

Inspection Report

Name of Service: Children's Inreach Support Service

Provider: Belfast HSC Trust

Date of Inspection: 29 April 2026

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1.0 Service information

Organisation/Registered Provider:	Belfast HSC Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Melanie Harrison
Service Profile: Children's Inreach Support Service is a domiciliary care agency which provides care and support to a number of service users who have a severe learning disability and a range of other complex needs. Service users are aged under 18 years old. The agency office is located within the ground of Knockbracken Health Care Park Belfast. The service is commissioned by the Belfast (HSC) Trust.	

2.0 Inspection summary

An unannounced inspection was undertaken 29 April 2026 between 9.50 am and 4.10 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 7 August 2025; 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 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, such as quality monitoring reports.

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 user representatives said that the care and support provided by Children's Inreach Support Service was a good experience. Refer to Section 3.2 for more details.

As a result of this inspection no new areas for improvement were identified. Nine of the previous 12 areas for improvement were assessed as having been addressed by the provider. Two previous areas for improvement will be carried forward and examined again during a future inspection.

One previous area for improvement has been stated for a second time. Full details, including areas for improvement, 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 the Children's Inreach Support Service 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 the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, their representatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users who are in receipt of care and support and their representatives; those working for the agency; and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, their representatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires, an electronic survey, email and telephone contact details.

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.

Feedback received from service user representatives consistently told us how instrumental the support provided by Children's Inreach Support Service had been in preventing a breakdown of the family unit. One service user representative told us, "We were having discussions about putting my son into care when CISS came into our lives. They have enabled me to keep my son at home." Support provided by the agency reflects the value of providing timely, person-centred support within the community, strengthening the capacity of families to continue to provide care in a stable, supportive family environment.

One service user's Mother provided consent for a video recorded about her experience of Children's Inreach Support Service to be viewed by the Inspector. This provided direct insight as to the experience of the family unit as they sought to safely meet the needs of the child, yet unfortunately, they detailed experience of a period of crisis that made continued care at home seem "inconceivable". Timeframe from referral to commencement of care and support was described as quick, with the service described as "life changing".

The feelings of isolation and loneliness often experienced by families in similar circumstances were also highlighted. It was therefore particularly positive to hear that engagement with the agency had not only provided much needed practical support but had also afforded the family a sense of recognition, understanding and reassurance.

Service user representatives told us that they felt the service was “also there to support me as a career” and that staff were there for them offering “a listening ear”. We were told that staff “are all fantastic at their job” whilst another service user representative advised that staff demonstrated flexibility in their approach, showing patience and altering support to suit the needs of the service user and family.

A service user representative described how “happy and excited” their child is upon seeing the staff. They expressed a sense of security derived from this, feeling that their child was communicating a sense of safety felt whilst in the presence/care of staff.

One suggestion received in relation to service enhancement referred to the potential acquirement of additional vehicles for use of staff in supporting service users. This was shared with the registered manager for consideration.

Staff spoken with were highly complementary of both the registered manager and their colleagues. They described a positive working environment characterised by effective teamwork, mutual support and a culture that promoted openness and collaboration.

Staff acknowledged that a number of changes had been implemented since the previous inspection to strengthen compliance with Regulations and Standards. Staff advised that communication regarding these changes had been timely and effective, with clear explanations provided regarding the rationale for their introduction. Staff further reported that appropriate support, guidance and training had been made available to assist them in developing the knowledge and skills required to adapt to new processes and expectations.

Staff referred positively to the appointment of a deputy manager which was felt to have provided an additional source of support and guidance for staff. Staff told us that the deputy manager had shadowed them in the delivery of care which they felt not only offered opportunity to develop rapport and greater understanding of service user needs but expressed a genuine interest in gaining insight into the realities of their role.

Staff demonstrated knowledge of, and expressed confidence in their ability to respond appropriately to accidents, incidents and safeguarding concerns. Those staff consulted told us that they felt able to raise concerns feeling suitable action would be taken by the registered manager.

