The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Holly House**

**Provider:** **Sense Northern Ireland**

**Date of Inspection:** **24 February 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:** | **Sense Northern Ireland** |
| **Responsible Individual/Responsible Person:** | Mr. Martin Walls |
| **Registered Manager:** | Mr. Mark Curley |
| **Service Profile –**<br>Holly House is a supported living service that provides care and support to service users with sensory impairment and additional complex needs. The service is located in a large, detached two storey house in Dunmurray.<br><br>Service users are supported by 47 staff. The agency office is located in the home of the service users.<br><br>Care is commissioned by several Health and Social Care Trusts. | |

## 2.0 Inspection summary

An unannounced inspection took place on 24 February 2026, between 9.55 am and 2.10 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 areas for improvement identified, by RQIA, during the last care inspection on 24 April 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. 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.

Service users said that the care and support provided by agency was a positive experience. Refer to Section 3.2 for more details.

It was evident 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 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 areas 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 will seek the views of those living, working and visiting 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

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

Service users told us that they liked living in Holly House and that staff supported them well.

Staff told us that 'all was good' and that they were satisfied that the care provided was safe, effective and compassionate. A small number of staff responses to the electronic survey raised some issues that were discussed with management staff for taking forward within the agency.

## 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.

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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

Records of all staff training were retained and were noted to be generally up to date. Service user specific training e.g. Diabetes had also been provided to staff.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

It was positive to note that were clear staffing structures in place within the agency. This supported the manager and service in providing safe and effective care to service users.

One staff member told us 'I think that the staff we have are amazing. Any issues that we have had have been handled well. The service users are very well looked after and I'm very proud of everyone here'.

### 3.3.2 Care delivery

Service users' needs were met through a range of activities. It was reassuring to note that service users were consulted about the activities they preferred, ensuring their views informed and shaped the day-to day activities. The activities records were reviewed on an ongoing basis by the manager.

Staff interactions with service users were observed to be friendly and supportive. Service users told us that they would talk to staff if they were worried about anything. Staff commented on the good relationships between them and the service users.

Spot checks on staff practice were undertaken on a regular basis; this included checks during the day and also the night shifts.

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.

### 3.3.3 Management of 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.

Service users care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

A central register was in place to enable tracking of any DoLS due for review. This register required a small number of updates. The manager offered assurances that these updates would be completed after the inspection.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. Discussion took place with the manager in relation to the establishment of a Safeguarding Log for the service. This will support the manager in identifying any potential shortcomings and highlighting any actions required to achieve improvements in the processes and better outcomes for service users. This will be reviewed at the next inspection.

### 3.3.4 Quality of management systems

There has been no change in the management of the agency since the last inspection. Mr. Mark Curley has been the registered manager in this agency since 9 June 2025.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

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, 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. Discussion took place with the manager regarding the benefits of including a review within the reports of any DoLs in place for service users.

Review of incident records identified that they were managed appropriately. RQIA had been notified of any incidents in line with requirements. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

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 effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

## 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 the 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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