The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Elderly Learning Disability Service

Provider: South Eastern Health and Social Care Trust

Date of Inspection: 7 October 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:	South Eastern Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms Roisin Coulter
Registered Manager:	Miss Susin Reid
Service Profile – Elderly Learning Disability Service (ELDS) is a statutory day care service within the South Eastern HSC Trust (SHSCT) under the Learning Disability Programme, which provides day care support for adults with learning disabilities.	

2.0 Inspection summary

An unannounced inspection took place on 7 October 2025, between 9.20 am and 3.20 pm by a care Inspector.

The last care inspection of the day care setting was undertaken on 5 March 2024 by a care Inspector. No areas for improvement were identified.

This inspection was undertaken to evidence how the day care setting was performing in relation to the regulations and standards; and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was 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. It was evident that staff promoted the dignity and well-being of service users.

Areas for improvement were identified in relation to the staff roster and the maintenance of fire safety information specific to the day care setting. Full details 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 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

During the inspection, we spoke with a number of service users, relatives and staff members.

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

Staff comments were very positive and indicated they enjoyed working as part of a supportive team.

3.3 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. The manager maintained records in relation to incidents for both services they managed in one database. They were advised as these services were two distinctly separate registered services they should be operated as such and all records maintained should relate to the individual service. The manager agreed to implement these changes, which will be reviewed at the next inspection.

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.

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.

It was evidenced during discussions with the manager that staff from another registered day care setting in which they managed, frequently worked across both settings. The manager was advised that these staff were required to be recruited separately for the two settings. It was also 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.

A staff rota for the day care setting was not available. There must be a detailed rota maintained for the service. The rota should clearly reflect all staff working each day, including the manager, hours worked and in what capacity they worked. One area for improvement has been identified.

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.

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. Staff were provided with opportunities to complete training commensurate with their role. Procedures were in place for appraising the staffs' performance and staff confirmed that appraisals had taken place.

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 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.

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

Activities for service users were provided which involved both group and one to one activities. Service users expressed an interest in participating in a formal dinner and dance. It is good to note a working group was established to organise the event, which was considered by staff and service users as a great success.

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 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. 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. 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.

3.3.6. 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. All staff had completed fire training. However, the records provided were not specific to the day care setting. Whilst, the fire safety folder was available it related primarily to the whole building in which the day care setting operates out of. The day care setting did not have separate records. The information relating to fire control measures did not appear to relate specifically to the day care setting. An area for improvement has been identified.

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
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Susin Reid, 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	
Area for improvement 1 **Ref:** Regulation 26.-(4) (a) **Stated:** First time **To be completed by:** Immediate from the date of inspection.	The Registered Person shall ensure they have in place a current written risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed. This relates to the Fire Control records for example but not limited to fire risk assessments, personal emergency evacuation plans (PEEPS) and records of fire evacuation drills. Ref: 3.3.6
	Response by registered person detailing the actions taken: The registered manager has completed a Fire Safety File for ELDs. This includes risk assessments, PEEPS and fire evacuation records. This has been reviewed by the South Eastern HSC Trusts Fire Safety Department
Action required to ensure compliance with Day Care Settings Minimum Standards. Version 1.1: August 2021	
Area for improvement 1 **Ref:** Standard 23.7 **Stated:** First time **To be completed by:** Immediate from the date of inspection.	The Registered Person shall ensure a record is kept of staff working each day and the capacity in which they worked. This relates specifically to the maintenance of a staff roster, which includes details of manager's presence in the service; hours worked by each staff member; and absences due to training, annual leave or sick leave. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager has established a staff roster for ELDs. This includes manager and staff details; staff role, hours worked, any absences due to annual leave, sick leave and training

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

The Regulation and Quality Improvement Authority

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