

Inspection Report

Name of Service: Appleby Social Education Centre

Provider: Southern HSC Trust

Date of Inspection: 14 August 2025

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

1.0 Service information

Organisation/Registered Provider:	Southern HSC Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mr Melvyn Purdy (Acting)
Service Profile – Appleby Social Education Centre is a day care setting that provides care and day time activities for up to 105 adult services users who are living with a learning disability within the Southern Trust catchment area. The day care setting is open Monday to Friday and is managed by the SHSCT.	

2.0 Inspection summary

An unannounced inspection took place on 14 August 2025 between 10.05 am and 4.46 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 assess progress with the areas for improvement identified by RQIA, during the last care inspection on 1 August 2024. The inspection also sought to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection one area for improvement identified during the previous inspection relating to the initial care reviews of service users was assessed as having not been addressed by the provider and is therefore stated for the second time. This is discussed in more detail in section 4.5. Other areas for improvement relating to recruitment checks, actions required in response to the fire risk assessment and the recording of service user meetings were deemed to have been fully addressed by the provider. This is discussed in more detail in sections 4.3, 4.5 and 4.6.

During this inspection, service users were observed to be relaxed and comfortable in their surroundings and those spoken with said that attending Appleby Social Education Centre was an enjoyable experience with good support from the staff.

Overall, the inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. Full details of the area for improvement stated for the second time can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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, 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, relatives, staff and healthcare professionals to seek their views of attending and working within the day care setting.

Service users indicated that they were happy with the care and support provided at the day care setting. Comments made to the inspector by those attending the centre included the following statements: "I like it" and "happy". Returned questionnaires indicated that the respondents were satisfied that the service provided safe, compassionate and effective care and that the service was well led.

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. Comments made by those who spoke with the inspector included the following statements: "My relative loves it" and, "I am happy with the staff they have been brilliant".

Staff who spoke with the inspector spoke positively about the care delivery, training and management support in the day care setting.

Healthcare professionals contacted for feedback on the service indicated that they were satisfied with the care provided to service users and that the day care setting was an organised, friendly environment with staff who demonstrate an open and flexible approach to the evolving needs of service users.

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. The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately however advice was given about adding an additional column to the tracker record to indicate whether or not a protection plan was in place. The manager agreed to implement this suggestion which will be reviewed at a future inspection.

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. 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.

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 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. Where a service user was experiencing a deprivation of liberty, their care records contained the correct documentation confirming the DoLS. The day care setting maintains a register of those service users who have a DoLS in place.

There was a policy in place for the use of restrictive interventions and any restrictive practices applied within the day care setting were reviewed regularly alongside the support plan, care review and included multidisciplinary input for the safety and well-being of the individual.

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. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Service users said that there was enough staff on duty to help them. Staff said they felt well supported in their role, that there was good teamwork and expressed satisfaction with the staffing levels. There were no volunteers deployed within the day care setting.

An area for improvement identified during the previous inspection highlighted that an Enhanced Access NI check had not been completed in respect of an employee before they commenced employment. A review of the day care setting's staff recruitment records of employees recruited since the last inspection 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. On this basis the previous area for improvement was deemed to have been addressed by the provider.

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 the monitoring of professional registrations by the manager. Staff who spoke with the inspector 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 which was recorded on a colour coded matrix. On review of this however, it was evident that refresher training was required for staff in respect of Manual Handling, Dysphagia, Basic Life Support and DoLS training. The manager provided assurances to address this immediately and since the inspection it has been confirmed that the majority of staff have completed refresher training in these areas and that dates have been set for the remaining staff to complete their training in the near future. This will be reviewed at a future inspection.

All day care staff had been provided with training in relation to medicines management and it was positive to note that this was refreshed on a yearly basis and included a competency assessment to ensure staff were proficient in assisting with this task.

4.4 Dysphagia Management

A number of service users had been assessed by a Speech and Language Therapist (SALT) who put in place recommendations regarding the consistency of their food and fluids. 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.

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.

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 records evidenced multi-disciplinary working and regular communication with relevant professionals from the commencement of the day care placement. Care plans contained details about their likes and dislikes and the level of support they may require.

An area for improvement identified during the previous inspection related to initial care reviews, which were not completed by staff within four weeks of the commencement of the placement in line with the regulations and standards. Whilst there was a system in place to monitor when annual care reviews are due and arranged, this did not include the arrangements for initial care reviews. A review of one service user record who commenced with the service since the last inspection, identified that the initial care review was not completed within four weeks of the day care placement start date. The manager explained that several multi-disciplinary meetings had taken place in that period, however this was not recorded in a report for the purposes of the initial review meeting. This area for improvement is therefore stated for a second time. Advice was given to the manager around arranging the initial review at an early stage in the commencement of the placement and to ensure that a report is prepared by day care staff for these purposes and made available for inspection.

It was positive to note that annual care reviews were provided in a suitable format for service users so they and/or their relatives/next of kin could participate 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 a selection of care records identified that moving and handling risk assessments and care plans were up to date.

An area for improvement identified during the previous inspection related to the recording of service user meetings to include the actions taken in response to matters raised. A review of all records since the last inspection confirmed that service user meetings were held 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. The minutes of the service user's meetings were documented in a format suitable to the needs of each service user group and included some suggestions made by service users regarding activities to avail of and what could be improved. There was evidence that issues raised by service users had been actioned and on this basis the area for improvement was deemed to have been addressed by the provider. Further advice was given in respect of ensuring that items raised that had not been actioned are kept on the agenda as actions to carry forward to the next meeting. This will be reviewed at a future inspection. Activities to avail of included bus trips, participating in seasonal activities, watching dvds, sensory activities, singing karaoke, boccia, painting and golfing.

4.6 Quality and Management of the Environment

The day care setting was observed to be clean, tidy and suitably furnished, warm and comfortable. One area of the day care setting however included an unlocked room with disused materials and equipment. The manager has since confirmed that this area is locked with arrangements made to remove all disused equipment in the near future. This will be kept under review.

An area for improvement identified at the previous inspection related to the findings of the previous fire risk assessment which had not been addressed. On review of this document and the most recent fire risk assessment, it was positive to note that a replacement fire alarm system had been installed with certifying documents to confirm compliance with the fire safety regulations and all identified recommendations arising from the previous fire risk assessment had been actioned and appropriately signed off. On this basis the area for improvement has been deemed to have been fully addressed by the provider. There was evidence that fire safety checks had been completed as required. Staff had completed training in 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.

4.7 Governance and Managerial Oversight

There were monthly monitoring arrangements in place in compliance with the regulations and standards and a review of the reports of 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.

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

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The manager advised that no complaints had been received since the last 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 and procedures for staff to check the vehicle after each journey to ensure that no service users remain on the transport.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in one area for improvement being stated for the second time and no new areas for improvement. Findings of the inspection were discussed with Melvyn Purdy, Manager, as part of the inspection process and can be found in the main body of the report.

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

	Regulations	Standards
Total number of Areas for Improvement	0	1

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

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 15.3 Stated: Second time To be completed by: Immediately and ongoing	<p>The Registered Person shall ensure that the initial care review should take place within four weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including cares, or agencies involved in their care. As a minimum, a formal review should take place once a year</p> <p>Ref:4.5</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure that the initial care review takes place within four weeks of commencement of the placement. On a service users' commencement day, a date, four weeks from then will be set for their initial care review. Thereafter a review will take place at times specified within the care plan. This will be at least once a year to include all agencies and carers involved in the service users' care. If circumstances change or the service user or other persons request, a review will take place sooner as required.</p>

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