The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Rossmore Supported Living Service**

Provider: **Inspire Wellbeing**

Date of Inspection: **30 January 2026**

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 Lynsey Murray
Service Profile: Rossmore Supported Living Service is a domiciliary care agency of a supported living type which provides care and support to adults with a learning disability. Staff are available to support tenants 24 hours per day. The agency's office is located in another of the organisation's registered facilities situated adjacent to the service users' homes.	

2.0 Inspection summary

An unannounced inspection took place on 30 January 2026, between 10.15 am and 2 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 areas for improvement identified, by RQIA, during the last care inspection on 3 March 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Rossmore Supported Living Service was a good experience.

As a result of this inspection all of the previous areas for improvement were 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.

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 working for or being supported by the 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they liked the staff. They said that the staff ask them what they like and they 'have a chat about it'. Service users spoken with were relaxed and described the choices they were afforded in relation to how they spend their days.

Staff told us that they had no concerns to raise about the care and support provided or the welfare of the service users.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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 were sufficient staff employed to meet the needs of the service users.

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

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. Advice was given in relation to the need for an induction to be developed, specific to the team leader role. This advice was welcomed by the manager who agreed to raise this with the relevant personnel within Inspire.

Records of all staff training were retained and were noted to be up to date. 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.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

3.3.2 Care Delivery and care records

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care needs 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.

Service users' meetings were held on a regular basis and it was evident that they were consulted with in relation to the activities they preferred to be supported with.

Service users' needs were assessed when they moved to the service and when their needs changed thereafter. There was evidence that staff had completed Risk Management and Minimisation Plans to reduce any identified risks.

The support plans were person centred and reflected the needs of the service users; advice was given in relation to increasing the frequency of evaluations undertaken.

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. There were no service users being deprived of their liberty during the inspection.

At times some service users may have items removed from them for their own safety, such as medicines or monies; this could be considered as restrictive practice. There were systems were in place to safeguard service users and to manage this aspect of care and there was evidence that the restrictive practice register was reviewed on a six monthly basis. The manager was advised to increase the frequency with which the restrictive practice register was reviewed, to ensure that any efforts made to reduce restrictions are made in a timely manner.

There was a good focus within the care records on consent. For example, service users consent was sought in relation to who had access to their care records and if they agreed to have their photographs taken and used in social media campaigns. Service users were also asked to consent to whether or not they agreed with staff holding a key to the service users' homes.

Reviews of service users' needs were undertaken on an annual basis with Trust' representatives.

3.3.3 Quality of Management Systems

Mrs Lynsey Murray has been the manager in this agency since 14 November 2019 and she is also the manager of a registered residential care home, which is based on the same site as the supported living service.

It was good to note that areas for improvement previously identified in relation to the medicines delivery process; and in relation to the Service User Guide had been addressed.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

There was a process in place to ensure that complaints were managed in keeping with the regulations; no complaints had been received since the last inspection.

Checks were undertaken on a regular basis to ensure that all staff were appropriately registered with the Northern Ireland Social Care Council.

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. The organisation had an identified person as the appointed ASC for the agency, who completed an Annual Safeguarding Position report every year.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was good to note that the annual quality report included the views of staff members. An area for improvement previously identified in this regard had been addressed.

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 Mrs Lynsey Murray, Manager, as part of the inspection process and can be found in the main body of the report.

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