The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Heathers

Provider: Inspire Wellbeing

Date of Inspection: 3 April 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 Person:	Ms Kerry Anthony
Registered Manager:	Mrs Kerri Lowry

Service Profile:

The Heathers is a supported living type domiciliary care agency based in Armagh. The agency provides a range of personal care and supported housing services to up to 21 individuals with a learning disability; service users have their care commissioned by the Southern Health and Social Care Trust (SHSCT) the Belfast Health and Social Care Trust (BHSCT) and Supporting People.

2.0 Inspection summary

An unannounced inspection took place on 3 April 2025, between 9.50 am and 5.10 pm. The inspection was conducted 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 22 September 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, staff training, fitness to practice referrals, the monitoring of professional registrations and the monthly quality monitoring processes.

It was evident that staff promoted the dignity and well-being of service users.

Service users said that living in The Heathers 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.
As a result of this inspection all of the previous areas for improvement were 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.

The Heathers uses the term 'tenants' 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.

We would like to thank the manager, service users and staff team for their support and co-operation during 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 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 or working in 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

Service users indicated that they enjoyed their experience of living in The Heathers and they also spoke highly of the staff and manager. Service users appeared relaxed in their interactions with staff.

Service users told us that they were able to choose how they spend their day. Service users' comments included "I like living here", "I am going out to Fit for You this afternoon", "Staff help me manage my budget" and "I feel safe here".

Returned service users' questionnaires indicated that the respondents were very satisfied with the care and support provided.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that they have no concerns about the care of the service users, that the manager is supportive and approachable.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

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

Review of recruitment records identified that a reference had not been obtained from the applicant's most recent employer. An area for improvement has been identified.

There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). However, the process was not sufficiently robust, as up to date information regarding the staffs' annual renewal date was not always accurately maintained. An area for improvement has been identified.

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 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 a two-week period of shadowing of a more experienced staff member.

Discussion with the manager identified a significant delay in completing two Fitness to Practice Referrals to NISCC. An area for improvement has been identified.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid, principles of good record keeping and moving and handling. However, a small number of staff required medicines management and/or food safety training or refresher training. An area for improvement has been identified.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

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.

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 are supported to access activities of their own choice; this included going to the gym, the cinema, shopping trips and visits to local coffee shops and restaurants.

Service users told us they enjoyed the independence that living in The Heathers affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be respectful, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Service user meetings were held on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them. Some matters discussed included activities and outings, fire safety and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in.

3.3.3 Management of Care Records

Care records were person centred and underpinned by a human rights approach, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

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. Mrs Kerri Lowry has been the manager in this agency since 12 May 2022. Those consulted with commented positively about the manager and described her as supportive and approachable. It was positive to note that the manager spoke very highly of the staff and this was reciprocated.

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.

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. An area for improvement has been identified.

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

Incidents were managed appropriately and it was positive 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 safeguarding champion was known to the staff team.

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with staff identified they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this agency.

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

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	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kerri Lowry, 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 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless – (a) he is of integrity and good character; (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3 This refers specifically to obtaining a reference from the applicant's current or most recent employer. Ref: 3.3.1
	Response by Registered Person detailing the actions taken: Inspire's recruitment policy and procedure have been reviewed for compliance with employment legislation alongside The Domiciliary Care Agency Regulations and Standards. The process for collection of information specified in schedule 3 has been reviewed with those undertaking the process. Additional audit of recruitment file checks has been implemented to ensure compliance.
Area for improvement 2 **Ref:** Regulation 16 (3) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that NISCC Fitness to Practice Referrals are completed in a timely manner. A robust system should be implemented to manage Fitness to Practice Referrals. Ref: 3.3.1
	Response by Registered Person detailing the actions taken: Inspire's internal procedure for referrals to NISCC has been reviewed. Additional members of the HR team are authorised to make referrals with an additional check and record made of all referrals.

Area for improvement 3 **Ref:** Regulation 16 (1) (a) **Stated:** First time	The Registered Person shall ensure that staff complete medicines management and/or food safety training or refresher training, as appropriate. Ref: 3.3.1
To be completed by: Immediate from the date of the inspection	**Response by Registered Person detailing the actions taken**: The Registered Manager holds a matrix of all training requirements and compliance for all staff, staff are sent reminders via their allocated rota, email, verbal and in team meetings. This is scruitnized routinely by the Registered Manager and their local management team to ensure compliance. Inspire's Organisational Development Team are further developing a live training matrix and compliance report to improve the process further. Training compliance will be further monitored through the Registered Managers supervison and monthly quality monitoring.
Area for improvement 4 **Ref:** Regulation 23 (1) **Stated:** First time	The Registered Person shall ensure that monthly quality monitoring visits are undertaken on a monthly basis. Ref: 3.3.4
To be completed by: Immediate from the date of the inspection	**Response by Registered Person detailing the actions taken**: The Responsible Person has reviewed the centralised process for monitoring of quality monitoring. Errors have been corrected with updated lists provided to services. Registered Managers will continue to review for accuracy monthly and action any gaps or outdated information as its identified. Those with the responsibility for completion of monitoring have been reminded of the requirement to complete monitoring within the scheduled timeframe.
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 12.6 **Stated:** First time	The Registered Person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations. Ref: 3.3.1
To be completed by: Immediate from the date of the inspection	**Response by Registered Person detailing the actions taken:** The Registered Manager holds a central matrix for all current staff at the Heathers listing individual NISCC registration number and renewal date etc. The Registered Manager routinely checks this, and the responsibility for renewal is discussed with individual staff in one to one supervisions etc to ensure all staff comply with same. NISCC registrations will be further checked at monthly monitoring.

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