for appraising staff performance and there was a procedure in place to provide staff with regular supervision. An area for improvement, previously identified in this regard had been addressed.

Discussion with the management team identified that there was a process in place for managing staff absenteeism; this included the manager attending an Absenteeism Management Meeting on a weekly basis. The agency also uses an electronic system to record any absences. Should the return to work procedure not be followed, this would be flagged for discussion with the manager and their senior line manager. An area for improvement previously identified in this regard had been addressed.

3.3.2 Care Delivery and Care Records

Before care delivery commenced, the agency received a referral form/care plan from the community social work service. Based on the information provided within the referral documentation, the agency then assigned care tasks to the care workers on an electronic records management system.

The care tasks and care plans were both available electronically for the care workers to view. An area for improvement previously identified in this regard had been addressed.

The agency then undertook an environmental assessment in the service users' own homes; this was undertaken as part of the 'initial visit' when the paper-based records were delivered to the service users' homes. Review of the records identified that the environmental assessments had not been consistently uploaded to the electronic records management system. An area for improvement was identified.

The care workers signed the tasks they completed; and where a task was not completed because the service user had declined that particular element of care, they made a note as to the reason.

However, there was no evidence that tasks that had been consistently declined, had been reviewed and/or reported to the service users' social worker/key worker. This was raised with the manager, who agreed to address this going forward.

There was a system in place for identifying any missed calls.

The agency utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes. There was, however, no oversight of the duration of the calls. The length of the call was not included on the Timetable of Care, nor was it included in the service user agreement. Review of the care records identified that there was a lack of a formalised auditing process, to ensure that the calls were made in keeping with the care plans. An area for improvement was identified.

There was no formalised system in place to record efforts made to retrieve the hard copy records from service users' homes when their care package was discontinued. Whist the electronic records system may negate the need for much of the records to be returned to the registered office, there are some paper-based records retained in the service users' homes that should be returned to the registered office when the service users are discharged. An area for improvement was identified.

3.3.3 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Ms Roberta Spence has been the manager in this agency since 01 October 2025 and intends to submit an application to RQIA to register as manager. When received, the application will be reviewed by RQIA in due course.

At the last care inspection concerns were identified relating to organisational culture of the agency. RQIA had recommended specific training for the management team in relation to enhancing their role/leadership skills. Following the inspection, it was confirmed to RQIA that this had either been completed or dates for completion had been booked. The area for improvement previously identified had been addressed.

Staff spoken with described the manager in positive terms and described her as being 'approachable' and 'supportive'. The staff spoken with generally described improvements, in their relationship with management, since the last inspection. Whilst some staff spoken with raised concerns regarding operational issues, they had the opportunity to discuss these with the manager at Safety Huddle meetings which were held on a regular basis.

The Inspectors were provided with full and accurate information regarding the type of service users being supported; the rapid response element of the service was no longer provided by the agency. An area for improvement previously identified in this regard had been addressed.

Review of records identified that the process for undertaking monthly quality monitoring visits did not focus on the culture of the agency, nor did they evidence the recommendations identified in the BHSCT culture review report. Whilst there was evidence of an interview structure in place, for consultation with staff, the reports did not include any feedback from staff and there was no evidence that the recommendations identified in the culture review report had been reviewed. The area for improvement identified in this regard was stated for the second time.

RQIA was further concerned that the reports did not provide an accurate reflection of the quality of the service, there was no commentary included regarding the previous RQIA QIP; there was no evidence that the action plan was followed up on subsequent visits. It was also concerning that the reports were not consistently shared with the manager. A new area for improvement was identified.

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 setting's adult safeguarding policy. Review of records identified that improvements were required in relation to the management of safeguarding incidents. Firstly, safeguarding referral forms (APP1s) which had been submitted to the Adult Protection Gateway Service, had not been retained within the registered office. It was explained that these had been uploaded via the Trust's electronic records management system (Encompass). Whilst it may be possible, for these to be retrieved, good practice is that copies are also retained for inspection purposes. Not being able to review the submitted APP1 forms meant that it was not possible to assess whether or not they had been fully completed. Additionally, review of records identified a number of incidents which should have been reported as safeguarding incidents. An area for improvement was identified.

