The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Antrim Community Services

Provider: Northern Health and Social Care Trust

Date of Inspection: 6 August 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:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual/Responsible Person:	Ms Suzanne Pullins
Registered Manager:	Ms Margaret Alexandra Sandra Kane
Service Profile – Antrim Community Services is a domiciliary care agency, conventional type, located in Antrim town centre. The agency provides personal care, practical and social support to service users living in their own homes. The NHSCT commission the service.	

2.0 Inspection summary

An unannounced inspection took place on 6 August 2026, between 9.35 am and 4.35 pm. A care Inspector conducted the inspection.

The last care inspection of the agency was undertaken on 5 February 2026 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 established that safe, effective and compassionate care was delivered to service users and that the agency was well led.

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

The Inspector identified good practice in relation to the feedback from service users, relatives and staff. There were good governance and management arrangements in place.

No areas for improvement were identified during this inspection.

The Inspector would like to thank the manager, service users, relative, HSC staff member and staff team for their support and co-operation during and following the 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 those working for or being supported by 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, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

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

During and following the inspection, the Inspector spoke with a number of service users, a relative, a HSC staff member and staff members to seek their views of the agency.

Service users who spoke with the Inspector said that they were very happy with the care and support provided. Some comments received included; "The carers always go the extra mile", "I have no complaints only good things to say about the carers" and "Carers are absolutely brilliant and they support me well".

A relative who spoke with the Inspector said they were very satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included; "The care is very good and reliable" and "Carers are lovely and they have a good relationship with my relative".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and .management support in the agency. Staff comments included; "This is a good agency to work for and I am well supported by my senior", "I got a detailed induction and shadowing was included", "We have staff meetings and we can discuss any matters that concern us" and "Good staff training provided and all my training is up to date".

The HSC staff member who provided feedback about the service commented that the agency was reliable, dependable and that service user's needs were met safely.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and regular staff training.

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.

There was an effective system in place to manage the registrations of care staff with the Northern Ireland Social Care Council (NISCC). Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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, programme which also included shadowing of a more experienced staff member.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on an electronic training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, basic first aid and fire safety.

Staff had been provided with training in relation to medicines management and were required to complete a competency assessment prior to undertaking this task.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

Procedures were established for appraising staff performance and conducting staff supervisions in accordance with policy and procedure. Staff confirmed that appraisals and supervisions had occurred.

3.3.2 Care Delivery and Care Records

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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

The manager reported that a number of service users required a modified diet. The Inspector viewed a sample of these care plans and confirmed that these followed the Speech and Language Therapy (SALT) assessments. Staff training records confirmed that staff had received training in Dysphagia and were aware of action to take in the event of a service user choking.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms Sandra Kerr has been the manager in this agency since 12 July 2022. Staff commented positively about the management team.

The agency maintained a monthly monitoring system for evaluating the quality of the services provided. On examination of a sample of the reports of the agency's quality monitoring it was established that there was engagement with service users, service users' relatives, staff and Health and Social Care (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.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency.

A review of a sample of incident records identified that they were managed appropriately.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern (PSNI).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the Inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

There was a process in place for the management of complaints. Records reviewed and discussion with the manager indicated that no complaints had been made since the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

A range of policies were held electronically and available to direct staff in care delivery and support.

There was a protocol in place for staff to follow where service users were not at home as planned.

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 Ms Sandra Kerr, 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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