The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Inspire Moylena Court**

Provider: Inspire **Inspire Wellbeing**

Date of Inspection: **30 October 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:	Mrs Sarah Taggart

Service Profile

Inspire Moylena Court is a supported living type domiciliary care agency based in Antrim. The agency provides support to up to 20 service users; the service users live on two separate sites. Service users have their care and support commissioned by the Northern Health and Social Care Trust (NHSCT) and Supporting People.

2.0 Inspection summary

An unannounced inspection took place on 30 October 2025, between 10.15 am and 4.35 pm. A care Inspector conducted the inspection.

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 7 March 2025; 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 in relation to monthly quality monitoring.

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

As a result of this inspection four of the seven areas for improvement previously identified were assessed as having been addressed by the provider. Three areas for improvement have been stated for a second time, which included the management of complaints, recruitment practices and a written protocol in relation to the management of a suspected overdose.

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

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 areas for improvement 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 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

We spoke to service users, a relative and staff to seek their views of the agency.

The service users indicated that they enjoyed their experience of living in Inspire Moylena Court and they spoke highly of the staff and manager.

The service users told us that they were able to choose how they spend their day. Service users' comments included; "I love living here and the staff are very good to me.", "Staff support me emotionally and every other way." and "I am treated with respect and care".

A relative who spoke with the Inspector said they were very satisfied with the care and support provided to their loved one. Some comments received included; "My sister is very well supported here." and "Staff treat my sister with respect and are kind to her".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "High standard of care and

support.", "I got a good induction and had several shadowing shifts." and "Care records are detailed and updated as needed".

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 and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

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 two recruitment records identified that the reasons staff left previous employments were not ascertained as part of the recruitment process. This was previously identified as an area for improvement and has been stated for a second time.

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 and a record of checks retained. 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, programme which also included shadowing of a more experienced staff member.

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. Staff were provided with training appropriate to the requirements of their role which was recorded on a colour coded matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, fire awareness and medicines management. It was positive to note that the agency provided training in regard to mental health awareness and personality disorder.

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.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

It was identified, at the previous inspection, that there was a need for a written protocol to be developed to support staff of what actions to take where there is a suspected overdose of prescription or non-prescription medication. Discussion with the manager confirmed that a protocol had not been developed. This area for improvement has been stated for a second time.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

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 arts and crafts, shopping, visiting restaurants and art exhibitions.

The service users told us they enjoyed the independence that living in Inspire Moylena Court affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be polite, genuine, 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.

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

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

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.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Staff recorded regular evaluations about the care and support provided.

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

Records pertaining to consent were available.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Sarah Taggart has been the manager in this agency since 14 November 2019. Those consulted with commented positively about the manager and described her as supportive and approachable.

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.

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 annual safeguarding position report had been completed.

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. 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. Adult safeguarding matters were reviewed as part of the quality monitoring process.

Review of complaints records and discussion with the manager confirmed a complaint had been received following the previous inspection. Records pertaining to the complaint were not retained within the agency. The manager advised that the complaint was sent to Inspire's Head Office. This was previously identified as an area for improvement and has been stated for a second time.

Discussions 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.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns

or suggestions made would be listened to and addressed. One staff member commented: “The manager is supportive and encourages open discussions”.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

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	3*	1*

* the total number of areas for improvement includes three that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sarah Taggart, 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:** Second time	The registered person shall ensure that the reasons for leaving previous employments are sought as part of the recruitment process. 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 person reviewed the organisations application and specific dates of emplyment form. Reasons for leaving are now captured on these documents, verified by HR and the Registered Manager prior to any new staff member commencing employment. The Registered Manager will ensure moving forward that no staff commence employment without confirmation of their reasons for leaving all previous employment roles.

Area for improvement 2 **Ref:** Regulation 22 (8) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all records pertaining to complaints are retained within the registered office and retained centrally; this includes any complaints about the service that have been received by Inspire's Head Office. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has updated their local complaint records, to include all live complaints.
Area for improvement 3 **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: The registered person has reviewed the requirement for timely completion of reports with those completing quality monitoring.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that a written protocol is developed to support staff of what actions to take where there is a suspected overdose of prescription or non-prescription medication. Ref: 3.3.1
	Response by registered person detailing the actions taken: Inspire's medication proceudre will be updated to include guidance on repsonse to overdose no later than the 1st Feb 2026. This will complement existing guidance given in medication, medication competency assessment, alongside first aid training.

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