There was a process in place to manage incidents. Incidents were analysed on a regular basis, to establish any patterns/trends. Whist the review of records identified that incidents had been reported and recorded appropriately, the relevant risk assessments and care plan had not been consistently updated. Whilst these are completed by the service users' social worker/key worker, it is the responsibility of the manager to ensure that these are requested and received. An area for improvement was identified.

It was further advised that the manager should develop and implement a centralised list of all restrictive practices, service users with Speech and Language Therapy (SALT) plans; and those with Diabetes, to improve oversight in this area. An area for improvement was identified.

Review of the on-call records identified that the procedure for care workers to raise concerns was not consistently followed. For example, a care worker raised that a service user had a prescribed pain relieving cream in their home, however, this was not included on the care plan / medication administration record, to enable the care worker to apply the cream. The care worker should have also reported this verbally to the out of hours on-call system. Furthermore, there was no evidence that the on-call Home Care Coordinator had reviewed and/or actioned the electronic record created. An area for improvement was identified.

The annual quality report had been completed. Two areas for improvement, previously identified in this regard had been addressed.

There was a system in place to manage complaints. Review of the records identified that appropriate action had been taken. Advice was given, regarding the need for the manager to retain the records relating to when the complaint was initially received; this will be reviewed at a future inspection.

There was a process in place to ensure that all staff were registered with the Northern Ireland Social Care Council (NISCC).

There was a protocol in place for staff to follow where care workers were unable to gain access to a service user's home.

The manager advised that this was currently under review to ensure that there were no inconsistencies in the procedure followed; this will be reviewed at a future inspection.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	5*	5

* the total number of areas for improvement includes one that was stated for a second time; and one that was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Roberta Spence, Manager and members of the senior management team, 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 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that full employment histories are obtained as part of the recruitment process. Ref: 3.3.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 23 (1) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the monthly quality monitoring visits focus on the culture of the agency, in addition to the recommendations identified in the culture review report. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Regulation 23 (monthly monitoring) form has been updated to include a section on culture of the agency. A format for seeking feedback from staff specifically on the culture of the agency has been devised. This will be in full use in the Reg 23 for June 2026 The Trust Home Care Oversight Group has been formed to oversee the implementation of the recommendations associated with the culture review report.
Area for improvement 3 **Ref:** Regulation 21 (1)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall develop and implement a system for retrieving the records from service users whose care package has ceased; where notes have not been retrieved, the agency's policy in relation to data protection should be followed; and records should be available for inspection to demonstrate compliance in this regard. Ref: 3.3.2
	Response by registered person detailing the actions taken: The agency is drawing up a standard operating procedure for retrieving records from service users' homes when the care package has ceased. This standard operating procedure is in line with the Trust's data protection policy. This procedure, which will be completed and communicated to all HCC's by end of September 2026, will include a closure form and an audit function to be carried out by management.

