



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: **Abbotts Court**

Provider: **Northern HSC Trust**

Date of Inspection: **9 June 2025**

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

1.0 Service information

Organisation:	Northern HSC Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Mrs Anne McCormick
<p>Service Profile: Abbots Court Supported Living Scheme is a domiciliary care agency supported living type which provides services for up to 13 tenants living in their own homes within the Northern Health and Social Care Trust (NHSCT) area. Tenants require care and support for a range of needs relating to their learning disabilities.</p> <p>This organisation also provides outreach to a number of individuals living in the community. RQIA does not regulate these elements of support.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2025, between 9.10 am and 1.45 pm by a care Inspector.

The last care inspection of the agency was undertaken on 10 July 2023 by a care Inspector. No areas for improvement were identified. This 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 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 the recruitment processes.

Service users said that the care and support provided by Abbots Court was a good experience.

Full details, including 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 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/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 told us that they were happy living in Abbots Court. They said that they were supported to make their own choices about how they wanted to spend their day; and all the service users said that they liked the staff. One service user knew that the staff got to know what they liked because the service user had a document called 'All About Me' which the staff could read. Service users described living in their 'own space' and getting 'peace for sleep'.

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 no evidence of any dissatisfaction in relation to the staffing levels.

The recruitment records were reviewed. It was identified that some staff currently employed within the agency had transferred internally by means of an Expression of Interest without enhanced AccessNI checks having been completed.

There was discussion with the person in charge about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff.

RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this, and will keep this matter under review.

However, review of the recruitment records also identified that the recruitment process had not required the staff member to provide a full employment history, in keeping with the regulations. RQIA would expect employment histories to be recorded back to school leaving age.

Additionally, there was no Declaration of Physical and Mental Fitness signed by the manager. This would ordinarily be signed by the manager, when they are in receipt of the staff member's Occupational Health Assessment. It was explained that this is only completed when staff members are first employed by the Trust. Given that the staff member had been working for the Trust for a significant number of years, Abbots Court was their first employment in a registered service. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed a structured orientation and 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.

Procedures were in place for appraising staff performance and all staff received regular supervision.

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. The daily handover was also used to assist staff in relation to planned appointments/activities for the day.

Service users' needs were met through a range of individual and group activities such as art classes, flower arranging, discos, football and attending Mencap events. One service user represented Northern Ireland in a pool competition.

Service users were encouraged to celebrate each other's birthdays and to also celebrate seasonal events as a group. There was evidence that they were involved in making choices regarding how they wanted their home to be decorated and it was good to note that two service users had attended the service user forum.

One service user was supported to attend an Andre Rieu concert and there was also evidence that they were involved in planning their own holidays. Plans were in place for the service users to attend the Learning Disability Pride parade; and exercise classes with Fitness Freddy had also been arranged.

It was good to note that the service users were encouraged to take ownership of certain aspects of their living arrangements. Service users took turns carrying out safety checks on the care and also fire checks within their own living spaces. They were also supported to attend numeracy and literacy classes. This is good practice.

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.

Whilst staff recorded regular evaluations about the care and support provided, the care plans were not sufficiently detailed and they had not been updated in relation to any changes in the service users' needs or when incidents occurred. However, RQIA acknowledges that the Trust has recently implanted a new electronic records management system and that the staff were still in the process of transferring information onto the new system. RQIA will review the care plans at a future inspection, in anticipation of improvements in this area.

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. There were no service users experiencing a deprivation of liberty; and there were no restrictive practices being used.

3.3.4 Quality of Management Systems

Acting management arrangements have been in place since 16 January 2025.

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/day care setting. The reports of these visits were completed in detail.

Complaints and incidents were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

The Statement of Purpose was reviewed. Advice was given in relation to including the contact details of the RQIA, the Patient Client Council (PCC) and the Northern Ireland Public Services Ombudsman (NIPSO). This will be reviewed at a future inspection.

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. In the Trust, this person is called the Designated Adult Protection Officer (DAPO). A specific individual was identified as the agency's DAPO. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. It was good to note that there was information on the safeguarding investigation process, which was available in easy read format. Additionally, there was a power point presentation, explaining safeguarding, which was presented to service users. This is good practice and is commended.

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.

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
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that full employment histories are obtained as part of the recruitment process for all staff; and a Declaration of physical and mental fitness is signed by the manager.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: These are completed by the Regional Recruitment and Selection team during their checklist before the candidate commences post, however if it is an internal candidate already working in the Trust they are starting the new employment in they do not request an Occupational health check. As a result and in these cases the manager will put copies of the staff members application form regarding their fitness to work and their declaration of fitness from the recruitment checks via Amicus in their staff file along with a declaration of fitness to work signed by the manager.</p> <p>The manager will also request the new staff member records their full employment history from leaving school if this is not already recorded in their application form.</p>

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



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