

# Inspection Report

**Name of Service:** Ards Training and Resource Centre

**Provider:** South Eastern Health and Social Care Trust

**Date of Inspection:** 12 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 Health and Social Care Trust (SEHSCT)
<b>Responsible Individual:</b>	Ms Roisin Coulter
<b>Registered Manager:</b>	Mrs Elaine Crawford
<b>Service Profile</b> – This is a Day Care Setting with 50 registered places that provides care and day time activities for people living with a learning disability.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 June 2025, between 9.00 am and 3.40 pm 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 determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. We also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), care delivery and the environment.

Good practice was identified in relation to the variety of activities available to service users, service users' reviews, service user involvement and person centred care plans.

## 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.

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 for staff.

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

Throughout the inspection the RQIA inspector will seek to engage with service users, their relatives and staff for their opinions on the quality of the care and support and their experiences of this day care setting.

The information provided by service users and their relatives indicated that there were no concerns in relation to the day care setting. They commented that staff were knowledgeable, very reliable, approachable and treated them with dignity and respect.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Staff comments were very positive and indicated they enjoyed working as part of a supportive team.

### **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 October 2023 by a care inspector. No areas for improvement were identified.

### **3.4 Inspection findings**

#### **3.3.1 Governance and Managerial Oversight**

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

There were monitoring arrangements in place in compliance with regulations and standards. A review of the reports of the day care setting's quality monitoring 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.

There were processes in place to review the quality of the day care setting on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

There had been no notifiable events since the last inspection. Staff had good knowledge in relation to incident management and what required reporting to RQIA in keeping with the regulations.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. A complaints policy was available to guide staff. There was evidence of a system to ensure oversight of complaints, this included a review of complaints during the monthly quality monitoring visits.

### **3.3.2 Staffing (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.

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 a robust, structured, induction programme which also included shadowing of a more experienced staff member.

Recruitment records were not available to review. Following the inspection, the manager confirmed that they were advised by the Trust's recruitment department when 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 NISCC and there was a system in place for professional registrations to be monitored by the person in charge.

It was identified that a staff member currently employed within the day care setting had transferred internally by means of redeployment without an enhanced AccessNI check having been completed. There was discussion with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this, and will keep this matter under review.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff received an opportunity to discuss their post registration training requirements during supervision and appraisal meetings.

Records of all staff training were retained and the manager maintained oversight of the training records to ensure compliance. There were a small number of staff requiring some training updates. The oversight arrangements had recently been strengthened, a senior member of staff has been delegated responsibility to review staff training at regular intervals. Staff were provided with opportunities to complete training commensurate with their role.

There were no volunteers deployed within the day care setting.

### 3.3.3 Care Delivery and Records

Staff interactions with service users were observed to be polite, friendly, 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.

From reviewing service users' care records and through discussions with service users, it was good to note that they had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under review and services users and /or their relatives participate. The review of the care provided is on an annual basis or when changes occur.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. 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 service. Staff implemented the specific recommendations of the SALT to ensure the care received was safe and effective. Staff were observed implementing regional guidance around supervision and safety pause at mealtimes, they have designated mealtime co coordinators. Care records included a copy of the SALT recommendations.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

### 3.3.4 Safeguarding

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy 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 and children's safeguarding training during induction and regular updates thereafter. Review of training records evidenced good compliance.

### 3.3.5 Deprivation of Liberty Safeguards (DoLS)

The 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. The manager demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed DoLS training appropriate to their job roles. The manager reported that a number of the service users were subject to DoLS. A resource folder was available for staff to reference. 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 appropriately assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

### **3.4.6. The Environment**

A review of the environment was undertaken and the setting was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

During the inspection fire exits were observed to be clear of clutter and obstructions. Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. Fire risk assessments for the setting were available for the inspection. All staff had completed fire training.

## **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Elaine Crawford, Manager, as part of the inspection process and can be found in the main body of the report.

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The Regulation and  
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Authority

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