The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Peter's Hill**

Provider: **Inspire Disability Services**

Date of Inspection: **7 April 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Inspire Wellbeing
Responsible Individual:	Ms Kerry Anthony
Registered Manager:	Mr Conor Mullin
Service Profile: Peter's Hill is a domiciliary care agency (supported living type). The supported living service has been developed in partnership with the Belfast Health and Social Care Trust (BHSCT), the South Eastern Health and Social Care Trust (SEHSCT), Choice Housing Association and the Northern Ireland Housing Executive's Supporting People Programme. The supported living service is provided to up to 13 individuals who have learning disability or mental health needs and some with a physical disability.	

2.0 Inspection summary

An unannounced inspection took place on 7 April 2025, between 9.15 am and 1.15 pm by care Inspector.

The last care inspection of agency was undertaken on 18 April 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; 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 the recruitment practices and the monthly quality monitoring processes.

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.

Service users said that the care and support provided by Peter's Hill was an excellent 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. Refer to Section 3.2 for more details.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Peter's Hill 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 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 or working in Peter's Hill; 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 said that the care and support provided by Peter's Hill was an excellent 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. Staff told us that they loved working in Peter's Hill and one staff member described working there as 'the best job (they) ever had'. The manager spoke highly of the staff; and the staff spoke highly of the service users and the manager. It was evident that the staff enjoyed their work.

3.3 Inspection findings

3.3.1 Staffing Arrangements (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 each day meets the needs of service users. There was evidence of robust systems in place to manage staffing.

It was noted that there was enough staff in the agency to respond to the needs of the service users in a timely way.

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, review of recruitment records identified that staff who had transferred internally within Inspire Wellbeing did not have an AccessNI check undertaken specifically for Peter's Hill, although they did have a check undertaken for another Inspire Wellbeing service. An area for improvement has been identified.

However, it was good to note that a number of service users had been involved in the staff interview process. This is good practice and is commended.

Newly appointed staff, including those supplied by recruitment agencies, 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. Staff confirmed that got sufficient training for their roles. Service user specific training had also been provided to staff.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

All staff received regular supervision and appraisals.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles. Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users' needs were met through a range of individual and group activities such as pool tournaments, photography competitions, swimming, bowling, bake-offs, arts and crafts and attending a hoedown organised by another Inspire service. Peter's Hill were awarded the Belfast in Bloom award for the great work the staff and service users put in to the development of their garden. Service users were supported to have city breaks, beach holidays and a number of service users went on a Mediteranian cruise. Service users were supported to attend the Belfast Pride parade. Peter's Hill published a newsletter which was full of photographs, showing the different activities the service users enjoyed. Some of these included celebrating the ten-year anniversary of Peter's Hill and the Christmas Bazaar where a wood fire pizza truck provided the food.

Service users' meetings were held on a regular basis. It was good to note that the matters discussed included staffing updates, key worker arrangements, day opportunities, fire safety and security. The meetings were also an opportunity for the staff to discuss with service users how to keep safe in the community and online. The Reach Standards for Supported Living services had been explained to the service users and they were also given examples of the various types of abuse.

It was observed that staff respected service users' privacy by their actions such as knocking on doors before entering and discussing service users' care in a confidential manner.

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 support plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

The care plans were noted to be person-centred and underpinned by a human rights approach.

Sometimes service users had items, such as medicines or monies, removed from them for their safety/protection. These would be considered to be restrictive practices. The restrictive practices were included within the service users' care plans and a restrictive practice register was in place, demonstrating manager oversight of this area.

Records pertaining to consent were available.

Service users care records were held confidentially.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Conor Mullins has been the manager in this agency since 27 June 2022. Those consulted with commented positively about the manager and described him as supportive and approachable. It was good to note that the manager spoke very highly of the staff and this was reciprocated.

The manager had also completed a self-assessment, based on the RQIA's domains of safe, effective, compassionate and well led care. This is commended.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. However, the quality monitoring visits which are meant to be undertaken on a monthly basis, were not undertaken consistently. Whilst RQIA acknowledges that a report had been completed for each month, the visits were not undertaken on a monthly basis. In addition, it was noted that there had been three visits undertaken in July 2024. An area for improvement has been identified.

The annual quality report was reviewed and noted to include stakeholder feedback that was specific to Peter's Hill.

There was a system in place to ensure that all staff were registered with the Northern Ireland Social Care Council (NISCC). It was good to note that the manager checked the registration of staff on a monthly basis, including any staff supplied by recruitment agencies.

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

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency.

The annual safeguarding position report had been completed and it was good to note that the manager had appended service specific data to the report.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Conor Mullin, Registered 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 or not they are/have moved from another Inspire post. Ref: 3.3.3
	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.
Area for improvement 2 **Ref:** Regulation 23 (1) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that monthly quality monitoring visits are undertaken on a monthly basis. Ref: 3.3.4
	Response by registered person detailing the actions taken: A schedule for monthly monitoring visits is in place within Inspire. The Registered Person has reminded all those responsible for quality monitoring to undertake and complete visits within the month allocated to ensure regular and timely monitoring. Adherence to the monitoring schedule will be further monitored by the Registered Person.

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

The Regulation and Quality Improvement Authority

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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