The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Lisburn Supported Living Service

**Provider:** South Eastern Health & Social Care Trust

**Date of Inspection:** 31 March 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:** | South Eastern HSC Trust |
| **Responsible Person:** | Ms Roisin Coulter |
| **Registered Manager:** | Mr Michael Hutchinson (Acting) |
| **Service Profile –** Lisburn Supported Living Service is a domiciliary care agency (supported living type) which provides personal care and housing support for up to 13 service users to live as independently as possible within the local community. Services are provided at a number of addresses in the greater Lisburn area. The agency works in partnership with the Northern Ireland Housing Executive's Supporting People programme, the South Eastern Health and Social Care Trust (SEHSCT) and with a number of housing associations. | |

## 2.0 Inspection summary

An unannounced follow- up inspection took place on 31 March 2026 between 10.05 am and 3.30pm by a care Inspector.

Serious concerns were identified at the previous inspection of the service undertaken on 21 October 2025. Due to a number of breaches of regulations and standards identified, concerns were raised regarding the effective governance and oversight within the agency. The breaches related to managerial oversight and governance arrangements; staffing arrangements, staff induction and training, management and oversight of accidents/incidents and Adult Safeguarding concerns, complaints management, oversight of staff's NISCC registrations, recruitment practices, storage of records and a lack of effective quality assurance of service provision. Enforcement action resulted from the findings of the inspection.

Following a Serious Concerns meeting held to discuss these shortfalls on 13 November 2025 with representatives of the Responsible Individual and the acting Manager, a robust action plan was submitted after the meeting and RQIA allowed a period of time for the Responsible Individual and the acting Manager to demonstrate that the improvements had been made in a sustained manner. The Responsible Individual was advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

This inspection was undertaken to assess the progress with respect to the areas for improvement identified at the inspection on 21 October 2025 and to ensure the agency was compliant with the regulations and standards. RQIA was satisfied that the required improvements had been demonstrated. The inspection examined the agency's governance and oversight arrangements, recruitment practices, staffing arrangements, induction and training, management and oversight of accidents/incidents and Adult Safeguarding concerns, complaints management, oversight of staff's NISCC registrations and quality assurance of service provision.

There were no new areas for improvement identified as a result of this 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 Lisburn Supported Living Service. 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 Trusts.

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 service users, staff and Health and Social Care (HSC) professionals to seek their views of living, visiting and working within Lisburn Supported Living Service.

Service users whom we spoke with said that they were happy with the care and support provided by staff.

Staff who spoke with the inspector indicated that there had been some positive changes implemented within the service since the last inspection and that they felt that there was more consistent staff and less reliance on agency staff. No concerns were raised by staff in respect of the care and support provided to service users.

Health and Social Care (HSC) professionals who spoke with the Inspector indicated that the service had a high use of agency staff, however, it was acknowledged by one professional that there had been recent efforts to provide regular and consistent staff within Lisburn Supported Living Service which was of benefit to all the service user's and their daily routines. One HSC staff member said that it was evident that the staff who had been working within the service for

a long time did their best for the service users and that they had a genuine and caring approach.

## 3.4 Inspection findings

### 3.4.1 Governance and Oversight Arrangements

There has been a change in the management of the service since the last inspection and the current acting manager arrangements have been in place since 8 December 2025. RQIA will keep this matter under review. It was positive to note that staff who spoke with the inspector said that they felt the manager was approachable, supportive and responsive to any issues raised within the service.

An area for improvement identified at the previous inspection related to competency assessments for senior staff who are left in charge of the service in the absence of the manager. On review of the staffing arrangements for those staff, there was evidence that competency assessments had been completed and these had been signed off by the manager. On this basis the area for improvement was deemed to have been addressed by the provider.

An area for improvement identified during the previous inspection related the quality monitoring arrangements and specifically the strategies used to identify deficits in care delivery and action plans drawn up in response to address these deficits. On review of a sample of the quality monitoring reports, it was positive to note that all identified actions arising from the previous reports had been completed. In addition, a monthly progress tracker had been implemented by the manager with an escalation process to senior management for review and oversight where it was identified that follow up actions were not progressing as expected. On this basis the area for improvement was deemed to have been met.

