The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Mallusk Supported Living Service**

Provider: **Inspire Wellbeing**

Date of Inspection: **27 August 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:	Inspire Wellbeing
Responsible Individual:	Ms Kerry Anthony
Registered Manager:	Mrs Rebecca Burke
Service Profile: Mallusk Supported Living Service is a domiciliary care agency which provides a 24 hour supported living service for adults over 18 years of age who have learning disability needs.	

2.0 Inspection summary

An unannounced inspection took place on 27 August 2025, between 9.00 am and 3.15 pm by a care Inspector.

RQIA received information from a number of whistle blowers, expressing concerns regarding the staffing arrangements and management of specific care needs.

RQIA decided to undertake an unannounced care inspection which focused on the concerns raised and to follow up on the progress with the previous Quality Improvement Plan (QIP) issued to the agency during the last inspection on 12 January 2025.

Some elements of the concerns raised were substantiated and others were not. As a result, areas for improvement were identified to ensure the effectiveness and oversight of the service, such as reporting concerns, restrictive practice assessments and the availability of up to date Positive Behaviour Support (PBS) plans. Improvements were also required in relation to governance and managerial oversight of areas such as auditing, the staffing roster and the recording of spot checks on staff practice. Concerns were also identified in relation to the quality of one identified service user's environment.

As a result of this inspection three of the five areas for improvement previously identified were assessed as having been addressed by the provider. Two areas for improvement have 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 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 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 and their quality of life

Service users said that the care and support provided by Mallusk Supported Living Service was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One service user's relative provided specific feedback to the Inspector. This was relayed to the manager for review and action as appropriate.

3.3 Inspection findings

3.3.1 Staffing Arrangements

There were good systems in place to manage staffing. Staff interactions with service users were observed to be friendly and supportive. There were enough staff on duty to support service users; however, those consulted commented in relation to inconsistency of staff members. The provider provides updates to RQIA on a regular basis since the last inspection in relation to the efforts made to recruit staff. RQIA is satisfied with the ongoing efforts being made to date in this regard.

Records of all staff training were retained and were noted to be up to date. Advice was given in relation to recording the dates of agency staff training on the training matrix, where they have been working in the agency on an ongoing basis.

All staff received regular supervision, including those supplied by recruitment agencies. It was good to note that this process gave the staff members the opportunity to raise any concerns they may have. No concerns had been raised through this process.

3.3.2 Care Delivery and Record Keeping

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.

Spot checks on staff practice were undertaken on a regular basis; this included checks during the day and also the night shifts. The manager advised that a concern had been identified as part of the spot-checking process. Whilst the manager took immediate action to address the matter, it was concerning that another staff member present at the time, had not intervened or reported the matter. An area for improvement has been identified to ensure that staff report concerns in a timely manner.

Where service users displayed behaviours which may be considered challenging, staff completed a record to identify the trigger that occurred just before the behaviour, a description of the behaviour itself and the consequence or the outcome that followed the behaviour (ABC charts). These records were subject to regular review by the manager.

Where service users require medicine on an as needed basis, there was a system in place where the staff must get authorisation from Team Leader level before this can be given; this is good practice as it reduces the risk of these medicines being given unnecessarily. Review of records identified that staff had managed to deescalate behaviours effectively, without the use of medicine.

A number of service users had Positive Behaviour Support (PBS) plans in place, which had been developed by the relevant HSCT professionals. Review of records identified that the most up to date PBS plans were not in place. An area for improvement has been identified.

There was a procedure in place for the use of restrictive interventions and a register was in place which was reviewed on an annual basis. However, review of records identified that restrictive practice assessments had not been consistently completed for all service users. An area for improvement has been identified. Advice was additionally given in relation to the need for the restrictions to be reviewed on a regular basis.

An area for improvement had been identified at the last care inspection in relation to the need for written daily records to contain meaningful entries. Review of records identified improvements in this regard, however, there were inconsistencies noted in the way in which the entries were saved on the electronic records management system. This was discussed with the manager who agreed to address the matter with staff. Review of records identified that the daily entries made by care staff had not been consistently recorded, to reflect any incident that may have occurred. Whilst there was evidence that ABC charts and incident reports had been completed, an accurate record of the incident/behaviour should have been included in the daily written notes. Whilst there was evidence that staff met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the service users, review of records confirmed that the information handed over was not consistently reflective of the service users' needs. This matter is further discussed in section 3.3.4

There was a system in place to ensure that activities were offered to service users. An area for improvement previously identified in relation to the development of care plans on activities had

been addressed. Review of records identified that activities offered were varied and tailored towards the service users' individual needs and preferences; however, one service user's relative commented that they felt there could be more outings. RQIA is aware that there is ongoing discussions in relation to access to the service users' Motability vechicle. This will be reviewed at a future inspection.

