The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ravara Court Supported Living Service

Provider: South Eastern Health and Social Care Trust (SEHSCT)

Date of Inspection: 30 September 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:	South Eastern Health and Social Care Trust (SEHSCT)
Responsible Individual	Ms Roisin Coulter
Registered Manager:	Mrs Ashley Collins
Service Profile: Ravara Court Supported Living Service, is a domiciliary care agency, supported living type located in Bangor. The agency's aim is to provide care and support to meet the individual assessed needs of service users some of whom have a diagnosis of dementia. The agency's office is located in the same building as the service users' apartments. Staff are available to support service users 24 hours per day.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2025, between 10.00 am and 4.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 21 June 2023 by a care Inspector; no areas for improvement were identified. This inspection was undertaken to evidence how the agency was 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 was 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 was good.

One area for improvement was identified during this inspection in relation to the training of staff.

We would like to thank the manager, service users and the 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting 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 and their quality of life

Throughout the inspection the RQIA inspector spoke with service users, their relatives and staff to obtain their opinions on the quality of the care and support, their experiences of using, visiting or working in the agency.

Those spoken with by the inspector gave positive feedback. One service user said 'I love it here'. Another said that the manager and the staff were 'good'. Relatives of service users stated that the staff were 'excellent and are helping mummy settle. If any concerns they have tried to sort them out'.

Observations of staff interactions with service users was noted to be person centred, respectful and caring. We observed a number of service users being supported to participate in a group activity in a shared lounge. Staff were responsive to the needs of individual service users.

Staff told us that they were satisfied that the care and support was safe, effective, compassionate. Staff spoke positively in relation to care delivery in the agency. Staff stated that service users were well looked after. Staff indicated that they were supported by the manager.

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 of staff on duty each day meets the assessed needs of service users. The manager advised that staffing structures were currently being reviewed within the agency.

It was identified that a number of key areas relating to staff recruitment, induction and training are reviewed on a fortnightly basis as part of the agency's accountability meeting process.

There was evidence that required pre-employment checks, including AccessNI checks had been completed prior to any new staff commencing employment and having 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; however, it was identified that competency assessments had not been completed for those staff required to be in charge in the absence of the manager. An area for improvement has been identified.

There was evidence that checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). The manager monitors professional registrations on a monthly basis, and a record of checks completed is retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered.

The agency has maintained a record for each member of staff of all training undertaken. Records viewed indicted that staff had completed the majority of required training. A number of staff were due to complete an update in regards to Fire Safety; this was booked to be completed within two weeks of the inspection. The manager monitors training compliance levels on a monthly basis.

There were processes in place for appraising staff performance and all staff received regular supervision. Staff said that they felt well supported in their role by the manager.

It was identified that there are no volunteers supporting within the agency.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift; this 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. The manager described the challenges in getting staff to attend meetings when not on shift.

There was a system in place to ensure that service users were support to participate in a number of group activities organised by staff. Staff described how they considered the individual needs, wishes and ability of service users when planning group activities. Observations of service users taking part in activities on the day of inspection found that participation was enthusiastic and that staff encouraged and supported service users to be actively involved.

Where service users required medicine, there was a system in place, which ensured that each service user was supported in this task, to be as independent as possible.

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

It was positive to note that the Service User Meetings are facilitated on a quarterly basis. Some matters discussed included activities and personal safety.

3.3.3 Management of Care Records

Care records were retained electronically and were noted to be person centred, well maintained, and regularly reviewed and updated to ensure they reflected the needs of the service users. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their care and the details of care plans were shared with their relatives, if this was appropriate

Care plans reflected a good understanding of service user's needs, including relevant assessments of service user's communication support and sensory needs.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ashley Collins has been the manager of the agency since 2 June 2023. Those consulted with commented positively about the manager and described her as supportive and approachable.

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, relatives, staff and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service users' care records; accident/incidents; complaints; staffing arrangements including recruitment and training, and the environment. The reports also included an action plan.

The agency's governance arrangements for the management of accidents/incidents were reviewed. It was noted that there was a robust incident/accident reporting policy and system in place. Staff are required to record any incidents and accidents on an electronic database, which is then reviewed and audited by the manager and the Trust's governance department. A review of a sample of incident records evidenced these were managed appropriately.

Discussions with the manager and staff established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

The manager advised that a small number of referrals had been made since the last inspection in regards to safeguarding. Records viewed indicated that they had been managed appropriately. Safeguarding matters are reviewed as part of the agency's accountability meeting and quality monitoring processes.

Discussion with the manager evidenced that a small number of complaints had been received since the previous inspection; records viewed indicated that they had been managed appropriately. There was a system in place for recording information in relation to complaints received, the investigation and any actions taken. The manager advised that they had completed training in regards to investigation of complaints.

Staff demonstrated an awareness of their role and responsibilities and knew when and who to discuss concerns with.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

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/or the quality of services provided by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ashley Collins, 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 Minimum Standards

Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure that staff are trained for their roles and responsibilities. This relates specifically to competency assessments being completed for those staff required to be in charge in the absence of the manager. Ref: 3.3.1
	Response by registered person detailing the actions taken: • The service operates with a registered manager in place Monday to Friday. There is a visible escalation process on site for all staff to be guided by when urgent decisions are required, in the absence of the registered manager or senior support worker. This protocol has been in place across the three supported living facilities since 2015. • Staff guidance has been revised and shared with all staff to provide a process for all support workers in the absence of a manager. • All staff are assessed as competent during induction for their job role, skills and knowledge as required, to effectively and safely complete the tasks referred to in their job description and all staff are aware of their requirement to escalate concerns in the absence of a registered manager or senior support worker. • The service recognises that an enhanced management structure to include additional senior support worker (B5) is required to further strengthen on site leadership, governance oversight and day to day decision making. This has been formalised in a business case and has been reported at directorate governance forums. In the meantime, the service is managed with an operational process in place when a manager is off duty. • Current management structure and onsite hours as below: • Senior support worker Monday – Thursday 745am – 4pm • Registered Manager Monday – Friday 9am-5pm.

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