

Inspection Report

Name of Service: Lisburn Assessment and Resource Centre

Provider: South Eastern Health and Social Care Trust

Date of Inspection: 28 July 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:	South Eastern Health and Social Care Trust (SEHSCT)
Responsible Individual/Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mr Raphael Kearns
Service Profile – Lisburn Assessment and Resource Centre (LARC) is a day care setting located in Lisburn and provides a programme of day care and day time activities Monday to Friday for adults with varying degrees of learning disability needs. Some service users also require support due to sensory needs, dementia and physical disability.	

2.0 Inspection summary

An unannounced inspection took place on 28 July 2026 between 10.15 am and 4.20 pm by a care Inspector.

The last care inspection undertaken on 6th May 2025 identified one area for improvement relating to staffing arrangements. This inspection was undertaken to assess progress with respect to the area for improvement identified during the previous inspection and to evidence how the service was performing in relation to the regulations and standards. It also sought to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency including staffing arrangements, recruitment practices, cleanliness of the environment, incident recording, notifiable incidents, fire safety, quality monitoring reports and the annual quality report.

Enforcement action was considered as a result of the findings of this inspection. An Enforcement Decision Making Meeting was convened on 30 July 2026. It was agreed that due to the regulatory history and assurances provided by the manager following inspection, that no further enforcement action would be progressed. An Enhanced Feedback meeting was scheduled for 19 August 2026 with RQIA. At this meeting the manager and senior SEHSCT

staff outlined that actions had been taken to address the deficits found on inspection. RQIA will continue to monitor progress in this respect.

As a result of this inspection the area of improvement identified in the previous inspection was assessed as having been addressed by the provider. This is discussed in more detail in sections 3.3.1. Six new areas for improvements were identified during this inspection. Details of the findings of the inspection can be found in the main body of the report and in the quality improvement plan section 5.

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 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 we reviewed information held by RQIA about this day care setting. 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 will seek the views of those attending, working and visiting the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

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

We sought feedback from service users, relatives, staff and healthcare professionals in relation to their views of attending, visiting and working within this day care setting. The information provided raised no concerns about the care and support provided by staff working there.

Service users whom we spoke with said that they enjoyed attending Lisburn Assessment and Resource Centre (LARC) and that they liked the staff.

Returned questionnaires from service users and their representatives indicated that the respondents were very satisfied with the care and support provided to them in the day care setting. Written comments included the following statements: "The staff are very attentive to my relative's needs, especially his need for routine" and "the staff in LARC treat my son as an individual... they have been very supportive".

Relatives who provided feedback on the service said that they were satisfied with the support provided to their loved one and that their relative enjoyed their time at Lisburn Assessment Resource Centre.

Staff who spoke with the inspector spoke very positively about the service and support provided to service users and that the manager was approachable.

Healthcare professionals spoken with during the inspection said that the staff were compassionate and knew the service users really well. The service was said to be well- led with good care provided to service users. One professional who was present during the inspection, said that they had observed a high use of agency staff. This was discussed with the manager who provided assurances around ensuring that as far as possible, regular agency staff are enlisted for consistency for service users.

3.3 Inspection findings

3.3.1 Adult Safeguarding and Incident Reporting

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained a record of any referrals made to the HSC Trust in relation to adult safeguarding. These were also recorded electronically and accessible within the Trust's electronic healthcare record system - Encompass.

The day care setting's governance arrangements for the management of accidents/incidents was reviewed and confirmed that an effective incident/accident reporting policy and system was in place. However, a review of records identified a number of incidents not relating to LARC and furthermore, RQIA had been not been notified appropriately of all incidents adversely affecting the wellbeing or safety of service users in keeping with the regulations.

A discussion took place with the registered manager to ensure understanding around this requirement and it was agreed that RQIA would be notified of incidents adversely impacting service user safety retrospectively and in the future. An area for improvement was identified.

3.3.2 Mental Capacity and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016) (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. A register was in place to record all service users with Deprivation of Liberty Safeguards (DoLS) in place. The manager confirmed that the DoLS register is reviewed regularly which ensures that any restrictions on liberty are proportionate and necessary for the safety and well-being of the individual in line with the legislation.

There was a policy for the use of restrictive interventions. The manager advised that there were no other restrictive practices in use within the day centre.

3.3.3 Staffing Arrangements (recruitment and selection and induction)

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. An area for improvement identified at the last inspection related to staffing arrangements. A review of the weekly rota confirmed there was sufficient staff enlisted to meet the needs of service users attending the day care setting. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. On this basis the area for improvement was assessed as met.

Staff members were seen engaging with service users in a caring and compassionate manner. Staff said they felt well supported in their role.

A review of the day care setting's staff recruitment records of a sample of employees recruited since the last inspection evidenced that enhanced AccessNI checks had been completed for staff prior to commencing direct work with service users however, a full employment history of one employee had not been obtained from the age of 18 years and the dates of another employee's employment were not correctly recorded. An area for improvement was identified.

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 the monitoring of professional registrations by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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 day care setting's policies and procedures.

3.3.4 Staff Training

Staff were provided with training appropriate to the requirements of their role, which was recorded on a matrix. A review of the training matrix confirmed that several staff were outstanding refresher training in a number of mandatory areas. An area for improvement was identified.

