

Inspection Report

Name of Service: Abbotts Court Supported Living Scheme

Provider: Northern HSC Trust

Date of Inspection: 5 June 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:	Northern HSC Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Heather Wilson (registration pending)
Service Profile: Abbots Court Supported Living Scheme is a domiciliary care agency supported living type which provides services for up to 13 service users living in their own homes within the Northern Health and Social Care Trust (NHSCT) area. Service users require care and support for a range of needs relating to their learning disabilities. This organisation also provides outreach to a number of individuals living in the community. RQIA does not regulate these elements of support.	

2.0 Inspection summary

An unannounced inspection took place on 6 June 2026, between 9:00 am and 1.30 pm. The inspection was undertaken 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 9 June 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. The previous area for improvement was assessed as having been addressed by the provider and no new areas for improvement were identified in this inspection. Details can be found in the main body of this report.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Abbots Court Supported Living Scheme was a positive experience.

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 information held by RQIA about this agency was reviewed. 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 'as happy as Larry' living there; and they had no concerns to raise. When asked what they liked about living in Abbots Court supported living scheme, comments received included 'I get peace', 'getting out more and going on trips'. All responses indicated that the service users enjoyed living in their own accommodation and that they would speak to the staff if they had any concerns.

Staff spoken with had no concerns to raise about 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.

There was no evidence of any dissatisfaction in relation to the staffing levels.

A review of a sample of recruitment records indicated that pre-employment checks had been completed before staff commenced employment. An area for improvement, previously identified, in relation to applicants recording their full employment histories; and the Declaration of physical and mental fitness of staff had been addressed.

Newly employed staff completed a structured induction at the commencement of their employment which included mandatory training.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures. This included direct observation of staffs' medicine administration, management of finances and of their practice in general.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities. The medicines competency assessment was in the process of being updated.

3.3.2 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. The daily handover was also used to assist staff in relation to planned appointments/activities for the day.

It was good to note that two service users had attended the service user forum, where they had the opportunity to inform the Trust about their views. There was also a 'You Said / We did' process in place. This was displayed on a noticeboard in the communal area. This showed the service users that the staff were acting on their suggestions.

Service users' needs were met through a range of individual and group activities such as going to the Belfast Giants game, cooking classes, gardening and a trip to Liverpool. It was good to note that plans were in place to hold a pool competition; and for service users to go to Todd's Leap; and to go to an Alpaca farm. The person in charge also advised that they were organising World of Owls to attend the service. A walking group had recently been set up and plans were in place to help service users to decorate their door-mats and for them to learn tie-dyeing. Service users were also offered the chance to meet with other service users on a daily basis, so they could converse together or watch movies together.

It was good to note that one service user was being supported to go on a Disney Cruise.

It was good to note that the service users were encouraged to take ownership of certain aspects of their living arrangements. Service users took turns carrying out safety checks on the care and also fire checks within their own accommodation.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. The service users' community named worker completed the support and care plans. Abbots staff then completed support plans, which directed the staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals. The support plans were noted to be very person-centred and Risk Management Frameworks were in place for service users who may not always follow the advice of the healthcare professionals.

A small number of service users were supported to self-administer their own medicines, when assessed as being safe to do so. Advice was given in relation to developing a proforma to assess all service users' abilities in this regard, to ensure that their ability in this regard is reviewed at their annual care review. This will be reviewed at a future inspection.

Service users' care needs were reviewed on an annual basis.

Staff recorded daily written notes which were reflective of the service users' day.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed.

At times some service users may require the use of equipment that could be considered restrictive or they may have restrictions on how they manage their own finances. It was established that safe systems were in place to safeguard service users and to manage this aspect of care. Advice was given, however, in relation to increasing the frequency of the restrictive practice register review.

3.3.4 Quality of Management Systems

There has been a change in the management of the agency since the last inspection.

Mrs Heather Wilson has been the manager in this agency since 11 March 2026 and is in the process of registering with RQIA as manager. The manager also intends to register as manager for a number of other domiciliary care agencies. RQIA will consider this in due course.

Advice was given, however, in relation to the need for the manager to record her presence in the agency, on the staffing roster. This will be reviewed at a future inspection.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

There was a process in place to manage any complaints.

A number of compliments were viewed; and all compliments received were shared with staff.

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. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. It was identified, however, that the Trust' named worker had not been informed of a specific incident. Following the inspection, the manager agreed to address this.

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.

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

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.

There was evidence that the agency 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.

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 Mrs Heather Wilson, Manager, as part of the inspection process and can be found in the main body of the report.



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