The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Safe Haven

Provider: Safe Haven

Date of Inspection: 31 July 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Safe Haven
Responsible Person:	Mr Gary Cawley
Registered Manager:	Mrs Rhonda Morrow
Service Profile – This is a day care setting that is registered to provide care and day time activities for up to 40 service users living with a learning disability. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An announced inspection took place on 31 July 2026, between 10.00 and 3.50 pm by a care Inspector. An estates Inspector also attended for part of the inspection.

The estates inspection was undertaken to examine the day centre environment in relation to refurbishment works carried out on the ground floor with respect to Variations VA013536 and VA012685. This involved creating a large day room, relocation of an entrance reception area and an associated application to increase the number of service users attending the service. The estates Inspector focused on the works carried out for the purpose of the variation applications which were reviewed alongside the aligned care inspector. The findings of the estates inspection is discussed in section 3.3.5.

A care inspection was also undertaken to evidence how the day care setting 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 27 March 2026. 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 safe, effective and compassionate care was delivered to service users and that the day care setting was well led. As a result of this inspection, the two areas for improvement identified at the previous inspection relating to recruitment practice and reporting on service users views of the service were assessed as having been addressed by the provider. There were no new areas for improvement identified for this service. Full details of the findings of this inspection 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 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 the previous areas for improvement 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 will seek the views of those working in and attending the day care setting; and review/examine a sample of records to evidence how the home 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

We spoke with a number of service users, relatives, staff and a healthcare professional to obtain their views of this day care setting. The information provided indicated that there were no concerns in relation to the care and support provided at Safe Haven.

Service users said that they enjoyed attending the day care setting and that they enjoyed the activities that they were participating in. Service user's comments included the following statements "I like relaxing here" and "I like doing arts and crafts".

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided in the day care setting; that they enjoyed the activities and that staff made them feel safe. Written comments included: "I feel happy" and "I like everything".

Relatives who spoke with the inspector about their loved one's experience when attending Safer Haven said that they were very satisfied with the care and support provided to their loved ones and that communication from staff was good. Comments received included the following statements "my relative loves it and is so well looked after there" and "my relative would cry if they didn't get to attend and is always doing something there. I am very happy with this service".

A number of staff we spoke with said that the care provided in the day care setting was safe, effective and compassionate and that the service was well led. Comments included the following statements: "I don't like it – I love it! – the service users definitely have a positive experience and the manager is very supportive giving us time we need to do our training" and "the service users have a good experience here and the manager is very good".

A healthcare professional who was contacted for feedback on the service said that staff are welcoming and friendly and willing to implement any advice suggested as well as providing feedback when needed. They had no concerns about the care and support provided at this day care setting.

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), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. The annual safeguarding position report had been completed and was found to be satisfactory.

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 in normal business hours and out of hours. 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 manager and staff confirmed that there was an established pathway for staff to follow in regard to raising any safeguarding concerns. No adult safeguarding concerns were raised since the last inspection. 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 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. The manager maintained a centralised record of incidents / accidents arising and this was reviewed on a monthly basis. The manager was aware that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

3.3.2 Staffing Arrangements, Induction and Training

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.

A review of the day care setting's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. An area for

improvement identified at the previous inspection found that one staff member's recruitment file did not record the reasons for leaving previous employments. A review of this staff member's record evidenced that this information had been obtained and recorded retrospectively. On this basis the area for improvement was assessed as met.

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 day care setting's policies and procedures. There was evidence that the induction programme for all new staff included shadowing of a more experienced staff member.

Checks were made to ensure that staff were appropriately registered with the Nursing and Midwifery Council (NMC) and/or the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager and a record of checks retained.

Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. A review of this confirmed that staff had received mandatory training and other training specific to their role including Manual Handling, Medicines Management, Dysphagia, Fire Awareness, Infection Control, Learning Disability and Autism Awareness training.

