

# Inspection Report

**Name of Service:** Lisburn Assessment and Resource Centre

**Provider:** South Eastern HSC Trust

**Date of Inspection:** 6 May 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 Person:</b>	Ms Roisin Coulter
<b>Registered Manager:</b>	Mr Raphael Kearns
<b>Service Profile</b> – 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 was undertaken on 6 May 2025 between 11.25 am and 4.15 pm by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also examined.

An area for improvement identified related to staffing arrangements.

Good practice was identified in relation to service user involvement and activity provision. There were good governance and management arrangements in place.

## 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 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 and working within the day care setting and review a sample of records to evidence how the day care setting is performing to the regulations and standards.

Information was provided to service users, relatives, day centre staff and HSC staff on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

### **3.2 What people told us about the service**

We spoke to a number of service users, relatives, staff and a healthcare professional to seek their views of attending and working within the day care setting.

Service users said that they were happy with the care and support provided at the day care setting. Two comments included the following statements; "I had a good day" and "I like it". Feedback received from the service user/relative questionnaire indicated that service users felt safe, that the care provided was compassionate, and that the service was well led. Some comments from returned surveys included the following statements; "I feel safe." and "the manager always says hello and is friendly".

Staff who spoke with the inspector spoke positively in regard to the care delivery, training and management support in the day care setting, however, some indicated that at times, short staffing has led to some service users not being able to attend the centre. This was discussed with the manager who confirmed that the decision to reduce any service user's attendance is not a regular occurrence but may occasionally arise in response to sudden shortage of staff and only after careful deliberation of the impact of lower staffing levels on service user care. The recruitment of staff is captured in more detail in section 3.4.3

Relatives who spoke with the inspector indicated that they were happy with the care provided to their loved one and that they could approach the staff with any concerns they had if they needed to.

One healthcare professional who spoke with the inspector indicated that the care provided in the centre was compassionate with caring and kind staff.

### **3.3 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last care inspection of the day care setting was undertaken on 23 November 2023 by a care Inspector. No areas for improvement were identified.

## 3.4 Inspection findings

### 3.4.1 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 person in charge 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 was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). Incidents and accidents which occurred since last inspection had been managed appropriately and any learning or changes arising had been embedded into practice.

### 3.4.2 Mental Capacity and Restrictive Practice

The Mental Capacity Act (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 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. Where a service user was experiencing a deprivation of liberty, their care records contained the correct documentation confirming DoL is in place and the day care setting maintains a register of those service users who have a DoL in place.

There was a policy in place for the use of restrictive interventions and a register was in place.

### 3.4.3 Staff Selection, Training and Recruitment Records

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 user.

The staffing arrangements were reviewed. As previously discussed, staff consulted with commented in relation to the day care setting being short staffed which had impacted service provision for one service user who did not attend for a day due to lower staffing levels in the centre. Review of the staff rosters identified that the staffing levels were maintained through regular use of bank and agency staff. Although the decision to request that a service user does not attend the centre due to short- staffing episodes was based on robust risk assessment of service user needs and safety, this should not be a regular occurrence. RQIA recognises the planned recruitment that is imminent and ongoing in relation to addressing this matter. However, an area for improvement has been identified to ensure that the staffing levels are consistently reviewed and maintained as part of the monthly quality monitoring processes.

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. 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) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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. There was evidence that the induction programme for all new staff included shadowing of a more experienced staff member - this included staff that were supplied by agencies. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Staff were provided with training appropriate to the requirements of their role. The day care setting had maintained a record for each member of staff of all training which was checked and updated on a regular basis. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

All senior day care staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. Where service users received liquid medicines using an oral syringe, this was documented in the service user's care plan and staff had undertaken an assessment of their competency in this area.

### 3.4.4 Dysphagia Management

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified and followed a clear programme for each service user with SALT requirements at meal times.

### 3.4.5 Care Records and Service User Input

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. Care plans contained details about their likes and dislikes and the level of support they may require. These are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in line with the commissioning trust's requirements.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

It was positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to give their views on what they wanted from attending the day care setting as well as identifying any activities they would like to become involved in. Some activities availed of included bingo, a disco, a magician and preparing for seasonal events.

### 3.4.6 Quality and Management of the Environment

The day care setting was observed to be clean and tidy and suitably furnished, warm and comfortable and free of clutter. There was evidence that fire safety checks had been completed as required. 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.

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

### 3.4.7 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with regulations and standards. A review of the reports of the agency's quality monitoring established that there was engagement by senior staff with service users, service users' relatives, staff and Health and Social Care Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and selection; and staffing arrangements including training.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Records reviewed and discussion with the person in charge indicated that no complaints were recorded since the previous care inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend.

There was a system in place whereby staff check the vehicle after each journey to ensure that no service users remain on the transport. A record is retained and reviewed by the manager.

### 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The Area for improvement and details of the Quality Improvement Plan were discussed with Mr Raphael Kearns Registered 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 Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The Registered Person shall, having regard to the size of the day care setting, the statement of purpose and number and needs of service users ensure that there is at all times suitably qualified, competent and experienced persons working in the day care setting in such numbers as are appropriate for the care of the service users.</p> <p>Ref: 3.4.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Following RQIA inspection and feedback from staff, the Registered Manager has started a piece of work with Senior Management and staff to look at staffing levels and the use of agency/bank. Following this, we endeavor to complete a recruitment drive in order to fill any outstanding posts if appropriate.</p>



The Regulation and  
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