The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Community Stroke Team**

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

Date of Inspection: **20 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:	Mrs Angela Kennedy
Service Profile: The Community Stroke Team is a domiciliary care agency which provides rehabilitation services to people living in their own homes. Rehabilitation Assistants provide care and therapy to service users, under the guidance of Allied Health Professionals (AHPs). RQIA does not regulate the AHPs, although these are managed by the service. A small number of Rehabilitation Assistants provide therapy to patients who live in care homes. This inspection focuses on the care and therapy provided to service users living in their own homes.	

2.0 Inspection summary

An unannounced inspection took place on day April 2026, between 9.45 am and 12.45 pm by a care Inspector.

The last care inspection of the agency was undertaken on 15 September 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 the agency is delivering safe, effective and compassionate care and if the service is well led.

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

It was evident that the Rehabilitation Assistants were knowledgeable and well trained to deliver safe and effective care. Service users and their representatives said that the Rehabilitation Assistants provided good care and support. Refer to Section 3.2 for more details.

No areas for improvement were identified during this inspection.

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 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 Rehabilitation Assistants 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.

Service users and their representatives told us that they were very satisfied with the care and support provided. The Rehabilitation Assistants were described as being 'lovely girls' who are 'very, very good', 'great', 'brilliant' and 'wonderful'. One service user described the Rehabilitation Assistants as being like 'an extended family'; and that if they were to say 'anything bad about them, they would be lying'.

The Rehabilitation Assistants spoke with told us that they felt well supported in their role.

HSC Trust representatives told us that they had no concerns and that the care and that the support provided by the Rehabilitation Assistants was 'very good'. One Trust' representative said that they were 'always getting praise' from service users about the Rehabilitation Assistants' work.

3.3 Inspection findings

3.3.1 Quality of Management Systems

There has been no change in the management of the agency since the last inspection.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

It was good to note that the monthly quality monitoring report included the feedback from service users and their relatives; and that feedback was also elicited from exit surveys undertaken when the service users were being discharged from the service; this is good practice and is commended.

The annual quality report was in the process of being completed; this will be reviewed at a future inspection.

Review of records identified that incidents were managed appropriately.

There was a process in place to manage any complaints; none had been received since the last care inspection. Service users were also provided with a Complaints leaflet to support them in raising any concerns. Feedback on the quality of service could also be provided electronically through Care Opinion, online platform.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

3.3.2 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 were no concerns regarding service users receiving their calls in keeping with the care plan.

There was a process in place to ensure that any newly employed staff have the required pre-employment checks undertaken before they commence in post. However, it was identified that a Rehabilitation Assistant currently employed within the agency had transferred internally without an enhanced AccessNI check having been completed. RQIA recently issued communication to all providers outlining the 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 Establishment or Agency, with an effective date of compliance of 1 June 2026. This matter will be reviewed at a future inspection.

Review of records identified that applicants did not consistently provide full employment histories back to school leaving age. Additionally, whist there was evidence that two employment references had been received, these were not accessible to the manager on the day of the inspection. RQIA acknowledges that the Trust recruitment is undertaken by an external organisation and the process followed is outside of the manager's control. Whilst the manager agreed to raise these matters to senior management within the Trust, it was agreed that in the interim, the manager would gather any missing employment history when the staff members commence employment. The manager also agreed to raise the accessibility of references through the same processes. These matters will be reviewed at a future inspection.

There was also a system in place to ensure that newly appointed staff, complete a structured orientation and induction, to ensure they are competent to carry out the duties of their job. The Induction process lasted three weeks and this could be extended if necessary.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); and these were monitored by the manager.

Records of all training were retained and were noted to be up to date. It was good to note that service-specific training was provided. For example, some service users who have had a Stroke, may benefit from Functional Electrical Stimulation therapy, to stimulate specific nerves. Information was also provided to them on Stroke Core Competencies. There was also an In-service Training Programme, where a different AHP provided training on a monthly basis. For example, the Speech and Language Therapist provided training on the use of the IOWA Oral Performance Instrument (IOPI device); this is a portable device which is used to improve tongue and lip strength and endurance, primarily used in speech and language therapy. Compliance with training was also monitored at part of the supervision process.

Rehabilitation Assistants were provided with three supervisions every year and an annual appraisal. The agency also aimed to undertake three spot checks on the Rehabilitation Assistants' practice each year.

Procedures were in place for appraising staff performance and staff were provided with supervision on a regular basis.

3.3.3 Care Delivery and Care Records

Due to the bespoke nature of this service, the care and support provided was directed by members of the multidisciplinary team. The agency received information pertaining to the service users' needs, when the service users were first referred to agency. The agency also received the hospital AHP discharge letters, which included various assessments. The Community Stroke Team AHPs completed care plans, based on the information available; they also worked closely with the Hospital Discharge Coordinators, to ensure that they had as much information as possible on each service user. Initial assessments were completed by the Community Stroke Team Occupational Therapist.

The care plans contained sufficient detail in relation to the tasks the Rehabilitation Assistants needed to complete. The service users' rehabilitation aims were recorded on the service user agreement. The standard of records retained in the service users' homes was noted to be very good; this included a Client Diary which was used to record which professional/Rehabilitation Assistant was coming on which day, the names of the Therapists and information from the Stroke Association. This was available in electronic format or in hard copy. This is good practice and is commended.

There was a system in place to record the care and therapy provided; this included a combination of electronic records and written communications held in the service users' homes.

The Rehabilitation Assistants attended a Multi-Disciplinary Team meeting on a weekly basis; which provided them with the opportunity for support and development. Rehabilitation Assistants also attended bi-weekly meetings with the manager, where they were given the opportunity to discuss any concerns or specific issues; these meetings were attended by the social worker, the care coordinator and the registered nurse for the service and any learning from incidents was discussed. Meetings were also held on a quarterly basis; to provide regional and local updates, any recurring themes, learning or training needs. There was also a good system of communication between the AHPs and the Rehabilitation Assistants.

The support the Rehabilitation Assistants receive and the good communication pathways in place are good practice and are commended.

The need for the duration of calls to be recorded on the care plan and on the staffing rota was discussed. Given that the focus of the service was on rehabilitation and that the care call times were expected to decrease, the longer the service user availed of the service, RQIA was satisfied that the rehabilitation Assistants spent as much time as they needed with each service user.

Given that there were mostly several calls each day by Rehabilitation Assistants and AHPs, any missed calls would be identified by the next call. Additionally, service users' representatives were actively encouraged to report through any missed calls.

There was a system in place to ensure that completed daily notes were returned to the registered office when the package of care ceased.

There was a protocol in place for staff to follow where service users were not at home as planned.

There was also a system of communication in place for service users who had other domiciliary care providers involved in their care and support.

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 Angela Kennedy, Manager, as part of the inspection process and can be found in the main body of the report.

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