3.3.3 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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. 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 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 where there were any restrictive practices applied within the day care setting, for example, postural harnesses or lap belts, that these were applied in conjunction with a multi-disciplinary assessment of need and reviewed regularly to ensure adherence to principles of proportionality and necessity.

3.3.4 Care Records and Care Delivery

A 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. Care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. There was a daily meeting at the beginning of each day, which included information about any changes to the service users' care that the staff needed to be aware of to assist them in their roles.
A review of service users' care records identified that each service user had a detailed, person centred support plan and robust risk assessment. The details of care plans were shared and signed by service users and/or their representatives as appropriate. Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs. Service users and / or their relatives participate, where appropriate, in the review of the care provided in keeping with the day care setting's policies and procedures.

Staff were informed about the ethos of the day care setting which promoted choice and independence as well as ensuring service users enjoyed a relaxed, friendly and stimulating environment.

Service users were enabled and supported by staff to engage and participate in meaningful activities with encouragement and support offered as appropriate around the development of independence.

The day care setting held service user meetings every month to discuss the activities which service users had an interest in. Activities were planned around each service user's interests, and abilities and arrangements were made for service users to go for walks, attend a barbecue, go on shopping trips, visits to a local recycling centre, golf club and yacht club. Service users were also invited to enjoy a performance in the day care setting from a well-known music band.

3.3.5 Quality and Management of the Environment

Works have been completed since the previous inspection in respect of a variation submitted to RQIA regarding the refurbishment of an existing but unused space on the ground floor. Inspection of this area found that it included an access controlled reception area, waiting area, cloak room and consultation room. Two wash room facilities had new sinks and wall hung toilets installed which allows for good infection control and hygiene when cleaning. Within the activity area, there was a central kitchen and surrounding dining area with various seating options as well as space allocated for seated quiet and relaxation areas. The soft furnishings were finished to a high standard and the surrounding areas were colourfully decorated, clean and spacious with ample natural and soft lighting. The fixtures, fittings, and furnishings observed within this area were compliant with the Day Care Settings Minimum Standards (2021).

Documentation presented prior to the inspection and forwarded following the inspection indicated that the premises and the engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance.

Local Authority Building Control approval was obtained in respect of the internal alterations. All relevant risk assessments had been updated to take account of the alterations and additions made to the premises.

The day care setting was found to be warm, fresh smelling and clean throughout. The day care setting was tastefully decorated with artwork completed by service users on display in different rooms. Service users used a range of spaces including quiet rooms, a sensory room and

activity areas. The environment supported service uses with sensory needs and provided opportunities for both social interaction and privacy.

The day care setting's fire safety precaution records were reviewed. Fire exits were observed to be clear of clutter and obstruction with sufficient doors for escape. All staff had completed fire safety training and participated in an annual fire evacuation drill. Fire safety checks were undertaken on a regular basis. The manager advised that further training for staff and drill will be arranged to include the newly refurbished ground floor space. This will be reviewed at a future inspection.

3.3.6 Governance and Managerial Oversight

There has been no change in the management of the day care setting since the last inspection. Mrs Rhonda Morrow has been the manager in this day care setting since 2 September 2022.

Staff spoke positively about the support provided by the manager and described her as approachable, helpful and said that she took time to run through everything that staff required to know.

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 established that there was engagement with service users, service users' relatives, and staff. There was no evidence of engagement with HSC Trust representatives on two of the sampled reports reviewed and it was recommended that this be included in future reports where possible and efforts to obtain this should be documented. 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 ensuring that areas for improvement identified at inspections are recorded in the report with a view to measuring progress in between monitoring visits with respect to addressing these identified improvement areas.

An area for improvement identified at the previous inspection related to the annual quality report which did not incorporate service user questionnaires. A review of this process evidenced that new surveys had been compiled and given to service users with finding collated and included on the most recent report. On this basis the area for improvement was assessed as met.

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 manage any complaints arising about the service. The manager advised that no complaints were 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.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The findings were discussed with Mrs Rhonda Morrow, Manager, following the inspection and can be found in the main body of the report.

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