

Inspection Report

Name of Service: Down Supported Living Service

Provider: South Eastern Health and Social Care Trust

Date of Inspection: 12 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:	South Eastern HSCT Trust
Responsible Individual:	Ms. Roisin Coulter
Registered Manager:	Mrs. Claire Shaw
Service Profile:	
<p>Down Supported Scheme is a domiciliary care agency, supported living type, located in Downpatrick. The agency's staff provide care and support to a number of service users living in shared accommodation across two sites, which are located in the local community. Service users each have their own individual bedrooms and a number of shared facilities. The service users have a range of complex needs.</p> <p>The agency's aim is to provide care and support to service users; this includes assisting service users with personal care needs, meals, medication, housing support and assistance to access community services with the overall goal of promoting independence and maximizing the quality of life.</p>	

2.0 Inspection summary

An unannounced inspection took place on 12 September 2025, between 09.10 a.m. and 13.30p.m. A care inspector carried out the inspection.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The inspection also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management.

There were no Areas for Improvement identified during this inspection.

The inspector identified good practice in relation to care planning, training and induction. There were good governance and management arrangements in place.

Down Supported Living Service uses the term 'tenants' 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 any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the inspector will seek the views of those living, working and visiting the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The inspector provided information 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

Throughout the inspection the RQIA inspector spoke with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of using, visiting or working in the agency.

Respondents spoken to by the inspector gave generally positive feedback. One service user said 'I'm very happy here and the staff are mostly good. I get on very well with my key worker. She listens to me'. Another said the staff were 'good'. Relatives of service users stated that they were 'happy with the care provided in the agency'. Staff reported that they enjoyed working in the agency.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was completed on 11 July 2023 by a care inspector. The inspector issued a Quality Improvement Plan (QIP). This was approved by the care inspector and was validated during this inspection.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. The inspector discussed these with the manager and confirmed that the manager had managed these appropriately.

The manager was aware that she must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care they received. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency provided staff with training appropriate to the requirements of their role. The manager advised that no current service users required assistance with moving and handling. A review of care records identified that risk assessments and care plans were up to date. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

The agency had undertaken care reviews in keeping with its agency's policies and procedure. All staff, including bank and agency staff, had received training in relation to medicines management. The manager advised that there were no service users who required the administration of oral medication via syringe.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and staff assist only when required to do so. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that one service user was subject to DoLS. A resource folder was available for staff to reference if needed.

The inspector viewed the agency's fire risk assessment and this was found to be within date, with no actions outstanding from the previous assessment.

4.2 What are the systems in place for the promotion of service user involvement?

From reviewing service users' care records on the Epic system, and through discussions with service users, the inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps care and support plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

It was also 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.

The inspector reviewed the annual quality report this and demonstrated evidence of service user consultation.

4.3 What are the systems in place for meeting the Dysphagia needs of service users?

The manager reported that there is one service user on Speech and Language Guidance assessed as requiring Level 7. Assessments are in place and all staff are aware. All staff are trained in Dysphagia.

4.4 What systems are in place for recruitment and are they robust?

The inspector reviewed the agency's staff recruitment records via the trust Amiqus system and 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 held appropriate registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for NISCC registrations to be monitored monthly by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of Post Registration Training and Learning. .

4.5 What arrangements are in place for staff induction and training?

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 formal induction programme of at least three days, which included shadowing of a more experienced staff member. The agency retained records via the Epic system of the staff member's capability and competency in relation to their job role.

The agency has made significant improvements in the provision of training for each member of staff, as well as maintaining a record for each member of staff. This includes induction and professional development activities undertaken. The agency does use agency staff and these staff can avail of specific training such as medication competency, which they cannot obtain through their agency. The inspector reviewed the training matrix maintained by the agency and found the majority of training to be up to date. Long-term sick leave has had an impact on overall training figures.

4.6 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly 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 the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality report reviewed by the inspector and was satisfactory.

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

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. Where the agency had received complaints, the inspector found that the manager had managed these appropriately. Complaints were reviewed as part of the monthly quality monitoring process, as well as by the manager.

The inspector reviewed records of regular staff supervision as well as appraisals, which are carried out annually. Examination of appraisal and supervision records via the Epic system indicated that these were carried out regularly as per the policies and procedures of the agency.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The inspector discussed the findings of the inspection with Mrs. Claire Shaw (Registered Manager) as part of the inspection process. These can be found in the main body of the report.



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