The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Mallusk Supported Living Service**

Provider: **Inspire Wellbeing**

Date of Inspection: **1 September 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:	Ms Kerry Anthony
Registered Manager:	Mrs Rebecca Burke
Service Profile: Mallusk Supported Living Service is a domiciliary care agency which provides a 24 hour supported living service for adults over 18 years of age who have learning disability needs.	

2.0 Inspection summary

An unannounced inspection took place on 1 September 2026, between 8.25 am and 4.00 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 27 August 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 the service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of the service users and that staff were knowledgeable and well trained to deliver safe and effective care.

The staff team was highly motivated and demonstrated a genuine commitment to achieving positive outcomes for the service users. Staff worked collaboratively, communicated effectively and consistently provided compassionate and respectful support.

As a result of this inspection the areas for improvement previously identified were assessed as having been addressed by the provider. No new areas for improvement were identified during 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 this agency. This included; the previous Quality Improvement Plan 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

The Inspector spoke with staff to seek their views of working within the agency.

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.

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.

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 agency had enhanced their reference request form since the last inspection.

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 and a record of checks retained.

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. The staff team has significantly increased since the previous inspection. 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 a colour coded training matrix. The review of the matrix concluded that staff had received mandatory and other role specific training since the last care inspection, including moving and handling, dysphagia and medicines management. The agency had also provided training in regard to Crisis Prevention Intervention (CPI) Training with some staff attending CPI instructors training, the agency has recently introduced both suicide prevention training and self-harm awareness training that the majority of staff have already attended.

There were records maintained of competency assessments having been completed for staff who are in charge in the absence of the manager. A competency assessment was also undertaken for staff involved in the management and administration of medicines.

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. Staff also reported 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. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

The agency had a system in place to monitor supervision and appraisal compliance. There was evidence that staff received regular supervision. Procedures were in place for appraising staff performance and records reviewed demonstrated that appraisals had taken place.

3.3.2 Care Delivery

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

Discussion with staff confirmed that service users are in control of their day and are supported to choose activities that are meaningful to them. It was positive to note that staff were responsive to the suggestions of the service users regarding the type of activities that they wished to engage in. The service users availed of a variety of activities, which included going to concerts, visiting local cafes, pet care, zoo visits, swimming, Zumba and train journeys.

Staff demonstrated a good understanding of the needs of the service users they supported and were confident in discussing key aspects of the service users' care and support plans. During conversations with the Inspector, staff spoke about the service users in a respectful and dignified manner, focusing upon the individuals' strengths, abilities and achievements. Staff conveyed genuine passion for their roles and a strong commitment to delivering the highest possible standard of care and support. Staff spoke of achievements in relation to integration into the local community, achievements in swimming and also the successful management of recent dental surgery.

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.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

A review of a sample of care records evidenced that plans were in place to direct staff on how to meet the service users' needs. Care records reviewed were found to be person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. Care records evidenced service user involvement in planning their own care, with efforts made to ascertain their preferences around how their support was provided.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty (DoLS), the care records contained details of assessments completed and agreed outcomes developed in conjunction with the Health and Social Care (HSC) Trust representative. A central register was in place to enable tracking of any DoLS due for review.

There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were person centred and detailed.

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

3.3.4 Quality of Management Systems

There has been no change in the manager arrangements for the agency since the last inspection. Mrs Rebecca Burke has been the registered manager in this service since 20 June 2024. Those consulted commented positively about the manager and described her as approachable, reliable and an active listener.

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 reviewed contained comprehensive analysis, with findings evaluated and areas for improvement identified as needed. This provided assurances that robust systems were in place to maintain standards and drive quality improvement.

Discussion with the manager illustrated knowledge and understanding regarding the statutory notification requirements. The agency had a system in place to ensure that all accidents and incidents were managed appropriately. It was also positive to note that these were reviewed as part of the monthly quality monitoring process.

The manager described a transparent learning culture within the agency in which staff are supported and encouraged to engage in reflective practice; the manager stated that this approach allows staff to consider any lessons learnt and review how to improve service delivery. The manager was able to evidence the documentation of concerns raised by staff and the timely actions taken. The agency also records spot checks that are undertaken by senior members of the team.

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.

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.

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. 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 appropriate action had been taken and recorded in relation to complaints.

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.

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 Mrs Rebecca Burke, 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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