The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service: Quality Care Services Belfast**

**Provider: Quality Care Services Ltd**

**Date of Inspection: 26 March 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:** | Quality Care Services Ltd |
| **Responsible Individual/Responsible Person:** | Miss Julie Elizabeth Hunter |
| **Registered Manager:** | Mrs Annette Daly |

**Service Profile:**

Quality Care Services Ltd is a domiciliary care agency located in Belfast. Care is provided to service users, the majority of whom are over the age of 65 years. Service users have a range of needs including physical disability, learning disability and enduring mental health needs. The care provided ranges from personal care, support with medication and social support including sitting services. The services are commissioned by the Belfast Health and Social Care (HSC) Trust, the South Eastern HSC Trust and Southern HSC Trust.

## 2.0 Inspection summary

An unannounced inspection took place on 26 March 2026, between 9.55 a.m. and 5.30 p.m. by a care Inspector.

The last care inspection of the service was undertaken on 26 February 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency. Two areas for improvement were identified during this inspection, related to restrictive practices and the agencies quality monitoring reports.

Following the inspection, RQIA invited the Responsible Individual and the Registered Manager to a meeting on 10 April 2026. The purpose of the meeting was to provide feedback on the inspection findings and to discuss how identified deficits were to be addressed.

During this meeting representatives of the Responsible Individual provided details of the actions taken or those they planned to take to address the matters raised.

RQIA was assured that there were measures in place to address any identified issues in a robust and timely manner.

Full details, including 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 Quality Care Services Belfast 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, service user representatives, staff or the commissioning trusts.

Throughout the inspection process inspectors seek the views of the service users who are in receipt of care and support, their representatives, staff working for the agency and other stakeholders; and examine a sample of records to evidence how the agency 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, telephone and an electronic survey.

## 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 told us that the staff are "very good", "very helpful" and "respectful". One service user advised that it was "very pleasant having staff coming in" describing staff as "excellent, they are all more than good". It was positive to hear service users describe effective communication between themselves and staff with one service user explaining that if the staff are running late that they do ring to let them know.

When asked if there were anything Quality Care Services Belfast could do to improve their experience of care one service user stated "no they are all very good and I can't say anything about them. They are all very helpful and kind to me". Whilst another service user said, "I hope most of your other callers would be as appreciative of the staff as I am. I am very grateful".

Service user representatives provided positive feedback regarding staff practice and conduct.

One service user representative described staff as “friendly and conscientious”, adding that staff consistently enquired with their loved one if there was anything further they could do to support them. Others described staff as “great”, “lovely” and “excellent”. A service user representative explained how the staff took things at the pace of their loved one stating, “Quality Care have been good. They are really, really good with mum. They work against the care plan and are responsive to any changes … they have been very adaptive. The staff have been very understanding … very considerate”.

Feedback from service user representatives demonstrated strong and effective communication with staff. They confirmed that any concerns regarding their loved ones’ health and wellbeing were communicated promptly, and that staff regularly took a proactive approach by providing updates and reassurance.

Service user representatives reported good consistency in staffing, with one noting this continuity as beneficial as it aided their loved one to build familiarity and feel more at ease with staff. We were told by service user representatives that all visits had been undertaken as expected; none of those consulted had experienced late or missed calls. We were told that the agency demonstrated flexibility were possible with regards to call times.

It was positive that service user representatives expressed awareness as to the agencies complaints procedure. A service user representative advised when contacted as part of the quality monitoring process they had felt able to raise concerns. They confirmed that the concerns raised were addressed promptly to the satisfaction of both themselves and their loved one. Another service user representative told us that they contacted the agency to seek adjustment to call times and felt, “They [Quality Care Services Belfast] are a good service … I think if you can work together its good”.

Staff spoke positively about the agencies induction process describing it as “very good”. One staff member told us that “the training is very detailed” however they highlighted that they felt it took a considerable amount of time to complete. A suggestion made by one employee as to how to the agency could further improve the experience of new staff to the agency was shared with the Registered Manager. Staff advised that they regularly review their training on an annual basis.

The majority of staff consulted provided positive feedback regarding communication, feeling that they were kept advised as to any changes relating to service users care and that support was readily available to them as needed. A staff member advised that “working with Quality Care has been a really good experience”. Whilst another told us, “I am really happy in my job”. A small number of concerns were relayed and discussed with the Registered 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.

The Registered Manager demonstrated insight into a small number of instances where staff had not appropriately logged out of calls, leading to inaccuracies in recorded care durations. Evidence showed that this had been addressed through discussions with the wider staff team and through monitoring of individual staff practice to support improvement.

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

A review of the agency's staff 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. Following the inspection additional information was submitted which evidenced appropriate references had been acquired in relation to a recently employed staff member.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

An area of good practice was observed with respects to the agencies induction process for newly appointed staff. The robust and comprehensive structure of induction ensured competency of staff was assessed to ensure they were competent in undertaking duties associated with their role. It was also positive to note that the agency retained a record of shadow shifts completed and consulted with staff to ascertain if they required additional opportunity to shadow a more experienced staff member before independently delivering care.

Records reviewed during the inspection created uncertainty regarding training compliance. Information was however provided after the inspection that demonstrated compliance with mandatory training. Staff spoke positively about their experience of training which included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia, at a level appropriate to their job roles. One staff member told us that the in person manual handling training was "very good, very informative. I enjoyed it".

Evidence was available to demonstrate that medication competency assessments were completed to assure that staff responsible for handling medications could do so safely.

Concerns relating to supervision compliance were discussed with representatives of the agency during the meeting held on 10 April 2026. Records were shared following this meeting which illustrated compliance with the organisations supervision policy and procedure.

### 3.3.2 Care Delivery and Management of Care Records

The agency operates an electronic system, with each staff member issued a service-owned mobile device. This supports two-way communication between community-based staff and office staff, enabling the timely communication of changes to prescribed care and any changes in service users' needs or associated risks. It was positive to find the system flags matters requiring further action and/or follow up to office staff, while also stipulating associated timeframes for completion. There was a system in place to monitor late and missed calls.

The Responsible Individual advised that the agency also operates an intranet system to facilitate effective communication across all levels of the organisation. This platform offers a forum for peer support, increased accessibility to resources, policies and procedures and additional development opportunities.

Staff consulted described the planning of domiciliary care runs as effective. They reported having sufficient time to safely complete all prescribed care tasks and to travel between service users without undue pressure. Staff were found to be knowledgeable of individual service users' needs, their wishes and preferences. Discussion with staff illustrated their commitment to upholding values of respect and dignity and staff expressed confidence in the standard of care provided to service users. It was also positive to find that the agency regularly conducted spot checks, with observations undertaken aimed to assure safe practice of staff in the delivery of care.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. The Registered Manager acknowledged the importance of ensuring full and accurate information is obtained by the referral agent. This will be reviewed at a future inspection.

Following receipt of initial referral information the agency were found to conduct their own needs assessment, from which plans were developed to direct staff on how to meet service users' needs.

Review of records identified that service users consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf; this also included their consent for whether or not they wanted their photograph taken and used in any organisational materials or social media.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that Service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided.

Care plans reviewed included information relating to medication storage and administration. The Registered Manager advised that a number of service users supported by the agency had medications safely stored for which they had no access. Despite this, the agency had no centralised restrictive practice register in place. An area for improvement was identified.

### 3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Annette Daly has been the Registered Manager in this agency since 5 October 2022.

Staff consulted spoke positively about the Registered Manager advising that she was approachable and able to provide guidance. One staff member told us "Annette is one of the best Managers I have ever had. She is very easy to talk to".

Complaints were managed appropriately and it was good to note that any identified learning was shared with staff.

Review of incident records identified that they were managed appropriately with relevant notifications made. Staff consulted stated that they were confident in their ability to safely and effectively respond to incidents/accidents. Several staff were able to describe associated procedures and who information is expected to be shared with.

Domiciliary Care Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the setting's adult safeguarding policy. One staff member consulted was unaware as to who the ASC was, however advised that they had been trained on safeguarding during their induction and were confident in their ability to identify and respond to safeguarding concerns.

Concerns identified during the inspection regarding current organisational practice of recording near misses under the categorisation of safeguarding were discussed during the meeting with the Responsible Individual and Registered Manager on 10 April 2026. Additionally, concerns relating to definitions included within the organisations incident policy and procedure were highlighted. Representatives of the agency agreed to review the current policy and procedures. This will be reviewed again at a future inspection.

The agency was reviewed 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; however, there was a lack of analysis to establish if any patterns or trends were developing in relation to incidents, accidents or safeguarding reported by the agency. Additionally, over the previous year there was a lack of professional feedback evident. An area for improvement was identified.

## 4.0 Quality Improvement Plan/Areas for Improvement

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

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 2 | 0 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Annette Daly, Registered 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 Regulations (Northern Ireland) 2007**

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| **Area for improvement 1**<br><br>**Ref:** Regulation 15 (11)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>21 May 2026 | The registered person shall ensure the management of restrictive practice interventions align with expectations stipulated within the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings, Department of Health, November 2023.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken**:<br>A Restrictive Practice Register is in place and is subject to regular review in accordance with the Regional Policy on the Use of Restrictive Practices in Health and Social Care Settings.<br><br>This includes restrictive practices associated with the safe storage of medications within locked containers or cupboards. A review of all service users has been completed, and relevant medication related restrictive practices have now been fully documented within the register. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 23<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The Registered Person shall ensure that quality monitoring reports are robustly and comprehensively completed in keeping with Regulation.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Regulation 23 reports have been reviewed and will now include a more detailed and analytical review of all reportable events.<br><br>The Responsible Individual and Homecare Director will review these reports on a monthly basis to ensure the information provided is robust, comprehensive, and appropriately analysed against internal key performance indicators (KPIs). |

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The Regulation and Quality Improvement Authority

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