The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Belfast Community Care Ltd

Provider: Belfast Community Care Ltd

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 Community Care Ltd
Responsible Person:	Mrs Mavourneen Ward
Registered Manager:	Miss Katie Ward
Service Profile Belfast Community Care is a domiciliary care agency based in Dunmurry, which provides a range of personal care, social support and sitting services to people living in their own homes. Their services are commissioned by the Belfast, and South Eastern Health and Social Care (HSC)	

2.0 Inspection summary

An unannounced inspection took place on 27 April 2026, between 9.30am and 2.45pm. A care inspector conducted the inspection.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as maintaining a robust system for professional registrations to be maintained and monitored by the manager.

Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

The inspector would like to thank the responsible person, manager, staff service users and relatives for their support throughout the inspection process.

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

3.2 What people told us about the service and their quality of life

Throughout and following the inspection the RQIA inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support.

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.

The information provided indicated that there were no concerns in relation to the agency.

Comments from staff and service users and their relatives were positive. Service users mentioned that staff were pleasant and that they treated them very well. One service user said, “I couldn’t be happier”. Relatives said that they were very satisfied with the care provided and that staff were respectful in their homes.

Staff spoken with were very happy in their roles and described a supportive management team. They confirmed they would have no hesitation in reporting poor practice.

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.

It was identified that some staff currently employed within the agency had transferred to the service by means of Transfer of Undertakings (Protection of Employment) (TUPE) without fresh enhanced AccessNI checks having been completed. Since the inspection, the manager has confirmed that all staff have applied to renew AccessNI.

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.

All newly appointed staff complete a structured orientation and induction, having regard to NISCC’s Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency’s policies and procedures. There was a structured three-day induction programme which also included shadowing of a more experienced staff member.

The agency maintains a record for each member of staff of all training, including induction and professional development activities undertaken. There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. The inspector conducted a random check, which revealed a member of staff did not have current registration with NISCC. The manager agreed that this person would be removed from the rota until registration was complete and that all staff would be rechecked. An area for improvement has been identified.

Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers deployed within the agency.

3.3.2 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 clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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.

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 and the process for reporting concerns in normal business hours and out of hours. 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 these had been managed appropriately.

Some service users were assessed by Speech and Language Therapy (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. All staff had also been provided with training in relation to medicines management.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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 are helped 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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

The agency maintains a number of policies and procedures to direct and support them in their day to day work. This includes an operational policy that clearly directs staff from the agency as to what actions they should take to manage and report if they are unable to gain access to a service user's home.

3.3.3.Care delivery and care records

From reviewing service users' records and through contacts with service users and relatives it was good to note that service users had an input into devising their care plans. The service users care records contained details about their likes and dislikes and the level of support they may require. Where service users are unable to voice their opinions the agency works with relatives and the commissioning trust to ensure best interests are served.

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 being met by the agency.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Service users care records were held confidentially.

3.3.4 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The inspector advised that going forward more detail in respect of auditing working practices should be included in the reports and that information included should be verifiable. This matter will be reviewed at a future inspection.

The inspector discussed the use of personal mobile phones to communicate with staff on duty. The inspector advised that contact be made with the Information Commissioners Office (ICO) for guidance to ensure that service user confidentiality and safety is maintained. The agency have plans to move to a secure electronic care communication system for all staff. These matters will be reviewed at a future inspection.

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

There was a process in place to manage any complaints; none had been received since the last care inspection.

There was a system in place to ensure that care records retained in the homes of service users were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Katie Ward, manager, 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 Minimum Standards, (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.6 **Stated:** First time	The registered person shall ensure that arrangements are in place to ensure that care workers can maintain their registration with the appropriate professional regulatory body Ref: 3.3.1
To be completed by: Immediate and ongoing	**Response by registered person detailing the actions taken:** Registered manager will enure all staff are registered with the appropriate professional regulatory body. Staff member was removed from rota untill completion of Re registration was completed.

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

The Regulation and Quality Improvement Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews