

Inspection Report

Name of Service: Rosewood Court

Provider: Inspire Wellbeing

Date of Inspection: 27 May 2025

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1.0 Service information

Organisation/Registered Provider:	Inspire Wellbeing
Responsible Individual:	Ms Kerry Anthony
Registered Manager:	Mr Gerry Stevenson (Acting)
Service Profile – Rosewood Court is a supported living type domiciliary care agency, located within the Lisburn area. The agency offers care and housing support to adults with a learning disability. Staff are available to provide support 24 hours per day and each service user has an identified 'key worker'	

2.0 Inspection summary

An unannounced inspection took place on 27 May 2025, between 8.45 a.m. and 3:00 p.m. This was conducted 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 26 October 2023; and to determine if the agency 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 agency, such as; medication audit findings actions, complaints management, verification and induction of staff from recruitment agencies, recruitment, supervision and appraisals, training, quality monitoring and service user meetings. A number of the areas for improvement identified at inspection have been identified by the manager since commencing their post in January 2025.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Another area for improvement has been stated for a second time. Again. 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.

Rosewood Court uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 living, working, attending 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.

3.2 What people told us about the service and their quality of life

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Staff told us while they loved working in the agency and felt a high level of care and support was provided for the service users, they felt the care could be improved by vacancies being filled with permanent staff, as a high number of staff from recruitment agencies did not provide consistency for service users. One staff member commented that "We all work together to offer the highest level of service to our patients. It is a great place to work - I feel supported and valued".

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. There was evidence of robust systems in place to manage staffing.

A review of the agency's staff recruitment files confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, the files did not evidence full employment histories and reasons for leaving previous care employments. An area for improvement has been identified.

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. However, the review of the verification and induction of staff from recruitment agencies were found to be inconsistent with aspects of the documentation incomplete. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed a structured 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, at least three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The review of the training spreadsheet found to have a number of trainings had expired. A number of the expired trainings had not been identified by the formula used on the spreadsheet. There was no evident action plan for outstanding training. One expired training was later found to have been completed three months prior to the inspection, but the training spreadsheet had not been updated to reflect this. An area for improvement has been identified.

One service user's care and support plan indicated that they were transported regularly by agency staff in their wheelchair accessible vehicle. No evidence was found of training in the safe use of wheelchair lie downs and occupant restraint systems. An area for improvement has been identified and will be stated for a second time.

Procedures were in place for appraising staff performance, however, there was limited evidence of a robust system that recorded planned and actual supervisions had taken place. An area for improvement has been identified.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a system in place to ensure that the activities offered to service users were geared towards their individual needs and preferences. Service users' needs were met through a range of individual activities.

Records reviewed evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

While the agency has held Service user meetings, giving the service users an opportunity to discuss aspects of their care. These meetings are not formalised and were found to occur infrequently. An area for improvement has been identified.

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, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care.

3.3.4 Quality of Management Systems

Mr Gerry Stevenson has been the acting manager in this agency since 13 January 2025, Those staff consulted commented positively about the manager and described him as supportive.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. Although the reports of these visits were completed in detail; feedback from staff was limited to closed questions and the action plans had conflicting timescales with actions not consistently carried forward when not completed. An area for improvement has been identified.

The complaints log for the agency was viewed, this was found to be incomplete and was not maintained. One complaint required further documented evidence of actions taken. An area for improvement has been identified.

Medication audits are undertaken regularly but there was a lack of recording of follow up action taken when an issue was identified. An area for improvement has been identified.

The Annual Quality Report was reviewed and noted to include stakeholder feedback.

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 safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	9*	0

* the total number of areas for improvement includes one that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gerry Stevenson, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (8)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall make suitable arrangements, including training, to ensure domiciliary care workers operate a safe system of working. This includes the operation of any special equipment.</p> <p>This refers to the safe use of wheelchair tie downs and occupant restraint systems (WTORS)</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: The registered person has ensured that all staff have attended appropriate relevant training and this will continue to be routinely provided as was previously for any new staff commencing moving forward.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that all workers have the necessary experience and skills, this relates specifically to the verification and induction of staff from recruitment agencies</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: The registered person has reviewed the local process and ensured that the relevant check list is being used to assure only suitably qualified agency support attend. This is reviewed and signed off by the Registered Manager.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (9)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that a process is established and maintained that ensures staff training is up-to-date and records are accurate.</p> <p>Ref: 3.3.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: The registered person has now implemented a live a training matrix holding detail of all operational staff's training requirements and compliance including an alert to them confirming any training that is due for renewal.</p> <p>The Registered Person shall ensure that supervisions are planned and taken place in accordance with the agency's policy.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered person has put in place a supervision tracking system to provide all the local leadership team who provide staff supervision at Rosewood with due dates etc. This will ensure clarity and capture completion of same centrally to ensure the best support to all the operational team.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 15 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure the agency formalises the frequency of service user meetings.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that all people supported at Rosewood are invited to attend a monthly such meeting in their own homes. This is shared with them all by the support team both in poster and verbal form.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 23</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that the monthly quality monitoring reports include feedback from staff members, consistent timeframes and evidence that all actions had been completed or carried forward.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The registered person reviews the findings of each monthly monitoring outcome report and if any actions are required these are completed and evidenced as part of the local service improvement plan. Any feedback / issue raised by any staff member is reviewed and one to one time arranged with them to discuss and resolve any concern etc. Further the findings of monthly monitoring are disseminated and discussed during monthly team meetings across all teams at Rosewood as an agenda item</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 22</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that the complaints policy and procedure is maintained. This relates to an incomplete complaints log and incomplete documented evidence of actions.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that the local complaints log is now up to date with the inclusion of all relevant information and any required actions have been taken.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 15 (6)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that follow up actions are evident when medication audits identify an issue.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that there now is robust local process that ensures any issues found during medication audits are addressed and completed. This is recorded in service improvement plans at Rosewood that can be viewed by appropriate people to verify same.</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 13 (d) schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to full employment histories and reasons for leaving previous employments</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All candidates that apply to work with Inspire as part of the pre-employment documents candidates are asked to complete a specific dates of employment form. The candidate will include full detail of their entire employment history and reasons for leaving with an explanation of any gaps and this is issued with their Conditional Offer Letter. Additional audit of recruitment file checks has been implemented to ensure compliance.</p>
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