

Inspection Report

Name of Service: House 10

Provider: Inspire Wellbeing

Date of Inspection: 18 November 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:	Miss. Ruth Curran
Service Profile – House 10 is a domiciliary care agency, supported living type. The agency provides care and support to a number of service users who have a range of health needs. The service users reside in a house located in Bangor; the agency office and a dedicated space used by the Trust occupational therapist is located in the home of a number of the service users. Agency staff are available to support service users 24 hours per day.	

2.0 Inspection summary

An unannounced inspection took place on 18 November 2025, from 9.00 am and 3.00 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 area for improvement identified, by RQIA, during the last care inspection on 30 September 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

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.

As a result of this inspection, the previous area for improvement was assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 staff had good knowledge of the service users and confirmed they were well supported by the manager.

House 10 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 previous Quality Improvement Plan issued; 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 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 stated the staff were “very supportive and open with all communication” and that incidents were reported appropriately. They indicated the agency worked collaboratively with the Trust and attended meetings relating to the service.

Service users and their representatives were satisfied with the care and support they received. They stated that staff were “brilliant”. They indicated staff were supportive and treated them with respect.

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 required updating to include contact details for the Trust's Complaints Department and details of the Patient Client Council (PCC). The manager confirmed this policy has been updated following the inspection. 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.

There was evidence of team meetings following which information was cascaded to staff unable to attend. The person in charge 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 completed and verified before staff members commenced employment and had direct engagement with service users.

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.

There were good systems in place to manage staffing. 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.

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.

Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

Staff were observed to be prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Activities for service users were provided which involved both group and one to one activities. There is dedicated space within the service users' home, which is utilised by the Trust occupational therapist (OT). This room enables service users to engage in one to one work with the OT.

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 person in charge 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.

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. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service users care records.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge and Miss Ruth Curran, Manager, as part of the inspection process and can be found in the main body of the report.



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