

Inspection Report

Name of Service:	Ellis Grove Supported Living Scheme
Provider:	Northern HSC Trust
Date of Inspection:	10 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 Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Heather Wilson (registration pending)
Service Profile: Ellis Grove Supported Living Scheme is a domiciliary care agency, supported living type service, situated in Carrickfergus. The staff provide personal care and housing support for up to 18 service users who are living in individual and shared bungalows, which are owned by a private housing association. The service user group includes individuals who have learning disability and mental health needs. This organisation also provides community outreach, to service users who live in the community. RQIA does not regulate this element of support.	

2.0 Inspection summary

An unannounced inspection took place on 10 June 2026, between 9:00 am and 12:00 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 8 September 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of service users.

Service users said that the care and support provided by Ellis Grove Supported Living Scheme was a positive experience. Refer to Section 3.2 for more details.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. Eight of the previous 11 areas for improvement identified were addressed by the provider. Improvements were required, however, in relation to the care plans, staff training and the management of incidents; these matters were stated for the second time. No new areas for improvement were identified. Full details, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 QIP, 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 spoken with said that they were 'very happy' and that they 'love' living in Ellis Grove Supported Living Scheme and that living there 'has been great'. Service users told us that they either show or tell the staff what they like; that they feel listened to and that the staff got to know them 'as a person'. They said that they are supported to make their own choices about how they spend their day. One respondent said that the staff were there for them when they experienced a bereavement. Another said that the staff support them when they have appointments and that they help them 'not to be anxious'. Service users said that they could speak with the staff if they have any problems. One service user said that they do not like it when their co-tenants bring in other tenants.

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 supervision and training.

There was a process in place to ensure that all appropriate recruitment safety checks had been verified prior to staff commencing in post.

There was a process in place for newly employed staff to complete a structured induction at the commencement of their employment which included mandatory training.

Records of all mandatory training were retained and were noted to be up to date; however, an area for improvement, previously identified, in relation to the need for staff training in record keeping, care planning and incident reporting, had not been fully addressed and has been stated for the second time.

Procedures were in place for appraising staff performance and staff received regular supervision.

3.3.2 Care Delivery and Care Records

The Northern Ireland Single Assessment Tool (NISAT) is a standardised, person-centred assessment framework used by Health and Social Care Trusts to evaluate the health and social care needs of older people. It focuses on identifying an individual's strengths, abilities, and future goals. The staff were provided with the NISAT when they were first referred to the agency. The agency then completed placement risk assessments. Whilst these were not completed in keeping with the agency's policy and procedures, there was sufficient information in the NISAT available to the staff.

Following this initial assessment support plans were developed to direct staff on how to meet service users' needs. Whilst there was evidence of improvements in the support plans, they were not sufficiently detailed. For example, the recommendations of the Speech and Language Therapy (SALT) care plan were not reflected in the service user's care plan. The restrictive practice section of the care plans were not consistently completed. Additionally, it was noted that the care plans were not completed within a timely manner for new service users. An area for improvement previously identified in relation to this was stated for the second time.

At times, service users may display behaviours which may be considered as challenging. In some instances, staff would complete an ABC chart, to identify the Antecedent to the behaviour, the details of the Behaviour and the Consequence of the behaviour. Deficits in the completion of these forms had previously been identified as an area for improvement. Given that on the day of the inspection, there was nobody requiring this documentation, we were satisfied, that the manager was knowledgeable in relation to the need for the ABC forms to be regularly reviewed, to ascertain any measures that could be put in place to prevent recurrence. This will be reviewed at a future inspection.

Service users' meeting were held on a regular basis; and some attended a 'tenants' forum', where their views on shaping the service were listened to. Service users' needs were met through a range of individual and group activities such as karaoke, art classes, singing and choir, armchair aerobics and chair exercises. Some service users attended english and maths classes. Others had the opportunity to attend Gateway (social club).

