The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Armagh Supported Living Service

Provider: Southern Health and Social Care Trust

Date of Inspection: 16 April 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:	Southern Health and Social Care Trust (SHSCT)
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mrs Rebecca Lee
Service Profile: Armagh Supported Living Service is a domiciliary care agency which provides care and support to a maximum of 25 service users living in their own homes within the Southern Health and Social Care (SHSCT) area, currently located across three sites.	

2.0 Inspection summary

An unannounced inspection was undertaken 16 April 2026, between 10 am and 4.50 pm by a care Inspector.

The inspection was undertaken to evidence how the service 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 2 April 2025; and to determine if service 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/day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

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

As a result of this inspection the one area for improvement previously identified was assessed as having been addressed by the provider. No new areas for improvement were identified during this inspection.

Armagh Supported Living Service uses the term tenants 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 Armagh Supported Living Service 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 information held by RQIA about this service was reviewed. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, their representatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those being supported by and working for the agency; and examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

Information was provided to service users, their representatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires, an electronic survey and via telephone or email.

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.

One service user who attended the office during the course of the inspection spoke positively about the care and support they receive from Armagh Supported Living Service staff. They advised about their current objective to reduce niticone usage and explained a system, developed with support from staff, to assist them in achieving this. Their ability to access a safe specifically assigned to them and their ease of updating documentation which was cosigned by staff illustrated the level of control and autonomy they have over their own support arrangements. It was also positive to observe their engagement and interactions with the registered manager and assistant manager, which appeared relaxed and comfortable.

One service user kindly provided opportunity for the inspector to view their home and showed them around the property for which they share with a co-tenant. They explained that they were happy with their home. The service user explained that they have discussed possible decorating of shared areas with staff. Their room was personalised, containing family photographs and items of importance displayed on a shelf. The service user told us that they were happy within their home and felt staff were undertstanding and responsive to their needs.

Discussions occurred with the registered manager regarding arrangements relating to planned works by landlords as well as support provided to service users who share accommodation to

complete redecorating of shared areas. An issue identified with respects to a fire door within the property viewed was highlighted to the attention of the registered manager to address.

A further two service users were consulted at another property. It was reassuring to hear directly from service users that they were aware of the complaints procedures, although they emphasised their satisfaction with the standard of care and support provided to them. It was also positive to hear from one service user that they were aware of the function of RQIA and that they could contact should they have any concerns regarding the service provided by Armagh Supported Living Service.

Service users spoken with told us that the atmosphere within the service was homely and that all service users were supportive of one another. One service user expressed awareness as to funding challenges experienced within the sector however felt that the service model should be replicated to offer others what they felt was excellent support.

The service users consulted expressed contentment with the locality of the service advising that it offered great accessibility to the local town centre permitting independent engagement in activities. Staff were described as friendly and approachable, keeping service users well informed as to events organised by the service as well as those for which they could participate in within the local community.

Feedback from staff in relation to the leadership of the service was positive. Staff felt that there was effective teamwork, with staff advising that they felt able to seek support and guidance from colleagues as needed.

Discussions with staff illustrated that they knew the individual service users, focusing upon strengths held. Staff described outcomes achieved by service users, as well as ongoing efforts being made to support service users in attaining personal goals. From discussions with staff it was apparent that they were commited to service users, advocating to ensure the rights of service users were upheld.

It was positive to observe that staff made service users aware as to the presence of the inspector within their home and offered choice if they wished to speak with the inspector prior to making introductions.

Staff demonstrated knowledge of incident management and safeguarding procedures. Staff expressed confidence in their ability to respond appropriately to accidents, incidents or safeguarding concerns to assure the safety of those involved and minimising risk of further harm.

Staff commented positively on their experience of induction to the service and the training provided. Staff advised that they were given opportunities to enhance their knowledge and skills and felt their professional development was supported and invested in by the organisation.

Some concerns were expressed in relation to staffing challenges experienced within the service. Staff explained, due to staffing shortages, senior staff were not always on shift at weekends and therefore were not available to be consulted.

Staff however did confirm awareness of the on-call system for which advice, guidance and support could be obtained from a senior member of staff as required. Staff concerns were

shared with the registered manager, who agreed to take appropriate action to address staff concerns.

Mixed feedback was received from professionals. While professionals reported satisfaction with the standard of care and support provided to service users, concerns were expressed regarding communication. Feedback received was discussed with the registered manager who agreed to review current practices to ensure efficiency in communications sent to HSC Trust representatives.

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 was evidence of robust systems in place to manage staffing.

The service stated that they were actively recruiting for vacant positions, for those appointed dates were yet to be confirmed to commence employment. Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. There was also evidence of Enhanced AccessNI checks having been undertaken subsequent to previous inspection findings. The previously stated area for improvement regarding the recruitment processes was assessed as having been addressed.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (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. Written records were retained by the agency of the person's capability and competency in relation to their job role. The induction programme also included shadowing of a more experienced staff member.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

An area of good practice was identified with the service having organised additional and bespoke training sessions for staff relating to personality disorders. Furthermore, educational sessions were also offered to the staff team facilitated by community occupational health.

