The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Inspire Newhaven**

Provider: **Inspire Wellbeing**

Date of Inspection: **27 February 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:	Inspire Wellbeing
Responsible Individual/Responsible Person:	Ms Kerry Anthony
Registered Manager:	Ms Dorothy Neeson
Service Profile – Inspire Newhaven is a domiciliary care agency that offers domiciliary care and housing support to up to five service users. Service users have their care and support commissioned by the Northern Health and Social Care Trust (NHSCT), the Southern Health and Social Care Trust (SHSCT) and Supporting People.	

2.0 Inspection summary

An unannounced inspection took place on 27 February 2026, between 9.15 am and 3.55 pm. A care Inspector conducted the inspection.

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 12 November 2024; 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.

No areas for improvement were identified during this inspection.

Good practice was identified in relation to service user involvement, care records and mandatory training compliance. There were effective governance and management arrangements in place. It was established that staff treated service users with dignity and respect.

Those spoken with said that living in Inspire Newhaven was a positive experience with good support from staff. Refer to Section 3.2 for more details.

As a result of this inspection the previous areas for improvement, were assessed as having been addressed by the provider. Full details can be found in the main body of this report.

The Inspector would like to thank the person in charge, 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 the previous Quality Improvement Plan (QIP) 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 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 the inspection, we spoke with a number of service users and staff members.

The service users said that they were happy with the care and support provided and that staff were helpful and approachable. Service users' comments included; "I love living here and I have never been more supported in my life", "Staff are the best you will get" and "Staff are always available to help you and you can talk to them about anything".

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; "Care and support plans are very detailed and the service users are involved in the development of them", "I get regular supervision and annual appraisal" and "Service users are supported to lead an independent life".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided. Comments included "I like living here and everyone is really kind and supportive".

The information provided indicated that there were 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 and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

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

An area for improvement identified during the previous inspection related to ensuring inclusion of mental health awareness training as part of the induction process. A review of a recently recruited staff induction record established that mental health awareness training was provided to the staff member during induction. This area for improvement was deemed to have been addressed by the provider.

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 a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including basic life support, fire awareness and medicines management. The agency had also provided training in regard to food safety and Human Rights, which strengthened staff competence in these areas.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

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 in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

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 were supported to access activities of their own choice; this included going shopping, visiting restaurants, baking and attending the cinema.

Staff confirmed that they felt care was safe in this agency. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Staff interactions with service users were observed to be friendly, respectful and supportive.

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.

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. The details of care plans were shared and signed by service users and/or their representatives as appropriate. Staff recorded regular evaluations about the care and support provided, which were used to monitor quality and inform ongoing practice. Care records reviewed were of a very good standard.

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.

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. There was evidence that the agency contributed to the review process by completing a written report prior to the review meeting, detailing any matters regarding the current care plan and important events such as incidents or accidents.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms Dorothy Neeson has been the manager in this agency since 29 March 2023. Those consulted described having open and supportive relationships with the manager.

The agency was visited each month by a representative of the registered provider. A review of the reports of the agency's quality monitoring 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. The reports of these visits were completed in detail.

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

The agency retained records of all accidents/incidents and a review of a sample of these records indicated that they had been managed appropriately.

An area for improvement identified during the previous inspection related to including stakeholders' views in the annual quality report. The annual quality report was reviewed and noted to include stakeholder consultation. This area for improvement was deemed to have been addressed by the provider.

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 annual safeguarding position report had been completed and was found to be satisfactory.

Discussions with the person in charge 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.

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 system in place to record any referrals made to the HSC Trust in relation to adult safeguarding. No such referrals required to be made since the previous inspection.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There was a system in place to ensure that complaints were managed in line with the agency's policy and procedure. Records reviewed and discussion with the person in charge 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.

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.

Discussions with the person in charge 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.

The person in charge confirmed that there was a system in place which enable staff to access service users' accommodation in the event of an emergency.

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 person in charge, as part of the inspection process and can be found in the main body of the report.

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