The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Peter's Hill**

Provider: **Inspire Disability Services**

Date of Inspection: **8 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:	Inspire Wellbeing
Responsible Individual/Responsible Person:	Ms Kerry Anthony
Registered Manager:	Mr Conor Mullin

Service Profile:

Peter's Hill is a domiciliary care agency (supported living type). The supported living service has been developed in partnership with the Belfast Health and Social Care Trust (BHSCT) and the Northern Ireland Housing Executive's Supporting People Programme. The supported living service is provided to up to 13 individuals who have learning disability or mental health needs and some with a physical disability. The service users live in individual flats.

2.0 Inspection summary

An unannounced inspection took place on day month year, between 8.50 am and 12.15 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 7 April 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.

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

Service users said that the care and support provided by Peter's Hill was a positive experience.

As a result of this inspection both areas for improvement previously identified 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 were very happy living in Peter's Hill and that they liked having their own flat and having their 'own independence'. They described the staff as being 'very helpful' and 'great'. They said that they were supported to make their own choices about how they spend their day and they are able to come and go as they please. All the service users said that they could talk to the staff or to the manager, if they have any problems. One comment included 'Conor takes me 'out-out', not every manager does this'.

Staff spoken with said they had no concerns to raise. They described Peter's Hill as being a 'great scheme' and that it is 'well run with great management'. Those spoken with said that all the service users were 'treated well'.

3.3.1 Quality of Management Systems

Mr Conor Mullin has been the registered manager in this agency since 27 June 2022. Staff spoken with described the manager in positive terms; and the manager similarly spoke about the staff and how he felt so 'grateful to have such a good staff team'. A service user described how the manager visited them several times when they were in hospital, even though the manager was on annual leave. This demonstrated the manager's commitment to the service and the service user and is commended.

It was evident that the agency focused on engaging service users in many aspects of the running of the service.

For example, service users spoken with described how they participated in interviewing staff and how this gave them 'a real buzz with excitement'. Service users were also encouraged to contribute to the agenda of their service user meetings.

There were effective systems and processes in place to manage the safeguarding and protection of adults at risk of harm. This included staff training and discussion about safeguarding definitions and scenarios as part of staff meeting and staff supervisions. Safeguarding was also discussed with the service users as part of their meetings, so that they would be able to recognise the different types of abuse.

Agencies 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.

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 for improvement previously identified in this regard had been addressed by the provider. The manager also completed a self-assessment based on the RQIA domains of safe, effective, compassionate and well led care. This is good practice.

The annual quality report was reviewed and noted to include stakeholder feedback.

There was a process in place to manage any complaints. Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends; and RQIA had been notified appropriately of any incidents in line with requirements.

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. It was good to note that the registration status of staff from recruitment agencies were also monitored.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

3.3.2 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.

Consultation with service users established that there were no concerns regarding staffing levels.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have direct engagement with service users.

Since the last inspection, the organisation had updated their recruitment policy to ensure that any staff that would transfer internally within the organisation would have a new AccessNI check undertaken. An area for improvement previously identified in this regard had been addressed by the provider.

Advice was given in relation to adding a specific matter to the recruitment checklist; the manager welcomed this advice and agreed to liaise with the human resource department accordingly.

Newly appointed staff, had completed a structured orientation and induction, to ensure they were competent to carry out the roles and responsibilities of their job.

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, as appropriate. For example, training in Crisis Prevention Intervention (CPI), equality and diversity, epilepsy and autism.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities; these included medicines administration, supporting service users with their finances; and being in charge in the absence of the manager.

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

3.3.3 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 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 staff meeting minutes provided a good level of detail regarding service users' needs, their daily routine wishes and preferences.

Service users' needs were met through a range of individual and group activities. It was reassuring to note that service users were consulted about the activities they preferred, ensuring their views informed and shaped the day-to-day activities. Activities included a Craft Club which was introduced to harness the service users' creativity. The fire Brigade and Police Service of Northern Ireland (PSNI) gave a talk to the service users, to give the service users a sense of security, safety and empowerment. Service users were supported to engage in individual activities, such as joining a local choir, attending a drama class or competing in the Northern Ireland pool competition. Some service users were supported to go to Disney Paris, a premier League football match and also on city breaks.

Staff interactions with service users were observed to be friendly and supportive.

Where a service user was at risk of falling, measures to reduce this risk were put in place.

Service users' needs were assessed when they were first referred to the agency. Following this initial assessment, Risk Management and Minimisation Plans were undertaken to reduce any identified risks.

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

The care and support plans were very person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. The care plans were noted to be underpinned by the human rights FREDA principles and also linked to the REACH standards. Where service users had any medical conditions, the care plans included a list of any potential side effects.

Where service users required assistance with their finances, staff assisted them to adhere to their budget plan.

Review of records identified that the care plans were reflective of the recommendations outlined within the Speech and Language Therapy (SALT) Care Plan.

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 assessments were reviewed on a quarterly basis.

There was a policy in place for the use of restrictive interventions and restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were detailed and up to date.

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.

Service users care records were held confidentially.

Reviews of service users' needs were undertaken on an annual basis with Trust' representatives. The manager retained a record of the dates service user reviews took place; this ensured that all of the service users had a review of their care at least on an annual basis.

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 Conor Mullin, Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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