The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Kirkliston Supported Living**

Provider: **Belfast Health and Social Care Trust**

Date of Inspection: **5 December 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Belfast Health and Social Care Trust (BHSCT)
Responsible Individual:	Ms. Jennifer Welsh
Registered Manager:	Mrs. Victoria Dornan

Service Profile:

Kirkliston Supported Living is a domiciliary care agency, supported living type, based in Belfast. The service will provide care and support to one individual service user who is living with a Learning Disability within the community. BHSCT own the dwelling in which the service will be provided and will commission the support.

2.0 Inspection summary

An announced pre-registration inspection took place on 5 December between 8.45 a.m. and 12.30 p.m. A care Inspector carried out the inspection.

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 Inspector also reviewed the systems for reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management.

Kirkliston Supported Living Service will use the term 'person who we support' to describe the individual 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.

The inspection sought to assess an application submitted to RQIA for the registration of Kirkliston Supported Living as a domiciliary care agency, supported living type.

The Inspector did not identify any Areas for Improvement during this inspection.

The Inspector identified good practice in relation to policies and procedures, documentation and staff training. There were also good governance and management arrangements in place.

The Inspector confirmed that, from a care perspective, Kirkliston Supported Living was appropriately prepared for registration with RQIA.

The Inspector presented the findings of the inspection to Mrs. Victoria Dornan (Manager), Mrs. Aileen Moore (Deputy Manager) and Mr. Peter McGowan (Assistant Service Manager) at the conclusion of the inspection.

3.0 The inspection

3.1 How we inspect

The Inspector had the opportunity to review the Statement of Purpose and Service User Guide for the agency prior to the inspection, and confirmed that these met regulations and standards.

3.2 Are there operational management systems and arrangements in place that support and promote the delivery of quality care services?

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the vision states that, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support agencies provide to service users to assist them to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how agencies respect and empower service users who have a learning disability to lead a full and healthy life in the community. The inspector confirmed that the ethos of the agency matched these values.

The Inspector reviewed the agency's proposed complaints policy and procedure and confirmed that these were in accordance with regulations and standards. The agency had developed a system for the recording of complaints, compliments and comments.

The Inspector discussed the agency's arrangements for the safeguarding of the service user and confirmed that the agency's Adult Safeguarding policy reflects the 2015 regional policy 'Adult Safeguarding Prevention and Protection in Partnership'. The agency has also developed a child protection policy and the agency provides staff with training in both adult safeguarding and child protection.

Both the manager and deputy manager have completed safeguarding training in order to act as Adult Safeguarding Champions (ASC).

Discussions with the manager established that she was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

The Inspector discussed the proposed arrangements for quality assurance of the agency's services with the manager. These included the ongoing review of the quality of services provided by the agency via the monthly monitoring process and the annual quality review.

The Inspector confirmed that the proposed monthly monitoring arrangements complied with regulations and standards. These included engagement with the service user and family, staff and Health and Social Care (HSC) professionals. The report will also include a review of care

records via the Epic system, accidents/incidents, safeguarding matters, staff recruitment and training as well as staffing arrangements.

3.3 Are there robust systems in place for the recruitment, training and development of staff?

The Inspector examined the agency's policy and procedure for the recruitment of staff, and discussed this with the manager during the inspection. While the agency had not yet recruited the full staff complement required for the service, the manager confirmed that there was a pre-existing complement of agency staff, who were currently providing in-reach support to the service user in their current placement. These staff would move with the service user to the supported living service in the short term until recruitment was complete.

The Inspector reviewed the recruitment process and confirmed the existence of a robust procedure that is completed through the recruitment shared services process. All pre-employment checks, including criminal record checks (AccessNI), were completed and verified before the staff member commences employment and has direct contact with service users. The manager demonstrated in-depth knowledge with regard to the pre-employment checks.

The Inspector discussed the requirement for all staff to be registered with the Northern Ireland Social Care Council (NISCC), and the manager was knowledgeable in this regard. The agency has a system in place to monitor the registration status of all staff on a monthly basis.

The Inspector examined the arrangements for staff training and induction. The Inspector confirmed that a training and development plan is in place, which highlights both mandatory training and more specialised training based on the needs of the service user. The manager has set up a training matrix for the recording of all training. Agency staff receive training specific to their role in the agency and their current role with the service user.

The Inspector confirmed that all newly appointed staff would complete a structured orientation and induction programme, having regard to NISCC's Induction standards for new workers in social care. This is to ensure that staff are competent to carry out their duties in line with the policies and procedures of the agency. The induction programme and associated documentation reflects the proposed delivery of a structured orientation and induction programme for newly appointed staff.

The Inspector examined the arrangements for staff supervision and appraisal and confirmed that these met regulations and standards. Supervision with be quarterly and appraisal annually. The Inspector viewed the agency's templates for both processes.

3.4 What are the systems in place for ensuring the needs of the service user are met?

The Inspector reviewed the proposed care plan via the Epic system. The agency has completed a draft care plan in conjunction with the service user's existing care team. This is a multi-disciplinary care plan reflecting the complex care needs required by the service user. The manager confirmed that the care plan would be updated on the admission of the service user. The manager confirmed that the service user requires a modified diet and that all staff will receive training in Dysphagia.

4.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Victoria Dornan (Manager), Mrs. Aileen Moore (Deputy Manager) and Mr. Peter McGowan (Assistant Service Manager) at the conclusion of the inspection as part of the inspection process. These are found in the main body of the report.

The Regulation and Quality Improvement Authority

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