In discussions regarding service users staff demonstrated an empathetic understanding of how individual diagnoses impact daily living. This understanding was extended to the wider family with staff telling us about efforts made to strengthen and expand the support networks of the entire family, not just the service user. Staff presented as well-informed regarding service users plans.

It was reassuring to hear staff speak passionately about their roles and commitment to improving the quality of life of the service users they support.

Staff told us about the importance of celebrating service user achievements and progress, regardless as to how small these may seem, recognising the significance such milestones can have for service users and their ongoing development.

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. There was evidence of robust systems in place to manage staffing.

The number of service users supported by the agency had significantly increase over previous months. Assurances were provided that presenting needs of service users' were able to be safely met by the number of staff available. It was also positive to hear that recent recruitment efforts had been successful, with additional staff appointed expected to commence employment soon. Staff spoken with also advised that they felt that their caseloads were manageable, with an example provided by one staff member as to how management re-assessed their caseload in response to a reduction in hours.

From review of the agency's staff recruitment records it was identified that one staff member currently employed within the agency had commenced employment without an enhanced AccessNI check having been completed. Evidence received subsequent to the inspection illustrated that a criminal check had been conducted by the Trust in respects of this employee however this related to a different post.

There was discussion with the person in charge about recently issued communication from RQIA 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 will be reviewed again at a future inspection.

Discussions occurred with the person in charge that any system utilised in respects of selection and recruitment must have the capability to produce all records required for inspection purposes. This specifically related to assessment regarding the physical and mental fitness of applicants to undertake duties and responsibilities associated with their role. There was evidence that review had occurred regarding gaining such assurances in respects of staff provided by external agencies. The person in charge agreed to escalate this matter internally and seek resolve. The area for improvement previously stated will therefore be carried forward and reviewed again at a future inspection.

There was evidence that newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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. The induction programme also included shadowing of more experienced staff members. The previous area for improvement regarding induction was assessed as having been addressed by the provider.

There was a system in place for professional registrations to be monitored with regular checks completed to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. The previous area for improvement relating to assurances regarding employee's registration status was assessed as having been addressed by the provider.

Records of all staff training were retained by the agency. It was positive to find evidence of forward planning, with mandatory training scheduled in advance. This however was not consistent across all areas with dates yet to be secured for some training that had lapsed. Issues were also identified with the current system utilised to monitor training compliance, as it was unable to generate compliance rates. The person in charge acknowledged that this limitation could impact the effectiveness of managerial oversight and governance arrangements,

While progress was evident in respects of staff training compliance, some deficits remained. As such the previous area for improvement relating to training will be carried forward and reviewed at a future inspection.

It was noted staff received regular professional supervision. As supervision is an important part in professional development it was positive to find increased provision during induction. It was also reassuring to find the agency had scheduled supervision in advance scheduling. The previous area for improvement was assessed as having been addressed by the provider.

Procedures were in place for appraising staff performance. In discussion with the person in charge it was suggested that consideration be given to inclusion of appraisal dates within the supervision tracker to enable ease of monitoring. A previous area for improvement relating to appraisal was assessed as having been addressed by the provider.

3.3.2 Management of Care Records and Care Delivery

Service users care records were held confidentially in line with data protection regulations.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service agreements were in place for all service user records sampled, due to this the previous area for improvement was assessed as having been addressed. These agreements, signed by the service user's parent or guardian, clearly outlined the parameters of service provision, the responsibilities of both parties whilst providing essential information in an accessible manner regarding the agencies policies and procedures. It was positive to find evidence that a copy of the service user guide in addition to current plans being shared with service user representatives.

There was evidence of consent being sought in relation to the staff contacting/requesting information from other healthcare professionals and use of photography and/or videography.

The agency evidenced the implementation of a new system relating to the management of service user records.

The system contained key information and offered a concise overview as to each individual service user's needs, commencement date of support, prescribed staffing levels as well as contacts of allied professionals involved in the life of the service user.

The templates utilised for service user plans had been updated since the previous inspection. The reviewed format was found to be user-friendly, well organised and easy to follow. The plans sampled were observed to provide a holistic overview of each service user, including their likes, interests and preferences. Information was readily accessible and there was clear alignment between service users' assessed needs, prescribed care and support interventions and risk management strategies.

