

# Inspection Report

**Name of Service: Inspire Ballymisert Heights**

**Provider: Inspire Wellbeing**

**Date of Inspection: 13 February 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/Responsible Person:</b>	Ms. Kerry Anthony
<b>Registered Manager:</b>	Ms. Kelley Stanfield
<b>Service Profile –</b>	
<p>Ballymisert Heights is a supported living type domiciliary care agency, situated in a residential area of east Belfast. The agency offers domiciliary care and housing support to 21 service users with enduring mental health needs; the registered office is located within the same building as a number of the service users' homes.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 13 February 2025, between 2.10 pm and 5 pm. It was carried out a care inspector and facilitated by the manager.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to 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.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.3.2 for more details.

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

No areas for improvement were identified.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of 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 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living and working within the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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 a range of service users and staff to seek their views of living within and working within Inspire Ballymisert Heights.

Service users described how they loved living in the agency. They told us the staff were really good and supported them to the level required.

Staff expressed that they had no issues or concerns in relation to the agency. They said that they enjoyed their job. One staff member told us they were just back from extended leave and were 'glad to be back'.

The information provided indicated that they had no concerns in relation to the service.

## 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 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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) 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 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. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

Staff were provided with training appropriate to the requirements of their role. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as alcohol misuse, medicines management and dysphagia.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations. It was positive to note that these staff were also provided with regular supervision from senior staff within the agency.

Staff meetings were facilitated on a regular basis. A record of matters discussed was retained.

### **3.3.2. Care Delivery**

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Service users highlighted that they enjoyed the communal meals that were organised several times a week within the agency.

It was good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included how to make a complaint, staffing and activities.

It was also positive to note that, in keeping with the ethos of supported living, service users' individual medication was stored in their flats.

### **3.3.3. Management of Care Records**

Care and support plans were in place for service users and included any advice or recommendations made by other healthcare professionals.

Care and support plans were kept under regular review and services users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred. One comment made by a family member at a service user's recent review was noted – 'since xxxx moved in here, there has been a massive improvement'. There was evidence that staff supported service users to achieve goals identified at their reviews.

Service users' care records were held confidentially.

The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

### 3.3.4. Quality of Management Systems

Ms. Kelley Stanfield has been registered manager of Inspire Ballymisert Heights since 12 March 2020.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and 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 Annual Quality Report was reviewed and was satisfactory.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

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.

All staff had completed the necessary competencies to be in charge of the agency in the absence of the manager.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

#### **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 the manager as part of the inspection process and can be found in the main body of the report.



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