

# Inspection Report

**Name of Service:** Ravara Training & Resource Centre  
**Provider:** South Eastern HSC Trust  
**Date of Inspection:** 24 June 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	South Eastern HSC Trust
<b>Responsible Individual/Responsible Person:</b>	Rosin Coulter
<b>Registered Manager:</b>	Mrs Belinda Cockroft
<b>Service Profile-</b> Ravara Training and Resource Centre is a Day Care Setting that provides day care, support and daytime activities for adults who are living with a learning disability who may also have a physical disability, sensory disability, autism, mental health needs and/or dementia.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 June 2025, between 9.30 a.m. and 4.00 p.m. by a care inspector.

The inspection was 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 26 May 2023. In addition, it 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 day care setting, such as fire checks, staff induction and training and the management of complaints.

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

Service users were observed to be relaxed and comfortable in the surroundings and in their interactions with staff. Service users indicated that they enjoyed coming to the day care setting. Refer to Section 3.2 for more details.

As a result of this inspection, the previous areas for improvement, with the exception of one, were assessed as having been addressed. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We would like to thank the manager, service users, relatives and the staff team for their support and co-operation during the inspection.

## 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 day care setting 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 attending or working in 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 spoke with a number of service users and staff to seek their views of attending and working within the day care setting. We also spoke with a number of relatives.

Service users spoke positively about their experience of attending the day care setting; they said they enjoyed attending the centre and that the staff were great. Comments included the following statements; "I like it. I do my work and get my lunch." and "Staff are good". Observations of staff interactions with service users was noted to be person centred, respectful and caring.

Relatives spoken with during the inspection commented positively about the provision of care and support provided by the day care setting and felt that service user's needs were met safely. Comments included "This is her happy place, the care is good and the staff are great. You couldn't get better."; "Happy but feel there could be more outings organised for the service users."; Staff are dedicated and my daughter is happy coming here."

Staff told us that they were satisfied that the care and support was safe, effective, compassionate. Staff spoke very positively in relation to care delivery in the day care setting. One staff member advised that they have no problems working in the service and enjoyed the job. They stated that service users were well looked after. Staff indicated that they were well supported by the current manager.

The information provided indicated that there were no concerns in relation to the day care setting.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

There was evidence that required pre-employment checks, including Access NI checks had been completed prior to staff commencing employment and having direct engagement with service users. It was identified that a detailed record had not been retained in regard to the induction provided to a staff member recently employed. An area for improvement has been identified.

There was evidence that checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations, to be monitored on a monthly basis by the manager and a record of completed checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered.

The day care setting has maintained a record for each member of staff of all training undertaken. Review of a sample of staff training records indicated that some staff needed to complete a number of training updates specifically in regards to Adult Safeguarding, Medicines Management, Deprivation of Liberty Safeguards (DoLS) and First Aid. An area for improvement has been identified.

Staff said there was good teamwork and that they felt well supported in their role by the manager. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

It was identified that there was one volunteer supporting within the day care setting, there was evidence that training had been provided in a range of key topics, and that appropriate checks including Access NI checks had been complete prior to the person engaging with service users. The manager advised that volunteers do not support with personal care.

#### 3.3.2 Care Delivery

The manager advised that staff participated in a daily meeting at the beginning of each shift; this enabled them share information about any changes to the service users' care and support.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice. Observations of service users taking part in activities on the day of inspection found that participation was enthusiastic.

Relatives confirmed that their views and opinions and those of the service users are taken into account.

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

It was positive to note that the current manager had recently introduced Service User Meetings and the plan is that these will be facilitated on a regular basis. Some matters discussed included activities, transport arrangements and meals.

### 3.3.3 Management of Care Records

Care records were retained electronically and were noted to be person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their care and the details of care plans were shared with service users' relatives, if this was appropriate. Care records were retained in a secure manner.

Care plans reflected a good understanding of service user's needs, including relevant assessments of service user's communication support and sensory needs. Care records contained details relating to any DoLS in place.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives.

### 3.3.4 Quality of Management Systems

Mrs Belinda Cockroft has been the acting manager in this day care setting since 5 May 2025; RQIA will keep this matter under review. Those consulted with commented positively about the manager and described her as supportive and approachable.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service users' care records; accident/incidents; complaints; staffing arrangements including recruitment and training, and the environment.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the HSCT governance department. A review of a sample of incident records evidenced these were managed appropriately.

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

Staff had an understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns.

The manager stated that there had been one referral made in relation to adult safeguarding.

Discussion with the manager evidenced that two complaints had been received since the previous inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints and were aware of their responsibility to report all complaints to the manager or the person in charge. It was identified that the system in place for retaining details of complaints received was not robust and needed to be further developed to ensure that an accurate record is kept in regards to the nature of the complaint and the actions taken. An area for improvement has been identified.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that 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 along with current certificates of public and employers' liability insurance.

### **3.3.5 Quality and Management of the Environment**

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter. It was positive to note that the décor of the day care setting included service users' art work. There was a pleasant atmosphere within the day care setting. Service users appeared comfortable and relaxed. The manager advised that there are plans to refurbish part of the day care setting in the future and was aware of the need to keep RQIA informed of any such plans.

A Fire Risk Assessment had been completed in July 2023 and actions had been taken to address any identified risks. There was evidence that the majority of required fire safety checks had been completed however, some gaps were noted. An area for improvement identified following the last inspection was assessed as not met and is stated for a second time. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

## 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
<b>Total number of Areas for Improvement</b>	0	4*

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

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of a fire.</p> <p>This relates specifically to required fire safety checks.</p> <p>Ref: 2.0</p> <p><b>Response by registered person detailing the actions taken:</b> 4 additional staff identified &amp; completed Nominated Fire Officer training on 25.06.25. Total of 11 staff have completed. All staff within the team have completed online annual training. Weekly rota implemented to ensure all Nominated Fire Officers have opportunity to complete the checks regularly. 1 staff member identified with responsibility for ensuring weekly checks take place and manager to carry out spot checks.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that a record is retained that clearly outlines the induction provided to staff.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Induction file has been set up with appropriate documents for easy access. This includes copies of Trust induction, NISCC workbook &amp; Supervision contract. Manager to complete spot checks to ensure all areas of induction have been fully completed.</p>

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<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that staff are trained for their roles and responsibilities.</p> <p>Ref: 3.3.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> immediately following inspection, the Registered Manager met with 2 x B5 staff who have responsibility for assisting the Manager with identifying and organising staff training needs whilst keeping training matrix up to date. Manager stressed the need to continually ensure training matrix is updated and that training needs are followed up. Training needs to be agreed at supervision or as and when required. All staff reminded of this via email and at team brief.</p> <p>The Registered Person shall ensure that records are kept of all complaints and that they include details of any investigations, outcomes and the actions taken.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Registered manager will ensure that the existing file in respect of complaints is kept fully up to date and includes full details of any investigations, outcomes and actions taken.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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