The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Belfast Trust Homecare Service**

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

Date of Inspection: **5 May 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 Welch
Registered Manager:	Mr Matthew Ginn
Service Profile: Belfast Trust Homecare Service is a domiciliary care agency, covering South and East Belfast. The agency provides a range of personal care and support to service users living in their own homes and who require the assistance of one worker only.	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2026, between 10 am and 2.15 pm by a care Inspector.

The last care inspection of the agency was undertaken on 31 July 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 found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Belfast Trust Homecare Service was a positive experience.

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 information held by RQIA about this agency was reviewed. 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 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.

Service users' relatives told us that the care workers provide excellent care and support. A number of relatives described how the care workers 'go above and beyond the call of duty' and that they always make sure the service users have everything they need before they leave. The carers were described as being 'totally respectful' and that they provide 'great reassurance to family members'. One relative described the care workers as being her 'eyes and ears'. Relatives said that when there are new care workers, they always go back to the office staff, if they are unsure about anything. Another relative said that 'you couldn't get nicer' than the care workers; and praised a specific care worker, for 'epitomising what a carer should be' and that she was 'like a breath of fresh air'.

Staff told us that there was 'great teamwork' and that 'the office dynamic' was 'very good'. They described how they really enjoyed attending recent training on the Trust Values. Comments included 'I enjoy my job' and 'we definitely deliver a strong service'. Further comments made in relation to the management team are included in section 3.3.3.

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 pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members, commenced employment and have direct engagement with service users. It was identified, however, that some staff currently employed within the agency did not have AccessNI checks undertaken because they had transferred internally or they had been redeployed. 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 also identified that employment histories were not consistently recorded back to school leaving age. Additionally, reasons for leaving previous posts were not consistently recorded. RQIA acknowledges that an external organisation is utilised to undertake the pre-employment checks. It was agreed that whilst these deficits would be raised with the recruiting organisation, the manager would implement a local proforma to identify and remedy any deficits. Following the inspection, it was confirmed to RQIA that this had been addressed.

Newly appointed staff had completed 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 generally noted to be up to date. It was good to note that the staff are in the process of completing training that is aligned to the Trust core values.

Procedures were in place for appraising staff performance and there was a procedure in place to provide staff with regular supervision and spot checks on their practice.

3.3.2 Care Delivery and Care Records

Before care delivery commenced, the agency received a referral form/care plan from the social work team. 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 the care plan were both available electronically for the care workers to view.

The agency then undertook an assessment of need in the service users' own homes within the required timescale.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs.

The care workers signed the tasks they completed; and where a task was not completed, they made a note as to the reason.

There was a system in place for identifying any missed calls; this included spot checks on staff practice.

The agency also utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes.
The care plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) care plan.

An auditing system was in place to ensure that deviances in call times can be relayed to the relevant social work team.

A system was in place to ensure that records from discontinued packages of care were retrieved and returned to the registered office.

3.3.3 Quality of Management Systems

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

Staff spoken with spoke positively in relation to the management team and described having 'great line management' who are 'very supportive'.

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 adult safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process and shared with the Home Care Coordinators on a monthly basis.

The manager was knowledgeable as to the incidents which are required to be notified to RQIA in keeping with the regulations.

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.

There was a robust process in place to ensure that all staff were registered with the Northern Ireland Social Care Council's (NISCC). Prompts to pay registration fees were also included in each staff members' roster.

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

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

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 Mr Matthew Ginn, 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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