

Inspection Report

Name of Service: Support Care Recruitment Ltd

Provider: Support Care Recruitment Ltd

Date of Inspection: 9 June 2026 and 16 June 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:	Support Care Recruitment Ltd
Responsible Individual/Responsible Person:	Mr. Petros Jinga
Registered Manager:	Mrs. Fadzai Burrowes
Service Profile – Support Care Recruitment Ltd is a domiciliary care agency based in Ballyclare. The agency provides a range of personal care, social support and sitting services to people living in their own homes. Service users have a range of needs including physical disability, frailty relating to old age and learning disability. The agency's services are commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2026, between 10.20 am and 2.50 pm. The inspection was concluded on 16 June 2026 between 2 pm and 5.10 pm. It was carried out 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 area for improvement identified, by RQIA, during the last care inspection on 8 May 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection the area for improvement previously identified was assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Service users said that the care and support provided by the agency was a positive experience.

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

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 this agency. This included the previous area for improvement 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 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.

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 and an electronic survey.

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

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.

Service users described the staff as 'angels' and told us that the service provided was 'fantastic'.

Staff fed back that they were satisfied that the care and support offered by the agency was safe, effective and compassionate and that the agency was well run. One staff member told us that 'systems are always improving'.

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.

Review of the 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.

The interview process was reviewed and written records were retained by the agency of the person's capability and competency in relation to their job role. Interview records were detailed.

There was evidence that all 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. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as first aid, information governance and dysphagia.

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

3.3.2 Care Delivery and Care Records

Regular staff meetings were held, with minutes recorded and circulated to ensure staff unable to attend remained informed.

Service users' needs were assessed when they were first referred to the agency / day care setting 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.

A service user agreement was in place for each service user in keeping with the minimum standards.

Service users care records were held confidentially.

A sample of the running order of calls was carried out. The review of associated care plans indicated that not all service users were receiving calls at a time in keeping with their medication needs. The manager agreed to amend this immediately after the inspection. This has been identified as an area for improvement.

Review of records identified that the care plans were reflective of the recommendations outlined within the Speech and Language Therapy (SALT) Care Plan.

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.

All staff had received medication training. There were robust processes in place to manage any medication errors.

3.3.3 Quality of Management Systems

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

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, and 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 Annual Quality Report was reviewed and was satisfactory.

RQIA had been notified appropriately of any incidents in line with requirements. A review of incident records was carried out. There was a system in place for recording the details of any incidents that had occurred within the agency; an in-depth review of one incident, however, indicated that all associated follow up actions had not been recorded and feedback had not been sourced from the HSC Trust. This has been stated as an area for improvement.

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. The manager was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. There was a Safeguarding Log in place. Discussion took place regarding the need to ensure the Log is completed at the point that each referral is made. This will allow the manager to have oversight or awareness of any potentially open or ongoing safeguarding referrals within the agency and provide a mechanism to review any potential trends around adult safeguarding matters. The Safeguarding Log will be reviewed in detail at the next inspection. Some updates were required to the agency's Safeguarding Policy. The manager offered assurances that these would be completed immediately after the inspection.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, they were reviewed as part of the agency's quality monitoring process. It was positive to note that the agency was about to commence the process of streamlining the system for retaining details regarding the nature of any complaints received, investigations undertaken, outcomes and learning and satisfaction for complainants. This will allow improved oversight by the manager.

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
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
Area for improvement 1 Ref: Regulation 15(2)(a) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure the timings of calls reflect the service users' care plans, specifically for those service users who require support with time critical medication. Ref: 3.3.2
	Response by registered person detailing the actions taken: We have reviewed the list of all service users to identify anyone who requires time-critical medication or care. Appropriate arrangements have been put in place to ensure that all identified time-critical medication and care needs are met within the required timeframe. In addition, office staff are required to assess all potential packages of care before accepting them, to ensure that the required time-critical medication and care can be safely and consistently provided within the specified timeframe. These measures are in place to minimise the risk of harm to service users and to ensure that their time-critical care needs are appropriately managed.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 Ref: Standard 8.16 Stated: First time To be completed by: Immediate and ongoing from date of inspection	The Registered Person shall ensure a full and complete record of all incidents is retained for inspection. Ref: 3.3.3
	Response by registered person detailing the actions taken: The incident form has been revised to ensure that all necessary steps are completed before an incident is closed. This will help prevent important actions or follow-up steps from being missed and ensure that incidents are managed appropriately. All completed incident records will be securely stored and retained so that they are readily available for inspection when required.

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



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