Area for improvement 4 **Ref:** Regulation 23 (1) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the monthly quality monitoring visits are effective in assessing the quality of the care and support provided; this includes providing meaningful commentary on progress towards compliance of the RQIA QIP; follow up of any actions identified on the previous month's action plan; and the monthly quality monitoring reports must be shared with the manager in a timely manner. Ref: 3.3.3
	Response by registered person detailing the actions taken: The service has reviewed the quality monitoring visits and associated reports (Reg 23). Quality monitorings visits will be completed within 10 working days of the end of the month. Where this is not achieved, escalation will be made to the Co-Director. Where this is due to absence, arrangements will be made for another senior officer to undertake this task.The Regulation 23 monitoring report has been updated to reflect actions identified, follow up and a record of discussion on progress towards compliance with the RQIA QIP.
Area for improvement 5 **Ref:** Regulation 14 (a)(b) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that adult safeguarding matters are reported to the Adult Gateway Protection Service in keeping with the agency's policy and procedures; and that copies of submitted APP1s are retained centrally within the registered office to ensure that they are available for inspection. Ref: 3.3.3
	Response by registered person detailing the actions taken: All Adult Safegurding concerns will continue to be reported to the Adult Safeguarding Gateway Protection Team in a timely manner and in keeping with the Trust's policy and procedures. Copies of APP1s submitted will be printed from Epic and retained locally. All safeguarding matters will be raised to the monitoring officer / Assistant Service Manager and will be discussed at monitoring visits with a record of discussion made on Reg 23 Monitoring form In the event of a system error preventing printing, a note will be made to record escalation and this will also be noted on the Regulation 23 Monthly report.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 5 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that environmental assessments are completed in keeping with the agency's policy and procedures; and these are uploaded to the electronic records management system in a timely manner. Ref: 3.3.2
	Response by registered person detailing the actions taken: Environmental Risk assessments should be completed prior to a service commencing however if this is not possible it should be carried out with 3 working days of the commencement of the service. Reminder to be given at all Home Care Coordinator team meetings from June to September 2026 re the requirement to upload Environmental Risk Assessments to the Care Line Live system. The Registered Manager will ensure that this is maintained. A new requirement will be introduced to ensure that Environmental Risk Assessment for all service users are updated on an 18month basis.
Area for improvement 2 **Ref:** Standard 8.10 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that an auditing system is developed and implemented to ensure that the care calls are audited in a timely manner; this relates to the time and length of the calls, the completion of allocated tasks and the standard of record keeping; records should be retained in relation to any identified deficits and any associated actions required/taken. Ref: 3.3.2
	Response by registered person detailing the actions taken: An auditing system had been agreed to ensure that care calls are audited and addressed in a timely manner. visit reports are produced and analysed prior to carrying out Service User monitoring visits. Discussions continue to take place with Trade Unions, who are in industrial action, for Home Care Coordinators to amend call times. Until such agreement, inconsistencies between call times and agreed care timetable are reported to the Key Worker.

Area for improvement 3 **Ref:** Standard 3.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure risk assessments and care plan updates are requested and received, as appropriate, following any incidents. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered Manager holds an index of all DATIX's submitted. This index will record the requirement for review/update of care plans and risk assessments. Risk Assessments and care plan updates will be requested as appropriate following incidents. A prompt will be added to the incidents section of the Reg 23 report to provide oversight of this process. Where such documents are not received, escalation will be made to the ASM and SM.
Area for improvement 4 **Ref:** Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure there is a centralised list held of all service users with restrictive practices, SALT diets and Diabetes, to enhance manager oversight of these areas. Ref: 3.3.3
	Response by registered person detailing the actions taken: A centralised list has been put in place to record all service users who have restrictive practice, SALT diets and diabetes. Home Care Coordinators will inform HCOM's re any new service users requiring restrictive practice, SALT diets and diabetes Home Care Coordinators will retain records of service users under their responsibility who require restrictive practice, SALT diets and diabetes. This will be checked and updated against the centralised list at the Home Care Co-ordinator supervision and recorded on the Home Care supervision form. This will ehance oversight by the manager.
Area for improvement 5 **Ref:** Standard 5.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that care workers and their line managers are reminded of their responsibilities in relation to the process to follow when concerns are raised; this includes the need to verbally report the concern, in addition to creating an electronic note of the concern; and the need for the care workers' line managers to record the action taken in response; records of how this is addressed with staff should be retained for inspection purposes. Ref: 3.3.3

	Response by registered person detailing the actions taken: The summer newsletter that is issued to all staff will include an article highlighting what constitutes a concern and how Home Care Workers should deal with these. This will include a telephone report to the Home Care Worker's line manager or duty officer. A standard operating procedure will be developed to inform staff of the reporting responsibilities and for action by Home Care Co-ordinators..

Please ensure this document is completed in full and returned via the Web Portal

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