The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Inspire Fountainville Avenue 24 Hour Supported Housing**

Provider: **Inspire Wellbeing**

Date of Inspection: **23 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:	Inspire Wellbeing
Responsible Individual/Responsible Person:	Ms Kerry Anthony
Registered Manager:	Mr Raymond Elliott
Service Profile – Inspire Fountainville Avenue 24 Hour Supported Housing is a supported living type domiciliary care agency which provides domiciliary care and housing support to adults who have a range of health needs. The agency's offices are located adjacent to the service users accommodation and are accessed from a separate entrance. This organisation also provides community support to service users who live in the community. RQIA does not regulate these elements of support.	

2.0 Inspection summary

An unannounced inspection took place on 23 September 2025, between 9.30 am and 3.30 pm by two care Inspectors.

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 reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement and restrictive practices.

One area for improvement identified related to staff recruitment in particular obtaining a full employment history and the completion of enhanced criminal record checks (AccessNI).

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to safe and effective selection and recruitment of staff.

An intention to serve one Failure to Comply (FTC) notice meeting was arranged with the Responsible Individual on 16 October 2025. The FTC notice was in respect of identified breaches under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, namely Regulation 13 (d) relating to the Fitness of domiciliary care workers supplied by an agency.

This meeting was attended by the Responsible Individual; Registered Manager; and Director of Quality and Governance for Inspire Fountainville Avenue 24 Hour Supported Housing. Prior to the meeting, RQIA were provided with an action plan and some assurances in relation to the concern identified.

At the meeting, assurances were provided by the agency of the actions taken since the inspection and those they plan to take to ensure the improvements in relation to recruitment practices. On the basis of this information, the decision was made not to serve the FTC Notice in respect of Regulation 13 (d) Schedule 3.

RQIA will continue to monitor and review the quality of service provided in Inspire Fountainville Avenue 24 Hour Supported Housing. It should be noted that continued noncompliance may lead to further enforcement action.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place in relation the oversight of training compliance, professional body registration and the management of safeguarding concerns. The manager had good knowledge of the service users and staff confirmed they were well supported by the manager.

Inspire Fountainville Avenue 24 Hour Supported Housing uses the term 'people who we support' 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 the 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 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 staff survey.

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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

A number of staff and visiting professionals responded to the electronic survey and requests for feedback. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. The visiting professionals described the staff as "approachable, compassionate, and responsive to individual needs, which creates a safe and positive environment" and that "communication was good".

Service users stated that staff were respectful and supportive.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

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

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, staff and HSC Trust representatives. The reports included details of a review of a sample of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. There was evidence of a system to ensure oversight of complaints; this included a review of complaints during the monthly quality monitoring visits. The Complaints Policy, dated August 2025, required updating to include contact details for the Trust's Complaints Department and details of the Patient Client Council (PCC). The manager agreed to revise this policy, this document will be reviewed at the next care inspection.

There was a selection of policies available to direct staff in care delivery and support planning based on individual risk assessments. Staff confirmed they had access to policies.

The service has an operational policy, procedure or protocol that clearly direct staff from the agency as to what actions they should take if they are unable to gain access to a service user's home. This policy includes information on how to manage and report such situations in a timely manner. The missing person policy did not include a title, version history or date it was last reviewed. This matter was brought to the attention of the manager who agreed it would be updated. This policy will be reviewed at the next inspection.

There was evidence of team meetings following which information was cascaded to staff unable to attend. The manager confirmed staff were provided with updates on policies and additional training requirements. Staff stated they could add to the meeting agenda if there were items they wished to discuss.

3.3.2 Staffing (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 meets the needs of service users.

A review of the agency's care staff recruitment records confirmed that pre-employment checks were generally completed and verified before staff members commenced employment and had direct engagement with service users. 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.

It was further evidenced during discussion with the manager and receipt of information provided after the inspection that an Enhanced AccessNI check had not been undertaken for a staff member in a non-caring role, however had unsupervised contact with service users. The manager promptly took action to ensure an Enhanced AccessNI was completed and the matter was escalated to the organisations senior management team. RQIA received immediate assurances from the Responsible Individual in relation to the concerns raised.

An intention to serve a Failure to Comply Notice Meeting was held on 16 October 2025. The Responsible Individual was able to provide assurances that steps have been taken to prevent recurrence. On that basis, a decision was made not to issue the Failure to Comply Notice. An area for improvement has been identified in relation to recruitment.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the 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. There was a robust, structured, three-day 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.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff said they get an opportunity to discuss the post-registration training requirements during supervision and appraisal meetings.

Records of all staff training were available and there were mechanisms in place to support oversight of the training matrix to ensure compliance. One member of staff supporting service users with medication had not completed face-to-face medication training since joining the organisation. It was evident the staff member had completed online training only and

administration of medication competency assessments had been completed. The manager confirmed they would not be involved in supporting service users with their medications until the face-to-face training had been completed.

There were good systems in place to manage staffing. A staff rota was available, the manager was advised to identify a shift lead for those periods when the manager was not onsite. There were no volunteers deployed within the agency.

3.3.3 Care delivery and Care Records

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans were noted to be very person-centred and contained details about their likes and dislikes and the level of support they may require. Care and support plans were kept under regular review. The manager advised the organisation has developed a document that the service user and/or their representative will sign to confirm they have participated in the development of their care records, which will be uploaded to the electronic system. Progress in relation to the implementation of the use of this document will be reviewed at the next inspection.

It was also good to note that the agency had service users' meetings, which enabled the service users to discuss the provisions of their care.

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 and these interventions were proactive, timely and appropriate.

3.3.4 Safeguarding

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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 and the process for reporting concerns in normal business hours and out of hours. 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. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

3.3.5 Deprivation of Liberty Safeguards (DoLs)

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 are helped to do so when needed. 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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that no service users were subject to DoLS.

4.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Raymond Elliott, 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 inspection.	The registered person shall ensure that all pre-employment checks are completed on all staff prior to having any direct contact with service users. This relates specifically to the need to obtain a full employment history back to school leaving age and the completion of enhanced criminal record checks for all staff with unsupervised access to service users. Ref: 3.3.2
	Response by registered person detailing the actions taken: Following additional engagement with the RQIA post inspection and the clarification it provided, Inspire has made changes to it's recruitment processes. A review with the recruitment team has been undertaken to ensure appropriate levels of AccessNI checks are being completed and that employment history is sought to the age of 18. Registered Managers are being provided with additional information through Manager's recruitment checklists to ensure they are able to verify satisfactory recruitment prior to start dates being provided. The matter will be subject to further review through quality monitoring.

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