A review of complaints records and discussion with the manager provided evidence of good oversight arrangements for all complaints arising within the service. The manager confirmed that all staff have completed training in complaints management and use of a new centralised complaints management system for recording complaints received. Although there had been no complaints received since the last inspection relating to the service, the agency had also set up an electronic spreadsheet to track and review the management of any future complaints. The area for improvement relating to complaints management was therefore deemed to have been addressed by the provider.

### 3.4.2 Staffing Arrangements, (recruitment and selection)

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.

During the previous inspection there was evidence of consistent staffing deficits and high reliance on agency and bank staff within the service. Staff had raised concerns regarding the consequential impact of this on service users due to time spent inducting new agency staff into the service. On review of the staff roster and from discussions with both the manager and staff, there was evidence of the use of regular and consistent staff and there was less use of agency

staff. The manager advised that there had been no new agency staff inducted to the service since the last inspection however, additional checks had been drawn up to ensure that any future staff enlisted from agencies have the necessary skills required to work within the agency. Staff said that there had been a positive improvement in terms of staff consistency and that this was of great benefit to the 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. The manager provided evidence that a full employment history and explanation of any gaps were recorded in respect of the most recently recruited staff in compliance with the regulations.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. There was evidence that staff received regular supervision and appraisal and all pertaining records were held in the registered office. The manager advised of plans to contain all records as outlined in Schedule 4 of the regulations electronically. RQIA will review this at a future inspection.

All areas for improvement identified relating to staff recruitment and staff records were assessed as having been addressed by the provider.

### 3.4.3 Staff Training and Induction

An area for improvement identified during the previous inspection related to lack of training records to monitor staff training. A review of the electronic training matrix confirmed it included the training requirements of the agency, staff names, dates, when they had completed requisite training and when it was due to be renewed. Whilst it was evident that some staff required training updates in a few areas of mandatory training, the deficits and reasons for same were discussed with the manager, and it was evident from information provided after the inspection that there were plans in place to action appropriately. There was also a plan to strengthen the governance oversight arrangements of training on a monthly basis. This will be reviewed at the next care inspection. Staff confirmed that they were provided with opportunities to complete training commensurate with their role.

The staff induction records were reviewed and there was evidence of 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. There was a robust, structured induction programme which also included shadowing of a more experienced staff member. It was positive to note that a development day commensurate with the support worker and senior support worker roles had been introduced as part of the service improvement plan for all staff to provide them with the required up to date knowledge, skills and training.

### 3.4.4 Risk Management & Adult Safeguarding

The agency's governance arrangements for the management of accidents/incidents was examined and evidenced that the accidents/incidents tracker document was up to date. It was positive to note that the manager had further developed an electronic record to include graphs to aid in swift identification of any patterns or trends arising within the service. A clear reporting

policy and system was in place. On this basis the previous area for improvement was deemed to have been addressed by the provider. RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. A review of incidents that occurred since the last inspection had been managed appropriately.

Adult safeguarding arrangements were examined and discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the Adult Safeguarding Champion (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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding and this was also recorded on an electronic record which was reviewed regularly by the manager to identify any patterns or trends as well as to monitor the progress with regards to any actions or follow-up required regarding any concerns raised. A review of records confirmed that all safeguarding concerns had been managed appropriately.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

### 3.4.5 Service User Involvement

The agency held meetings with service users on a regular basis which enabled the service users to discuss aspects of the service that impact them such as home improvements and to express their wishes regarding any activities, or planned outings or holidays they would like to participate in. A contemporaneous record was available to review and evidenced that these were appropriately recorded and stored. The service users availed of a variety of activities which included going for walks, shopping, football and attending venues and social clubs of their choice. These activities were planned and reflected the individual choices of the service users.

## 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 Mr Michael Hutchinson, (Acting Manager), as part of the inspection process and can be found in the main body of the report.

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