

Inspection Report

Name of Service: Community Rehabilitation Service (Elderly)

Provider: Belfast Health and Social Care Trust

Date of Inspection: 27 May 2026

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1.0 Service information

Organisation/Registered Provider:	Belfast Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Siobhán Savage (registration pending)
Service Profile: Community Rehabilitation Service (Elderly) is a domiciliary care agency which provides a range of personal care services to service users living in the South and East Belfast areas. Rehabilitation Assistants provide personal care; and therapy 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 also provide therapy to patients who live in care homes. This inspection focuses on the care provided to service users living in their own homes.	

2.0 Inspection summary

An unannounced inspection took place on 27 May 2026, between 9.50 am and 1.00 pm by a care Inspector.

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 4 September 2025; 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 Community Rehabilitation Service (Elderly) was a positive experience.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 Quality Improvement Plan issued, 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' representatives described the rehabilitation assistants as 'great', 'exceptional', 'excellent', 'amazing' and 'very attentive'. They said that the rehabilitation assistants were 'all chat' and that they 'got on well' with the service users. One relative described the rehabilitation assistants as being 'exceptionally respectful'.

The rehabilitation assistant spoken with said that working in the service was the best job they ever had and that they felt very well supported in their role.

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.

Review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. An area for improvement, previously identified in regard to employment references had been assessed as met.

An area for improvement, previously identified in relation to the recording of full employment histories and explaining any gaps in employment, had also been assessed as met.

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 all staff training were retained and were noted to be up to date. A number of staff competency assessments in relation to medicines administration were noted to be out of date. This had been identified as an action on the monthly quality monitoring reports; and plans were in place to address this.

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

3.3.2 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.

Service User Agreements were signed by the service users and/or their relatives.

The care plans were person-centred and contained sufficient detail in relation to the tasks the rehabilitation assistants needed to complete. There was evidence that the care plans were updated on a regular basis.

It was good to note that the rehabilitation assistants attended a multidisciplinary team (MDT) meeting on a weekly basis. Staff meetings were also held on a quarterly basis; and there were also Newsletters issued on a monthly basis, to ensure that the rehabilitation assistants were up to date and any new learning was shared through this process. This is good practice and is commended.

The care records included moving and handling assessments and it was noted that these were updated on a regular basis.

There was a system in place for managing the disposal of medicines which service users may have missed/declined. This is good practice.

The duration of call times was recorded on the care plan, along with the window of time the call was to be completed in.

There was a system in place for identifying any missed calls; this included regular check in with staff. All rehabilitation assistants and AHPs were familiar with the process to contact the registered office if there were any missing entries in daily notes. There was also a process in place, where the care records were brought into the office, should the service user need to be re-assessed.

Advice was given in relation to ensuring the daily notes are returned to the registered office on a defined basis, specifically if the package of care extended beyond the anticipated rehabilitation period.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry.

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

3.3.4 Quality of Management Systems

There had been a change in the management of the agency since the last inspection. Mrs Siobhan Savage is in the process of registering with RQIA as manager.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

There was a process in place to ensure that incidents and complaints records were managed appropriately.

The annual quality report was reviewed and was deemed to be satisfactory.

Service users were also provided with a Complaints leaflet to support them in raising any concerns. There was a robust system in place to manage any concerns.

Feedback on the quality of service could also be provided electronically through Care Opinion, which is an online platform. Consent to contact service users for feedback regarding the quality of the service was also obtained and it was good to note that the agency undertook exit surveys with service users when their package of care was being discontinued.

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.

There was a protocol in place for staff to follow where service users were not at home as planned; this is in the process of being updated, to ensure that all staff follow the process consistently.

Checks were made to ensure that staff were appropriately registered with the 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.

There was evidence that the manager responded to any concerns, raised with them and/or identified through the agency's internal quality assurance processes, and took appropriate measures to improve practice, and the quality of services provided by the agency.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

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