

Inspection Report

Name of Service: Inspire House

Provider: Northern HSC Trust

Date of Inspection: 26 September 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:	Northern HSC Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Amanda Matthew
Service Profile Inspire House is a day care setting that is registered to provide care and day time activities for up to 20 people with learning disabilities. The day care setting is open Monday to Friday and is managed by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 26 September 2025, between 10.45 am and 4.25 pm. A care Inspector conducted the inspection.

The inspection was undertaken to evidence how the day care setting 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 31 October 2024; and to determine if the day care setting 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 day care setting, such as monthly quality monitoring and the fire risk assessment.

The manager and staff consistently demonstrated the values of the day care setting and put service users at the heart of everything they did. Staff were clear they worked as a team and for the benefit of everyone who attended the day care setting. Staff provided enthusiastic and individualised support to the service users. There was an open, honest, caring and positive culture across the day care setting and staff demonstrated a high value base.

Good practice was identified in relation to service user involvement and staff training. There were good governance and management arrangements in place. Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

As a result of this inspection the three areas for improvement previously identified were assessed as having been addressed by the provider. 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.

We would like to 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 day care setting 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 day care setting. This included the previous areas for improvement, 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 in and attending the day care setting; and review/examine a sample of records to evidence how the day care setting 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.

Service users spoke very positively about their experience of attending the day care setting; they said they liked attending and staff were respectful and always took time to listen to their views. Discussion with service users confirmed that they were able to choose how they spent their day including the provision of social activities. Service users' comments include; "I like doing chair yoga and going shopping", "I love coming to the centre and everyone is very good to me" and "Home away from home".

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 day care setting. Staff comments included, "Care provided is of a high standard" and "Good training is provided including additional training such as diabetes awareness".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided.

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.

The manager advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and had direct engagement with service users.

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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

A competency and capability assessment had been completed for the staff member who was in charge of the day care setting in the absence of the manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. Discussions with the day care worker confirmed that they were aware of the day care setting regulations and standards which they use to guide practice.

Discussion with staff confirmed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately. Staff stated they felt the training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

Staff training was recorded on a colour coded matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, fire awareness and medicines management. It was positive to note that the day care setting provided training in regard to falls prevention and risk management 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.

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.

3.3.2 Care Delivery

There was a daily meeting 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.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users. Service users confirmed they were asked their opinion regarding what they would like to do in the day care setting and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as arts and crafts, cookery, shopping and educational courses. Observations of service users taking part in activities on the day of inspection found that participation was enthusiastic.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

It was also positive to note that the day care setting had service users' meetings on a daily basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in.

3.3.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences and the level of care and support they may require. Care staff recorded regular evaluations about the delivery of care and support. Care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's 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.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

A number of service users were assessed by a Speech and Language Therapist (SALT) and the documentation in place was satisfactory. A review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Care reviews had been undertaken in keeping with the day care setting's policies and procedures. It was positive to note that an easy read care review format had been developed to support service users to lead their care review.

Records pertaining to consent were available.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Amanda Matthew has been the manager in this day care setting since 21 November 2023; and also manages another registered day care setting. Staff spoke positively about the management team and told us they felt valued, empowered and motivated to make a difference.

The quality monitoring visits, which should be undertaken on a monthly basis, were not undertaken consistently. A quality monitoring visit had not been completed for August 2025. 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.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the day care setting.

The manager and staff confirmed that there was an established pathway for staff to follow in regard to raising any safeguarding concerns. They were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Staff confirmed they had access to a range of policies and procedures, which they used to guide and inform their practice. Staff spoken with also confirmed that the manager would advise them of any updates to the relevant policies and procedures.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since 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 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 manager is helpful, supportive and welcomes discussion".

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.

3.3.5 Quality and Management of the Environment

The environment was observed during a tour of the day care setting and there was evidence of Infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE), which was available for staff. Other IPC measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting was found to be warm, fresh smelling and clean throughout. The day care setting was tastefully decorated and service users' artwork was displayed.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. All staff had completed fire safety training and participated in an annual fire evacuation drill.

An area for improvement pertaining to the previous fire risk assessment, dated 22 January 2024, had been addressed. However, a recommendation outlined in the day care setting's fire risk assessment report of 31 January 2025 had not been addressed. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Amanda Matthew, 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 Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 28 Stated: First time To be completed by: Immediate from the date of 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: Monitoring visits are completed on a monthly basis and agreed up to 12 months in advance. A calendar is held on a shared drive accessible by all monitoring managers, to enable any changes to be actioned accordingly. This will ensure no monitoring visits are missed or left outstanding.
Area for improvement 2 Ref: Regulation 26 (4) (a) Stated: First time To be completed by: On completion of QIP	The registered person shall provide details of the action taken to address the recommendation in the fire risk assessment dated 31 January 2025. Ref: 3.3.5
	Response by registered person detailing the actions taken: PAT testing is completed by an outside contractor. This has been escalated to estates on several occasions and remains outstanding. Clerical officer continues to liaise weekly with estates to highlight that this needs urgently completed and to ensure it remains flagged on the system.



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