There was evidence that staff had completed medication training and had their competency formally reviewed on an annual basis to ensure staff were knowledgable and capable of safely managing and administering medicines.

In speaking with staff they confirmed receipt of regular supervision. There was a robust system in place to track supervision compliance, with rationale evident if scheduled supervision did not occur as planned. There was also evidence that all staff had received an appraisal.

3.3.2 Care Delivery

There was a handover template completed for each shift, which included information about any changes to the service users' care or support, that the staff needed to assist them in their roles. Discussion occurred with the registered manager as to how this could be improved upon to ensure clear accountability of persons responsible for making an entry. The registered manager agreed to review the template being utilised and make appropriate changes. This will be reviewed at a future inspection.

In relation to activities offered it was positive to find evidence that group activities organised by the service had been devised with the involvement of service users. The service were found to facilitate monthly service user meetings during which service users were encouraged to advise staff as to what activities, trips and events that they would like support in organising. For example the service had recently hosted a coffee morning at the request of service users.

There was evidence that one to one activities were directed by individual service users. Where required there was evidence of staff supporting in completion of domestic tasks, weekly shops, attendance at appointments as well as supporting participation in activities of choice. In speaking with service users it was good to hear that they felt well informed as to opportunities available to them within the local community, with some able to engage independent of staff support.

An area of good practice was also identified with service users involvement promoted in the development of promotional materials. All service users were offered the opportunity to share their experiences of the service, some participated with their review of the service featured in a service specific leaflet.

Staff interactions with service users were observed to be friendly and supportive. From observations it was apparent that rapport had been established between service users and the staff supporting them. As per feedback recorded in section 3.2 of this report, service users spoke positively about staff.

3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Service users' needs were assessed when they were first referred to the service 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.

Review of records identified that service users consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf. Service users were also consulted and consent sought regarding the service retaining an additional key to their property to enable access in emergency situations.

There was also evidence that consent was sought prior to inclusion of photographs being utilised in relation to service user plans and/or promotional materials.

Care records reviewed were found to be person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. Records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users 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.

An area of good practice was identified in respects to service user plans evidencing elements of Advanced Care Planning. It was apparent that staff had taken time with service users to enable reflection upon their personal preferences and what matters most to them as individuals. Plans were in place which detailed service users wishes regarding future care and medical treatment and desired arrangements in the event of their death.

An issue was however identified with practice detailed within a service users records which involved entry into the service users' home to conduct physical checks occurring during the night. Concerns were shared regarding the necessity of such measures, as it appeared disportionate to the level of current assessed risks. The registered manager agreed to request a multidisciplinary review and seek to revise this element of the service users plans. Confirmation that this had occurred was received following the inspection.

There was evidence that service users had assessments completed to ascertain the level of support required in relation to management of medications. Where high level support saw it necessary for medications to be locked away and administered by staff this was reflected within the restrictive practice register maintained by the service.

Review of the restrictive practice register found information missing relating to restrictions applied pertaining to the financial affairs of two service users. This was highlighted to the registered manager who took immediate action to address this. Direction was given to the registered manager to review current service practice and ensure compliance with the Regional Policy on the use of Resctrive Practices in Health and Social Care Settings. This will be reviewed again at a future inspection.

3.3.4 Quality of Management Systems

There has been no change in the management of the service since the last inspection. Mrs Rebecca Lee has been the manager in this service since 20 May 2022.

There was a system in place for the management of complaints and it was positive to find during service user meetings service users were reminded as to their rights and how to make a complaint.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis. Staff confirmed awareness of procedures to follow and expressed confidence in their ability to appropriately respond in the event of an incident/accident arising.

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. In the Trust, this person is called the Designated Adult Protection Officer (DAPO). 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 reassuring that in discussion with the registered manager they were able to easily advise of outcomes of specific safeguarding investigations.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. An area of good practice was identified with the monitoring officer alternating review of additional aspects of practice each month such as transcribing, infection control and environmental audits. Discussion occurred however in relation to lack of anaylsis of data reviewed, specficially in relation to incidents and accidents. Immediate action was taken in order to address this and ensure necessary improvements were evident in future reports. This will be reviewed at a future inspection.

An area of good practice was observed in relation to the quality of a report produced by the agency which analysed feedback received from service user, service user representatives and stakeholder surveys. It was positive to find subsequent to anaylsis of feedback service specific objectives for the year ahead had been devised.

The annual quality report was not yet completed at the time of the inspection. The registered manager provided assurance that this would be completed. This will be reviewed at a future inspection.

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 Rebecca Lee, Regisgered Manager, as part of the inspection process and can be found in the main body of the report.

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