The manager advised that medication tasks are only delegated to senior day care staff who had been provided with appropriate training by a nurse specialist. A competency assessment is undertaken for all staff who assist with medication to ensure they are competent in assisting with this task.

3.3.5 Management of Dysphagia and Recommendations for Eating, Drinking and Swallowing Documents (REDS)

A number of service users had been assessed by a Speech and Language Therapist (SALT) with recommendations in place regarding the consistency of their food and fluids. Staff had completed training in dysphagia and were familiar with how food and fluids should be modified. Staff also had completed training in Dysphagia and in relation to how to respond to choking incidents. Staff followed a clear programme for each service user with SALT requirements at meal times to ensure the care received in the setting was safe and effective.

3.3.6 Care Records and Service User Input

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 day care setting.

A review of service users' care records identified that each service user had a detailed, person centred support plan and robust risk assessment. Care records evidenced multi-disciplinary working and regular communication with relevant professionals from the commencement of the day care placement. Care plans contained details about their likes and dislikes and the level of support they may require. These plans are kept under regular review and service users and / or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur, in keeping with the day care setting's policies and procedures. There was evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

The day care setting held service user meetings every three months to discuss activities service users would like to participate in when attending LARC. Some activities arranged included seasonal arts and crafts, live music, seasonal parties, work book day and circus school.

3.3.7 Quality and Management of the Environment

Although the day care setting was bright and colourfully decorated, it was disappointing to note that the floor areas were found to be un-swept with noticeable dust and debris in some areas. A storage unit containing arts and crafts materials had been left open posing a risk of access to service users and toilet bins required emptying. An area for improvement was identified.

An updated Fire Risk Assessment had been completed however, there was evidence that fire safety checks had not been completed as required in line with the day care setting's fire safety policy and procedure. An area for improvement was identified.

3.3.8 Governance and Managerial Oversight

There has been no change in the management of the day care setting since the last inspection. Mr Raphael Kearns has been the manager in this day care setting since 08 October 2009.

Staff spoke positively about the support provided by the manager and described him as approachable and supportive.

There were monthly monitoring arrangements in place in compliance with the regulations and standards. A review of a sample of the reports of the day care setting's monthly quality monitoring identified that one report had not been completed for the month of August 2025. Examination of the reports 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 user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Advice was given to the manager regarding including a breakdown of incident type within reports and note to confirm that all necessary actions had been completed to ensure appropriate management of same. This will be reviewed at a future inspection.

Surveys had been distributed to service users and representative and collated for the Annual Quality Report however, this report was not available at the time of inspection and has not been provided to date. An area for improvement was identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The manager confirmed that no complaints had been received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day centre as planned.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Raphael Kearns, Manager and Mrs Patsie McManus, Head of Day Care Service Lead, 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 Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 29 (1) (d) Stated: First time To be completed by: From the date of Inspection and ongoing	The Registered Person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the day care setting which adversely affects the wellbeing or safety of any service user. Ref: 3.3.1 Response by registered person detailing the actions taken: Incidents which adversely affects the well being or safety of any service user will be reported without delay. To ensure governance of this, the senior manager will discuss with manager any incident which may require further reporting to RQIA if not already done so.
Area for improvement 2 Ref: Regulation 21.(1)(b) Stated: First time To be completed by: Immediately and ongoing	The Registered Person shall not employ a person to work in the day care setting unless he has obtained full and satisfactory information and documents specified in Schedule 2. Ref: 3.3.2 Response by registered person detailing the actions taken: Manager will continue to follow HSC selection and recruitment procedures. Further exploration of employment history will take place on interview with gaps fully explained and satisfactory.

Area for improvement 3 Ref: Regulation 20 (1) (c) (i) Stated: First time To be completed by: Immediately and ongoing	The Registered Person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users ensure that the persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform. Ref: 3.3.4. Response by registered person detailing the actions taken: Manager and Senior Manager to review staffing and the needs of service users to ensure it is reflected in the services statement of purpose and continue to ensure mandatory training is attended appropriate to the work they perform.
Area for improvement 4 Ref: Regulation 18 (2) (d)(f) Stated: First time To be completed by: Immediately and ongoing	The Registered Person shall ensure the day care setting is effectively cleaned to maintain satisfactory standards of hygiene in the day care setting. This includes ensuring safe storage of items used for activities. Ref:3.3.7 Response by registered person detailing the actions taken: Manager has requested Trust support services to provide the day centre with a deep clean and review adequate provision of support staff.
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised) August 2021	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: Immediately and ongoing	The Registered Person shall ensure regular fire safety checks are completed in line with the day care setting's fire safety policy and procedures. Ref: 3.3.7 Response by registered person detailing the actions taken: Fire alarm checks will be completed weekly. Fire Drill was carried out within appropriate timescales on 28.8.26.
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: Immediately and ongoing	The Registered Person shall ensure an Annual Quality Report is completed and available for review at inspection. Ref: 3.3.8 Response by registered person detailing the actions taken: The manager will ensure the Annual Report is updated and available from March of each year.



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Authority

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