

Inspection Report

Name of Service: Inspire Ballymisert Heights

Provider: Inspire Wellbeing

Date of Inspection: 12 May 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:	Ms. Kelley Stanfield
Service Profile – Inspire Ballymisert Heights is a supported living type domiciliary care agency, situated in a residential area of east Belfast. The agency offers domiciliary care and housing support to 21 service users with enduring mental health needs; the registered office and a number of the service users' homes are located within the same building.	

2.0 Inspection summary

An unannounced inspection took place on 12 May 2026, between 10.30 am and 2.00 pm. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 13 February 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is 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 is well led.

The inspection established 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. No areas for improvement were identified as a result of this inspection.

Service users said that the care and support provided by the agency was a positive experience.

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.

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 seek the views of those working for or being supported by the agency; and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

3.2 What people told us about the service and their quality of life

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 the agency was 'great', that they enjoyed living there and that staff supported them to make choices.

Staff told us that they were well supported in their role and had no issues with the care and support provided.

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.

Review of the 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 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. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Staff commended the high standard of their induction.

Checks were made to ensure that staff were appropriately registered with NISCC or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements. This included ancillary staff. The training programme also included service user specific training. There was evidence that a small proportion of care staff had not undertaken Mental Health Awareness Training. While this training is not considered mandatory, it offers staff the skills to enhance the quality of care for this group of service users. The manager gave assurances that this training would be completed as soon as possible after the inspection.

There was a staff rota, which was planned in advance, to ensure sufficient staff were available to meet the needs of service users. Where staff members were required to assume responsibilities in the absence of the manager, the agency retained written records of the person's competency and capability in relation to their job role.

There was an on-call system whereby staff could contact senior colleagues outside normal business hours in order to obtain guidance or to escalate concerns, if necessary.

Staff had access at all times to the organisation's electronic policies and procedures available via work mobile phone or at the agency's office.

3.3.2 Care Delivery

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.

Staff were knowledgeable of individual 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. Planned activities included games nights, trip to the cinema and a bi-weekly food group.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included health and safety, activities and how to make a complaint.

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, in line with the commissioning Trust's requirements.

All staff had been provided with training in relation to medicines management to ensure service users were safely and effectively supported with their medications. It was positive to note that the system for managing medications was audited monthly.

3.3.3 Management of Care Records

There were comprehensive care assessments in place, along with identification of any risks and consideration of how these could be best minimised or managed. Care records were found to be person-centred. Service users were consulted about how they wished their support to be provided, and details of the care plan were shared with the service user who signed their agreement that the information held about them was accurate.

The care and support needs of service users were monitored regularly, with any changes reflected within care plans, and any updates were shared with service users.

Service users' care records were held confidentially.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

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

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection.

Ms. Kelley Stanfield has been the registered manager in this agency since 12 March 2020. Staff spoke highly of the support offered by the manager.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There was evidence that not all complaints received by the agency since the last inspection had been reviewed as part of the monthly monitoring arrangements. This matter was discussed with the manager and will be reviewed during the next inspection.

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. A specific individual was identified as the agency's ASC. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

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

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. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The Annual Quality Report was reviewed and was satisfactory.

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



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