



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Inspire Shiels Court

**Provider:** Inspire Wellbeing

**Date of Inspection:** 23 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Inspire Wellbeing
<b>Responsible Individual:</b>	Ms. Kerry Anthony
<b>Registered Manager:</b>	Mrs. Lesley Ann Beckett
<b>Service Profile:</b> Shields Court is a domiciliary care agency (supported living type) that provides domiciliary care and housing support to up to 12 service users with enduring mental health issues. The service users' care is commissioned by the Northern Health and Social Care Trust (NHSCT) and the Northern Ireland Housing Executive's Supporting People Programme.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 April 2025 between 9.45 and 2.15 pm 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 13 June 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 the recruitment process.

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

Service users said that they were very satisfied with the care and support they received.

As a result of this inspection three areas for improvement, identified at the previous care inspection, were assessed as having been addressed by the provider. One area for improvement was not met and has been stated for the second time. 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.

## **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 or working in Inspire Shiels Court; 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**

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. Service users said that they were very satisfied with the care and support provided by the staff. One service user said that they would like a feelings and thoughts group for the service users; this was relayed to the manager for consideration and action, as appropriate.

## **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, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

There was a system in place to manage recruitment. However, an area for improvement was identified at the last care inspection relating to employment references needing to be relevant; this related to a staff member who had previous care experience, yet the references had been sought from more recent non-healthcare related posts. Review of records during this inspection, similarly identified that the references were not health care related. This is important, given that the staff member had two previous healthcare related posts. The area for improvement previously identified has been stated for the second time.

Additionally, review of recruitment records identified that a full employment history had not been sought and the reasons staff left their previous posts had not been obtained. A new area for improvement has been identified.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date. Service user specific training had also been provided to staff. It was good to note that staff had been provided with training specific to certain aspects of mental health. The manager was advised that should this training not be recurring, then the induction proforma should be updated to include awareness on these areas.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

All staff received regular supervision and appraisals.

### 3.3.2 Care Delivery

There was a daily handover 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. Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

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' needs were met through a range of individual and group activities such as card playing, going to the Men's Shed, day trips and meals at restaurants. Service users were involved in fundraising and it was good to note that they had a say in how the money was spent.

Service users' meetings were held on a regular basis. It was good to note that the matters discussed included their care and support hours, staffing arrangements, environmental issues/chores or any support that may be required with maintenance.

### 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 support plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

The care plans were noted to be very person-centred and reflective of the service users' likes and dislikes. Care reviews were held on an annual basis. Advice was given in relation to developing a proforma for service users to sign that they are in agreement with the contents of the care and support plans.

Service users were encouraged to self-administer their medicines, where appropriate; and this was kept under review.

Records pertaining to consent were available.

Service users care records were held confidentially.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Lesley Ann Beckett has been the manager in this agency since 27 June 2022. It was good to note a comment within the monthly quality monitoring report, where a service user had described an 'open and caring connection with the manager'.

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. The reports of these visits were completed in detail; however, advice was given in relation to ensuring that all areas for improvement included in the RQIA QIP are reviewed every month up to each subsequent inspection.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed as part of the monthly quality monitoring process.

The annual quality report was reviewed and noted to include stakeholder feedback. However, this did not include staff or relatives' feedback. Given that the staff and relatives had recently completed a satisfaction survey and that the annual quality report for the 2024/2025 year was in the process of being completed, this will be reviewed at a future inspection.

Advice was also given in relation to retain records of the Northern Ireland Social Care Council (NISCC) checks, which should be undertaken on a monthly basis.

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. 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.

The annual safeguarding position report had been completed and it was good to note that the manager had appended service specific data to the report.

There was evidence that the agency 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, as necessary.

### 4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	0

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Lesley Ann Beckett, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered persons shall ensure that employment references are sought from healthcare related sources, where staff have had previous experience in care.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Inspire's recruitment Policy and Procedure have been reviewed for compliance with employment legislation alongside the Domiciliary Care Agency Regulations and Standards. The process for collection of information specified in schedule 3 has been reviewed with those undertaking the process. Additional audit of recruitment file checks has been implemented to ensure compliance.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that employment histories are sought from new staff, back to school leaving age; and reasons for leaving all posts must be obtained.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> 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 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>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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