One service user's risk assessment and management plan however was found to omit risks identified elsewhere within the service users' care and support plan. This was brought to the attention of the person in charge and was rectified immediately.

It was positive to find evidence of service user and/or their representatives' involvement in the development of care and support plans. Records sampled also demonstrated meaningful engagement in the review process, ensuring that care and support remained person-centred and reflective of presenting needs.

Service user plans appropriately referenced and referred staff to review and comply with assessments and plans prescribed by allied health professionals. It was positive to observe evidence that staff had signed copies of the most up-to-date plans available to signify that they had read and understood the contents.

There were arrangements in place to ensure that service users who required high levels of supervision, monitoring or restriction had their capacity considered and, where appropriate, assessed. None of the service users currently supported by the agency were experiencing a deprivation of liberty. Where restrictive practice interventions were applied these were explicitly recorded within the service users plans. A central register was in place to enable tracking of any restrictive practice due for review.

The previous area for improvement relating to service user records was assessed as having been addressed by the provider.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Melanie Harrison has been the manager in this agency since 18 November 2024. Staff consulted commented positively of the registered manager who they described as friendly, approachable and supportive.

There was a process in place to ensure any complaints received were appropriately managed in line with the agency's policies and procedures. It was positive to find records maintained by the agency in respects of compliments received.

Since the date of the previous inspection improvement was observed regarding systems utilised by the agency to monitor and review accidents and incidents. A tracking system maintained by the agency was found to contain clear and concise information detailing all actions taken by the agency in response to accidents/incidents.

The comprehensive overview and accessibility of information promotes effective managerial oversight and demonstrates improved governance arrangements in relation to accident/incident management. A previous area for improvement relating to compliance with statutory notification requirements was assessed as having been satisfactorily addressed by the provider.

Agencies are expected to have a lead person nominated for child safeguarding and protection, who has responsibility for ensuring that the regional policy framework, Co-operating to Safeguard Children and Young People in Northern Ireland is adhered to. There was evidence of appropriate communication with community social work and child protection teams in respect of identified concerns. Records were retained to evidence decision making. It was established that good systems and processes were in place to manage the safeguarding and protection of children at risk of harm.

Review of the quality monitoring reports completed in respects of the agency identified concerns regarding the accuracy and quality of information recorded. For example, a statement relating to the review of accidents and incidents within the agency was found to be duplicated across several reports, despite not being relevant to the reporting period being examined. A number of generic statements were evident throughout the reports examined, which limited the reader's ability to determine precisely what records had been reviewed by the monitoring officer and the level of compliance identified at the time of review.

In addition, one section within a report reviewed contained direction for the registered manager to populate information required. This is inconsistent with the purpose of the quality monitoring process, whereby an independent individual is expected to objectively review the operation of the agency and provide assurances regarding the safety and quality of services delivered thereby avoiding any potential bias.

Concerns identified were discussed with the person in charge at the time of the inspection. A previous area for improvement relating to quality monitoring processes shall be stated for a second time.

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	3*	0

* the total number of areas for improvement includes one that has been stated for a second time and two which have been carried forward for review at a future inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Robert Campbell, Principle Social Worker as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13(a),(b),(c),(d) Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that full information and documentation relating to the fitness of workers supplied by an agency is available for any agency staff used within the service. Ref: 2 & 3.3.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 15(9) Stated: First time To be completed by: 29 September 2025	The Registered Person shall ensure there is a robust system of oversight of staff training in place, and all staff training is completed in a timely manner. Ref: 2 & 3.3.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 23(1), (4) Stated: Second time To be completed by: 29 July 2026	The Registered Person shall ensure monthly monitoring reports are completed and appropriately shared to drive service improvement within the agency. Ref: 2 & 3.3.4
	Response by registered person detailing the actions taken: The RQIA inspection report has been shared with the Monthly Monitoring Officer. The Monthly Monitoring Reports are shared with the team and discussed in team meetings to drive service improvement. Actions/Recommendations are reviewed by the Registered Manager.

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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