Where service users required assistance in managing their food stocks, the staff assisted by undertaking daily food checks to ensure that the food was always in date and that the fridge was maintaining the optimum temperature to keep the food safe for eating.

3.3.3 Quality and Management of the Environment and Infection Prevention and Control

Observation and discussion with the manager confirmed that care workers assisted service users in maintaining their environment. In addition, there was one domestic staff member who carried out cleaning in each of the bungalows.

With the exception of one bungalow, the service users' environments were clean, tidy, safe, well maintained. There were a number of issues identified in relation to the quality of an identified service user's environment. An area for improvement has been identified.

Additionally, a service user's arm chair which was in the communal area was noted to be in a state of disrepair and could not have been cleaned properly. Whilst the manager advised that the chair was due to be removed, it was concerning that the chair had been in use up to the date of the inspection. Following the inspection it was confirmed to RQIA that the identified piece of equipment had been removed.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Rebecca Burke has been the manager in this agency since 20 June 2024.

Those consulted with generally commented positively about the manager. One service user's relative described the manager as being a 'real asset' and that the difference she brought to the service was 'like night and day'.

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, an area for improvement previously identified by RQIA in relation to the reports had not been addressed. The area for improvement has been stated for the second time.

It was also identified that an area for improvement identified at the last care inspection in relation to the recruitment policy had not been addressed. This has been stated for the second time.

Complaints were managed appropriately and it was good to note that any identified learning had been shared with staff.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. However, there was a need for the audits to include review of the daily notes entries, as referenced in section 3.3.2. An area for improvement has been identified. It was also advised that the alarm response times should also be included in the auditing process.

Review of the staffing roster identified that staff names had not been consistently recorded in full. An area for improvement has been identified.

The manager undertakes spot checks on staff practice and discussed a recent spot check where she identified poor practice however there were no records to reflect previous checks undertaken. An area for improvement has been identified.

There was an on-call system in place to support staff out of hours and at the weekends. Advice was given in relation to retaining records of any contact made via this system.

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

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rebecca Burke, 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	
Area for improvement 1 **Ref:** Regulation 14 (b) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure any concerns staff may have are reported in a timely manner; records of how this has been addressed with staff must be retained for inspection purposes; and where such instances are identified, whereby there is a delay in concerns being reported, a record of the action taken must be retained. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager has reviewed with the team the requirement for immediate reporting of any safeguarding concern. This has been completed through reminders at handovers, supervisions and team meeting. In relation to the event identified in the report. Records of the response are available for inspection. In any future event, records consistent with Inspire's procedure on performance management will be retained.
Area for improvement 2 **Ref:** Regulation 15 (10) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that all service users, as appropriate, have restrictive practice assessments in place and that there is evidence retained of regular review. Ref: 3.3.2
	Response by registered person detailing the actions taken: Restrictive practice assessments in accordance with Inspire's procedure are in place for all people supported by the service. The Registered Manger will ensure the review of assessments is incorporated into individuals reviews alongside care plans to ensure regular review.
Area for improvement 3 **Ref:** Regulation 14 (a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall develop a robust time-bound action plan to address the quality of an identified service users' environment; this should be submitted to RQIA with the returned QIP. Ref: 3.3.3
	Response by registered person detailing the actions taken: See attached.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall further develop and implement the policy on recruitment, to include the measures that are to be taken to mitigate against two factual employment references being received. Ref: 3.3.4
	Response by registered person detailing the actions taken: Inspire will review its reference template to include character and quality of work questions alongside a review of it's recruitment procedure no later than 30/11/25.
Area for improvement 2 **Ref:** Standard 8.11 **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that the monthly quality monitoring reports include analysis of the agency staff usage; and efforts made to recruit and retain staff. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person has updated the Quality Monitoring Report template report to include the capture and review of agency staff usage.
Area for improvement 3 **Ref:** Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that up to date/interim Positive Behaviour Support (PBS) plans developed by the relevant HSCT professionals are held within the service. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager has reviewed all plans and were needed requested updates from the Trusts PBS services. Updates will be regularly requested on changes and at scheduled reviews.
Area for improvement 4 **Ref:** Standard 8.10 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that an auditing process is developed to include review of daily notes and handover notes to ensure that they are reflective of any incidents that may have occurred; the auditing process should also include a review of alarm response times. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has implemented a process of regular audit of notes and handovers against incident records to verify accuracy. This audit has been incorporated into the services schedule of Local Leadership Team Quality Checks. Records are maintained for monitoring and inspection.

Area for improvement 5 **Ref:** Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that the staffing roster accurately reflects the full names of staff. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager updated the rota on 27/08/25.
Area for improvement 6 **Ref:** Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that written records are retained of any spot checks on staff practice. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager will ensure all spot checks completed by the Local Leadership Team are documented, with records maintained for monitoring and inspection.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews