



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Lurgan Road Day Care Service

**Provider:** Praxis Care

**Date of Inspection:** 22 July 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>	Praxis Care
<b>Responsible Individual/Responsible Person:</b>	Mr Greer Wilson
<b>Registered Manager:</b>	Miss Michelle Wolfe
<b>Service Profile</b> – Lurgan Road Day Care Services is a day care setting that is registered to provide care and day time activities for up to 30 people with learning disabilities. The day care setting is open Monday to Friday and is managed by the Praxis Care Group.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 22 July 2025 between 9.15 am and 2.15pm by a care Inspector.

The last care inspection of the day care setting took place on 25 January 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Service users were observed to be enjoying the activities provided and there was good engagement between staff and service users. Those who spoke with the inspector said that the care and support provided by Lurgan Road Day Centre was good. Refer to Section 3.2 for more details.

The inspection established that safe, compassionate and effective care was delivered to service users and that the service was well led, however improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as mealtime management, service user meeting records, and the Annual Quality Report. As a result of this inspection three areas for improvement were identified. Details and examples of the inspection findings can be found in the main body of the 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 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, staff and other stakeholders 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, a relative and staff 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 get to do lots of activities and chores and to work in the bakery".

One relative 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.

Staff who spoke with the inspector advised that the service users are well cared for and that they have a safe and enjoyable experience in the day care setting.

## **4.0 Inspection findings**

### **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 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 had completed adult safeguarding training at 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.

## **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 Deprivation of Liberty Safeguarding (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. The manager confirmed that no service users required DoLS authorisation 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, staff had received training in restrictive practice and a register was in place which was reviewed and updated regularly. Any restrictive practices such as use of a key fob entry system were reviewed alongside the care and support plan care review with input from the multidisciplinary team.

## **4.3 Staffing Arrangements (recruitment and selection, 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. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. The manager expressed concern regarding adequate cover during periods of unplanned sick leave particularly when combined with annual leave. It was established that this did not regularly occur and a review of staff ratio to service user needs takes place daily by the manager to ensure sufficient staffing is available to meet service users' needs. Examination of the staff duty rota and discussions with staff confirmed that staffing levels had reduced in line with reduced numbers of service users. The manager confirmed that currently there were no vacancies within the service and there are presently

sufficient staffing levels to manage the care and support needs of service users. The rota is kept under regular review and any concerns about staffing levels and service user safety are promptly escalated as part of contingency planning. Staff who spoke with the inspector said there was good teamwork and had no concerns about the present staffing levels.

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. There was a matrix in place to record the Northern Ireland Social Care Council (NISCC) registrations of all social care staff however, this incorrectly indicated that several staff registrations had lapsed. On checking this, all staff NISCC registrations were confirmed to be in date. Assurances were provided by the manager that NISCC registrations of all staff are checked prior to staff monthly supervisions. 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. Written records were retained regarding 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 an electronic record for each member of staff of all training. Review of training records identified that two staff required refresher training in Adult Safeguarding, Basic Life Support and COSHH. The manager advised that this was due to staff absence and confirmed that training dates have been arranged to refresh any outstanding training needs. This will be reviewed at a future inspection.

All day care staff had been provided with training in relation to medicines management which was refreshed on a yearly basis.

#### **4.4 Dysphagia Management, Dietary Needs and Mealtime Planning**

An examination of care records indicated that some service users had specific dietary requirements and some had been assessed by Speech and Language Therapist (SALT) with recommendations provided regarding the consistency of their food and fluids. It was of concern to note that there were no records held within the dining area to guide staff and ensure adherence to the specific SALT recommendations or dietary requirements for those identified service users. There was no identified mealtime coordinator to ensure safety planning or implementation of 'safety pauses' to ensure staff awareness of any safety issues around meals or drinks. This has been identified as an area for improvement.

The menu on display for service users was not reflective of the meals served to service users that day. The manager advised that menus change daily according to service user wishes. It was recommended that daily menus should offer choice in a suitable format for service users, displayed in an appropriate location. A record should be kept of the menu and of variations to it. The management of meal planning will be reviewed at a future inspection.

## 4.5 Care Records and Service User Input

A review of a selection 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/ representatives 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.

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 safely and effectively within the day care setting.

Whilst the day care setting had service user meetings on a regular basis the minutes of these meetings did not evidence person centred planning and service user involvement throughout these meetings. For example, they did not offer choice in respect of menu provision and it was not possible to ascertain how the service users are enabled and supported to give their views on what they wanted from attending the day care setting. Furthermore, there were no actions arising from the service user meetings minutes to carry forward. An area for improvement has been identified. The minutes of service user meeting and care records did however indicate that there was a range of different activities to avail of such as cooking programmes, swimming, a football tournament, gardening and tending to a local college vegetable allotment.

## 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. It was good to note that service users could avail of quiet space in a mindfulness corner that service users appeared to find relaxing. There was evidence that fire safety checks had been completed as required. All staff received training in fire safety, and participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed.

## 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.

The annual quality report was not available at the time of inspection for the previous year however, it was furnished after the inspection. A review of this report noted that feedback from relatives/ representatives and stakeholders on the service was not obtained specifically for the purposes of the annual quality report and to identify any areas for improvement, but from gathering information from review of a range of operational activities over the year such as staff

meetings, supervisions and care reviews. Obtaining service user, relative, staff and stakeholder views helps to shape the quality of the service in the future and should be evaluated on at least an annual basis to guide in establishing any improvement plans that should be actioned in the following year. An area for improvement has been identified.

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 received 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.

## 5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in three areas for improvement being identified. Action is required to ensure compliance with Regulations and Standards.

Findings of the inspection were discussed with Carly Chambers Head of Operations, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	2

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 17  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing from day of inspection	<p>The Registered Person shall prepare an annual report that includes the views and opinions of service users, relatives/representatives and stakeholders as part of a system to improve the quality of care provided in the day care setting. This relates to ensuring a yearly evaluation of the service takes place to inform any quality improvement plans for the following year.</p> <p>Ref 4.7</p> <p><b>Response by registered person detailing the actions taken:</b>            An annual review of Quality (Annual Report) has now been completed. This captures the following elements;</p> <ul style="list-style-type: none"> <li>-Compliments and Complaints about the service</li> <li>-Feedback on the service</li> <li>-Inspection and Audit of the service</li> <li>-Incidents and Accidents in the service (including learning from)</li> <li>-Safeguarding within the service</li> <li>-Restrictive Practice</li> </ul>

	<ul style="list-style-type: none"> <li>-Care Records</li> <li>-People we support involvement</li> <li>-Visitors to the service</li> <li>-Medication</li> <li>-Menus</li> <li>-Health &amp; Safety and Fire Safety within the Service</li> <li>-Staffing within the service.</li> </ul> <p>Actions for improvement into the year 25/26 have been identified and agreed and will be completed.</p>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards (revised) August 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 10.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from day of inspection</p>	<p>The registered person should ensure that staff are aware of any matters concerning service user's eating in and drinking as detailed in each service user's individual care plan to ensure the risks are well managed.</p> <p>This relates to implementation of food and drink safety planning at meal times.</p> <p>Ref: 4.4</p> <p><b>Response by registered person detailing the actions taken:</b> The people we support who require care and support relating to managing of risk (for eating and drinking) has been reviewed by all staff providing care and support to them. In addition, this will be added as a standing agenda item on team meetings, to include menu planning - this will be included on people we support meetings to encourage options and choice, on a monthly basis. All staff are trained in Dysphagia awareness to enhance knowledge of risk and management of same.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from day of inspection</p>	<p>The registered person should improve the recording of service user meetings to ensure a detailed record is kept of the matters raised by service users and actions taken in response.</p> <p>Ref 4.5</p> <p><b>Response by registered person detailing the actions taken:</b> People we support meetings have a set, standardised agenda proforma. This also allows for variation for arising matters that the people we support may wish to raise. In addition, guidance on completion of agendas and minutes have been revisited and shared with the staff team. This will be kept under regular learning in team meetings.</p>



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews