The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Inspire University Street**

Provider: **Inspire Wellbeing**

Date of Inspection: **3 October 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. Celine Vance
Service Profile – Inspire University Street Supported Living Service provides care and housing support to six adults with severe and enduring mental illness. The agency's offices are located in the same building as the service users' accommodation and are accessed from a shared entrance. Services are commissioned by the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2025 between 10.00 am and 1.40 pm. It was carried out 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 19 July 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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. One area for improvement was identified that related to staff recruitment, in particular obtaining a full employment history

Service users said that the care and support provided by the agency was a good experience. Refer to Section 3.2 for more details.

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.

The inspector would like to thank the service users, staff, relatives, professional and the person in charge 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 the previous areas for improvement 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 will seek the views of those living, working and visiting the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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 received feedback from a range of service users, relatives, professionals and staff to seek their views of living within, visiting and working within the agency.

Service users said that they 'loved' living in the agency and commended the support provided by staff.

One relative told us that all the staff 'are so compassionate and caring'. They also commented that 'I am certain that my loved one is still alive because of [staffs'] support, dedication and decisive action.

A BHSCT professional described the agency as 'fantastic' and went on to state that the only problem was that 'we need more of these types of services'.

Staff told us about how the service is very person centred and the work is varied.

The information provided indicated that those spoken with 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.

Review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, it was noted that whilst the agency requested applicants to provide a history of employment, it was not evident that the information requested dated back to school leaving age. This has been identified as an area for improvement.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) 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 the 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, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Staff confirmed that they got sufficient training for their roles. Service specific training had also been provided to staff. For example, Drug Awareness, Managing Behaviours that Challenge.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies. All staff received regular supervision.

3.3.2 Care Delivery

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 being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

In relation to the care provided, one staff member told us 'we adapt our approaches to provide the best tailored support to walk alongside and empower service users on their individual recovery journey'.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

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. Some matters discussed included utilities, activities and staffing.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team (MDT) and these interventions were proactive, timely and appropriate. A compliment regarding the agency from a local MDT member was noted; 'staff are very supportive, accepting, non-judgemental, interested and compassionate'.

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.

Service users care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided.

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.

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. The annual safeguarding position report had been completed.

There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly. Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs. Celine Vance has been the manager in this agency since 21 June 2022. Staff told us that they felt very supported by senior staff within the agency.

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, and 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.

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

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

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

4.0 Quality Improvement Plan/Areas for Improvement

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

	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 and an Assistant Director 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	
Area for improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of inspection	The Registered Person shall ensure that no domiciliary care worker is supplied by the agency unless— (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to the need to obtain a full employment history back to school leaving age Ref: 3.3.1
	Response by registered person detailing the actions taken: As of 21/10/25, Inspire's Recruitment Procedure was amended for employment history to be obtained from the person's 18th birthday.

The Regulation and Quality Improvement Authority

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