The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Rossmore Supported Living Service**

Provider: **Inspire Wellbeing**

Date of Inspection: **Rossmore Supported Living Service**

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:	Miss Deborah Ann Gower – not registered
Service Profile: Rossmore Supported Living Service is a domiciliary care agency of a supported living type which provides care and support to adults with a learning disability. Staff are available to support tenants 24 hours per day. The agency's office is located in another of the organisation's registered facilities situated adjacent to the service users' homes.	

2.0 Inspection summary

An unannounced inspection took place on 3 March 2025, between 9.45 am and 2 pm 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 24 August 2023; 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 recruitment practices, the service user guide, the annual quality report and the system for ensuring service users receive any new medicines in a timely manner. RQIA also identified concerns regarding the use of an office that is located within one of the bungalows where service users live. Following the inspection, RQIA met with representatives of the Provider and were satisfied with the assurance provided, that this matter will be addressed within an identified timeframe. This matter will be reviewed at a future inspection.

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

As a result of this inspection the one area for improvement identified at the last inspection was assessed as having been addressed by the provider.

Full details, including new 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 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 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.

3.2 What people told us about the service and their quality of life

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 the staff are good and that they are supported to be independent. Service users told us that they enjoyed having tea and coffee with the staff. One respondent stated that that wished there were more staff. Relatives told us that they felt that the service users were 'very well looked after' and that if anything happened, they would always be informed; they told us that the staff were 'very polite' and that they could ring or text the staff at any time and would always receive a call back from them.

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.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were generally completed and verified before staff members commenced employment and had direct engagement with service users; however, it

was identified that there was one staff member who had transferred from another of Inspire's registered services, without having had the AccessNI check undertaken specifically for Rossmore Supported Living Service. An area for improvement has been identified.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date.

There were good systems in place to manage staffing. There were enough staff on duty to help the service users. Staff said they felt well supported in their role and that they were satisfied with the staffing levels.

3.3.2 Care Delivery

Communication between staff was noted to be good. There was evidence of regular staff meetings, where important information about the service users was shared, especially any changes to their care needs, that staff needed to know to assist them in their roles.

Where a service user was at risk of falling or where they had difficulties swallowing their food and drinks, measures to reduce this risk were put in place.

Staff supported service users with employment opportunities. Service users were supported to have weekends away, such as going to the Slieve Donard hotel and a trip to London. Staff also supported service users to be aware of internet scamming safety.

3.3.2 Management of Care Records

Service users' needs were assessed when they moved to the service and when their needs changed thereafter. There was evidence that staff had completed risk management and minimisation plans to reduce any identified risks.

The care plans were person centred and were underpinned by a Human Rights approach. Advice was given in relation to the Reach Standards for Supported Living Services, which promote a more empowering approach to care delivery.

Staff recorded monthly evaluations (summaries) of the service users care and support plans.

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. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

At times some service users may have items removed from them that could be considered restrictive or they may be required to live in in a specific place that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. Advice was given regarding the need for the manager to note the dates of reviews on the restrictive practice register.

There was a good focus within the care records on consent. For example, service users consent was sought in relation to who had access to their care records and if they agreed to have their photographs taken and used in social media campaigns. Service users were also asked to consent to whether or not they agreed with staff holding a key to the service users' homes.

3.3.3 Quality of Management Systems

There has been a temporary change in the management of the agency since the last inspection. Miss Deborah Ann Gower has been the acting manager in this agency since 15 April 2024 and she is also the acting manager of a registered residential care home, which is based on the same site as the supported living service. Those consulted with commented positively about the manager.

There was a staff office located within one of the bungalows, which had been operating as an office, from which care was being coordinated. This office had also been used for staff meetings/breaks and for the collation of completed care records, before they were returned to the registered office. RQIA deems this practice to be inappropriate, given the location of the office is in a service users home. Following the inspection, RQIA met with representatives of the Provider and were satisfied with the assurance provided, that this matter will be addressed within an identified timeframe. This matter will be reviewed at a future inspection.

Review of incidents identified that whilst the majority of incidents had been managed appropriately, there was one incident which involved a delay in a service user starting on an antibiotic; this was due to staff not following up on this, when the medicine had not been delivered to the service from the pharmacy. This was discussed with the manager and an area for improvement has been identified to ensure that processes are reviewed and implemented to reduce the risk of recurrence.

Review of the Service User Guide identified that the Complaints Section required to have an appropriate telephone number included, other than the telephone number of the Team Leaders. An area for improvement has been identified to ensure that service users and/or relatives are able to contact someone within the management team, should concerns arise. An area for improvement has been identified.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. 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.

Review of complaints records identified that they had been managed appropriately. Advice was given in relation to ensuring that the organisation's policy is followed in relation to recording indirect complaints within the agency's complaints processes.

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. The organisation had an identified person as the appointed ASC for the agency, who completed an Annual Safeguarding Position report every year.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Advice was given in relation to appending service specific data to the annual position report.

The annual quality report was viewed. It was noted that the report did not include the views of staff members. An area for improvement has been identified.

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	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Deborah Ann Gower, 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 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that enhanced criminal records checks (AccessNI) are undertaken on all staff, regardless of whether not they are/have moved from another Inspire post Ref: 3.3.1 **Response by registered person detailing the actions taken:** The Registered Person will ensure the organisations procedure on vetting and recruitment with particular reference to internal transfers is reviewed no later than 31/05/25.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 7.14 **Stated:** First time **To be completed by:**	The Registered Person shall ensure that a system is developed and implemented to ensure timely follow up on the delivery of service users' medicines, particularly in the event of there being a delay in the medicine being delivered to the agency. Ref: 3.3.3

Immediate from the date of the inspection	**Response by registered person detailing the actions taken:** The Registered Person will ensure the organisations procedure on vetting and recruitment with particular reference to internal transfers is reviewed no later than 31/05/25. The Registered Person will ensure the organisations procedure on vetting and recruitment with particular reference to internal transfers is reviewed no later than 31/05/25. The Registered Person will ensure the organisations procedure on vetting and recruitment with particular reference to internal transfers is reviewed no later than 31/05/25. The Resigtered Manager has reviewed and communicated the process to the service's Leadership Team. They have also introduced monitoring checks on the re-ordering and delivery of medication.
Area for improvement 2 **Ref:** Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that service users and/or their relatives are provided with an alternate telephone number, other than the Team Leaders mobile number, should they wish to raise any concerns; this should be included in the Statement of Purpose, the Service User Guide; and any Complaints information. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager has provided an alternative telephone number and updated the Statement of Purpose, Service User Guide and Complaints information on the 24/03/25.
Area for improvement 3 **Ref:** Standard 8.12 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the annual quality report includes staff' views. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person will be issuing an anyoymised questionaire to all staff the findings of same will be included in the service's annual report.

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

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