

Inspection Report

Name of Service: Jean Todd Close Supported Living Service

Provider: Inspire Wellbeing

Date of Inspection: 10 April 2025

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:	Inspire Wellbeing
Responsible Individual:	Ms Kerry Anthony
Registered Manager:	Mr John Fisher
Service Profile Jean Todd Close is a supported living type domiciliary care agency based in Antrim. The agency provides a range of personal care and supported housing to up to 30 individuals with a learning disability; service users have their care commissioned by the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 10 April 2025, between 10.10 am and 4.50 pm. The inspection was conducted by a care inspector.

The last care inspection of the agency was undertaken on 20 December 2023 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 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 the monitoring of professional registrations and the monthly quality monitoring processes. 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.

It was evident that staff promoted the dignity, independence and well-being of service users.

Service users said that living in Jean Todd Close was a very good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

We would like to thank the manager, service users and staff team for their support and co-operation during 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 we reviewed information held by RQIA about this agency. 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 living or working in agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

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

We spoke to a range of service users and staff to seek their views of living within and working within the agency.

Service users indicated that they enjoyed their experience of living in Jean Todd Close and they also spoke highly of the staff and manager. Service users appeared relaxed in their interactions with staff.

Service users told us that they were able to choose how they spend their day. Service users' comments included: "I really like living here; I get to choose what I do every day.", "Staff are helpful and if I need anything I would be able to talk to them.", and "I feel safe living here and we have lots of parties and go out walking in the park".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke very positively in regard to management support in the agency. One told us that they have no concerns about the care of the service users, that the manager is supportive and approachable.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

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. A review of the agency's 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.

There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). However, the process was not sufficiently robust, as up to date information regarding the staffs' annual renewal date was not always accurately maintained. An area for improvement has been identified.

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 induction programme which also included a two-week period of shadowing of a more experienced staff member.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. 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 infection prevention and control, first aid and moving and handling. It was positive to note that the agency provided training in regard to General Data Protection Regulation (GDPR) and epilepsy awareness.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice; this included going to the cinema, shopping, visiting restaurants, community events such as bingo nights and the special Olympics. It was positive to note that a Newsletter was made available to service users, in a suitable format, highlighting events and celebrations that service users had taken part in.

Service users told us they enjoyed the independence that living in Jean Todd Close affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Service user meetings were held on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them. Some matters discussed included healthy eating, health and safety and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in.

3.3.2 Management of Care Records

Care records were person centred and underpinned by a human rights approach, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate.

Care plans reflected a good understanding of service user's needs, including relevant assessments of service user's communication support and sensory needs. A staff member told us "The care records are very detailed in relation to care and support to ensure they meet service user needs. These records are updated as changes occur."

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLS, the required documentation was in place and was kept under regular review.

Records pertaining to consent were available.

Service users care records were held confidentially.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr John Fisher has been the manager in this agency since 17 July 2015. Those consulted with commented positively about the manager and described him as supportive, empathetic and approachable. It was positive to note that the manager spoke very highly of the staff and this was reciprocated.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. However, the quality monitoring visits which are meant to be undertaken on a monthly basis, were not undertaken consistently. Whilst RQIA acknowledges that a report had been completed for each month, the visits were not undertaken on a monthly basis. An area for improvement has been identified.

The annual quality report was reviewed and noted to include stakeholder feedback.

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

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.

The agency's annual adult safeguarding position report was reviewed and found to be satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. 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.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed. One staff member commented: "The team works well together."

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings which they described in positive terms and found beneficial. A review of a sample of records verified that staff received supervision and an appraisal in keeping with required timeframes.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the agency.

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 Mr John Fisher, Manager, 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 23 (1) Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that monthly quality monitoring visits are undertaken on a monthly basis. Ref: 3.3.4
	Response by Registered Person detailing the actions taken: A schedule for monthly monitoring visits is in place within Inspire. The Registered Person has reminded all those responsible for quality monitoring to undertake and complete visits within the month allocated to ensure regular and timely monitoring. Adherence to the monitoring schedule will be further monitored by the Registered Person.
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 Ref: Standard 12.6 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations. Ref: 3.3.1
	Response by Registered Person detailing the actions taken: The Responsible Person has reviewed the centralised process for monitoring of professional registrations. Errors have been corrected with updated lists provided to services. Registered Managers will continue to review for accuracy monthly and action any gaps or outdated information as its identified.

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