The service users got together every Friday night for dinner and once a month, they had the chance to have dinner together in the communal dining room. Staff supported service users with overnight stays and one service user was supported to go zip lining. Plans were in place for a talent show. An area for improvement had previously been identified in relation to the provision of activities had been addressed.

A register practice register was in place. Advice was given in relation to the frequency that this was completed. An area for improvement previously identified in this regard had been addressed.

Service user agreements were provided to service users in relation to the care and support they should receive from the staff. An area for improvement previously identified in this regard, had been addressed.

Service users' Tenancy Agreements were retained within the registered premises.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

3.3.2 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.

It was good to note that the staffing roster was appropriately maintained. Additionally, the manager's presence was recorded appropriately on the staffing roster. An area for improvement previously identified in this regard had been addressed.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. Advice was given in relation to the need for the section pertaining to the RQIA QIP to be completed every month up to the next inspection. This should ensure that any areas for improvement, previously identified by RQIA, are specifically examined each month. This will be reviewed at a future inspection.

An area for improvement had previously been identified in relation to the need for an escalation plan to be developed and implemented for instances where service users' placements cannot be sustained due to incompatibility with other service users. Whilst there was evidence that the specific situation identified had been addressed, a written escalation plan had not been developed, to prevent future recurrence. Following the inspection, this was submitted to RQIA. There was a process in place to manage any complaints.

Whilst the review of records identified that incidents were detailed as part of the monthly quality monitoring process, in relation to the types of incidents which had occurred, deficits remained in relation to the auditing of incident records. For example, the auditing proforma did not include sections for checking whether or not the incident had been recorded in the daily notes or the daily handover, which staff used to communicate service users' needs. Additionally, incidents were not consistently reported to the service users' care managers. An area for improvement previously identified in this regard was stated for the second time.

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. An area for improvement, previously identified in this regard had been addressed.

The annual quality report was reviewed. Whilst the report included service users' feedback it did not include feedback from staff. Following the inspection, RQIA received confirmation that this had been updated. The area for improvement, previously identified in this regard was addressed.

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 a protocol in place for staff to follow should they be unable to gain access to the service users' homes.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Regulations and the Standards.

	Regulations	Standards
Total number of Areas for Improvement	2**	1*

* the total number of areas for improvement includes one that were stated for a second time.

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Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather Wilson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (a)(b)(c) Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that care plans are comprehensively completed with a person centred focus. Ref: 3.3.2
	Response by registered person detailing the actions taken: Service User care plans have been developed to ensure they are more person centred and include details about SALT recommendations, restrictive practices and individual risk assessments. The manager and deputy manager have met with the senior support workers to ensure that going forward care plans are recorded this way. Care plans will be a live document with changes made as required. The deputy manager and manager will continue to audit the content of individual service user support plans.
Area for improvement 2 Ref: Regulation 14 (a) Stated: Second time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that incidents are recorded appropriately and reported to the service users' care managers, in keeping with the policy and procedures; incidents should also be recorded appropriately in the written daily notes and in the daily handover reports; and the auditing process should be further developed to identify any patterns and trends and review the related records as identified within the inspection report; and any incidents that should be reported to RQIA. Ref: 3.3.3
	Response by registered person detailing the actions taken: The manager and deputy manager have met with the staff team to discuss how incidents should be recorded. The staff have all been trained in how to use our DATIX system to record incidents and management has produced a help sheet for staff to use as a guide when completing incident records. A new checklist has been added to the daily handover template under the incidents section, which reminds staff to cross check the handover with daily notes on encompass, update contacts and named worker and RQIA as appropriate.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	

Area for improvement 1 Ref: Standard 12.4 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that staff are provided with training, by whatever means, in relation to record keeping, care planning and incident reporting. Ref: 3.3.1
	Response by registered person detailing the actions taken: The full staff team at Ellis Grove have completed the Northern Trust training on record keeping and the list of training dates has been sent to the inspector. After this inspection, record keeping was discussed at a staff meeting in detail and minutes have been forwarded to the inspector. The manager will continue to check the standard of record keeping in service user records.

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