The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Beech Hall Centre**

Provider: **Belfast HSC Trust**

Date of Inspection: **10 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:	Belfast Health and Social Care Trust (BHSCT)
Responsible Individual/Responsible Person:	Mrs Maureen Edwards
Registered Manager:	Mrs Stephanie Codd
Service Profile: This is a Day Care Setting with a maximum of 35 registered places to provide care and day time activities for people who are living with physical disability, sensory impairment and / or a learning disability.	

2.0 Inspection summary

An unannounced inspection was undertaken 10 October 2025, between 10.20 a.m. and 5.00 p.m. by a care Inspector.

The last care inspection of the day care setting was undertaken on 13 September 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.

The inspection found that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Beech Hall Centre was a good experience.

No areas for improvement were identified during this inspection.

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 Beech Hall Centre. 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 seek the views of those attending, working in, and visiting the day care setting; and review a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

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

Service users spoken with were exceptionally complimentary about Beech Hall Centre and the staff. They explained how meaningful attendance at the day care setting was to them and that they valued the relationships that they have formed with both their peers and staff. We were told they felt seen and valued as individuals. Staff were described as "patient" and "understanding". One service user said, "All the staff are very, very good. Now, I probably don't tell them that enough but that's the truth, they are."

Service users told us that they knew how to raise a complaint and felt able to approach staff with any concerns. One service, in detailing a disagreement they had with another attendee of the day care setting, described how empathic the Manager had been and how supportive the staff had been in aiding resolution of the matter.

It was positive to observe service users engaging in independent and group activities. Those engaging in arts session were laughing and joking with one another, advising us about who had won the most prizes during a game of bingo that had took place earlier. They told us they "loved" attending the day care setting. The staff facilitating the session promoted participation of all service users.

One to one support was provided to a service user to expand their skills and knowledge in relation to cooking. In speaking with this service user, they told us about the recent achievement of returning to the gym and intentions surrounding scheduling personal training as a result. The individual told us that their confidence has grown through support of staff and that they were looking to increase their independence with respects to their housing arrangements.

Staff were very complimentary of the Management within the day care setting. They described how they felt that there had been vast improvement in how the day care settings resources were utilised to achieve the best possible outcomes for the people they support. Staff linked this improvement directly to the leadership and direction provided by Mrs Stephanie Codd.

Staff told us that they felt service user plans were thoroughly completed, offering them clear and concise information to inform their practice. Staff spoke knowledgably about incident management and illustrated understanding as to the regional safeguarding procedures. They spoke positively about the training and opportunities provided to expand their knowledge and skill sets beyond academic courses, such as mediation and tai chi. Staff confirmed receipt of regular supervision however advised colleagues and the Manager were also available to offer guidance and support when needed.

Observations throughout the day saw positive interactions between service users and staff. Staff appeared respectful of service users and actively sought to promote their autonomy. Staff spoke passionately about service user involvement, describing how this was more than tokenism, with upcoming service user elections planned. Staff consulted with stated that they really enjoyed their work and felt that they made a meaningful difference in the lives of the service users who attended Beech Hall Centre.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular training and continued supervision and support.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. There was evidence of robust systems in place to manage staffing with the service rota prepared in advance and available to staff. Management advised how they considered the needs of expected attendees as well as planned activities or outreach scheduled and adjusted staffing levels accordingly to ensure safe delivery of care.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have direct engagement with service users.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date. Service user specific training had also been provided to staff. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

Competency assessments were undertaken for those responsible for the day care setting in the absence of the Manager. Medicines Competency assessments were also completed for any staff who administered medicines.

All staff received regular supervision, including those supplied by recruitment agencies. Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles. Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. Service users' needs were met through a range of individual and group activities such as development of everyday living skills, gym and swimming sessions, yoga and tai chi, music, occupational and physiotherapy. It was positive to note engagement in cross community activities with some service users attending a recent tea dance. Other cultural activities saw service users attend a history of NI Exhibition at Ulster Museum and an art exhibition at a local hotel.

Beech Hall Centre also recently hosted a Mela event that aimed to strengthen local partnerships with various organisations who represent many ethnic minority groups. Service users expanded their knowledge and awareness of different cultures in advance of the event. Their goal was to foster a culture of inclusivity and celebrate diversity across all members of our society. In speaking with service users and staff, this was perceived to be a massive success, which everyone enjoyed and as a result is something that they hope to repeat again in the future.

Individual activities inclusive of signposting to both statutory and voluntary organisations and outreach, supporting initial contact with agencies, evidences commitment to expanding service users' support networks. Work undertaken by staff within Beech Hall Centre has ensured service users are in receipt of services they are entitled to and consequently in receipt of the correct support within the community. Moreover, it has empowered service users' to focus on their strengths and capabilities, set personalised goals and overcome barriers. Outcomes achieved include one individual with complex physical disabilities attending the gym for the first time, engagement with a local men's shed and exploring available housing options seeking to increase their independence.

Service user's independence and autonomy as to how they choose to spend their day was respected and promoted by Beech Hall Centre staff. This was evident through observation and discussion with service users; one did not wish to engage in the choice of group activities in the morning so instead utilised a smaller area, deciding to colour whilst watching TV and having a coffee. Another service user had one to one time allocated and choose to spend time in the kitchen, having selected a new recipe they made a large dessert that they decided to take home that evening.

Examination of care records and discussion with staff confirmed that the risk of falls were well managed and referrals were made to other healthcare professionals as needed. They discussed the benefit of having an occupational therapist as part of the team who could conduct review assessments as required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. It was positive to note a choice of meals available for each assessed dietary level clearly displayed within the dining area and the food served smelt appetising. There was a system

in place to reduce risk of distraction during meal times and create a calm, relaxed and unhurried atmosphere for all service users.

3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Review of service user plans illustrated that there were comprehensive directions in place for staff regarding management of risks. For example, for those individuals with Speech and Language Therapy (SALT) Care Plan action to be considered following a choking incident were detailed. Moving and Handling risk assessments were also apparent for individuals requiring the use of aids, adaptions or specialised equipment. Allied professionals details were recorded within the relevant sections of service users plans, enabling staff to seek their intervention when required.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, 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. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service users care records. A central register was in place to enable tracking of any DoLS due for review.

There was evidence of service user plans being updated on a regular basis and staff appeared proactive in seeking review meetings when necessary.

3.3.4 Quality and Management of the Environment

The day care setting was observed to be modern, bright, welcoming and suitably furnished. All internal areas of the day care setting were observed to be clean and tidy. There were photographic displays in the corridors that contained images of service users engaging in activities. It was great to find these displays were recently updated, with photos of the Mela event evident.

All areas were found to be considered and promoted inclusivity, for instance alternative kitchen counter top devised for wheelchair users and spacious floor space allowing for ease of movement throughout the day care setting.

Concerns were highlighted regarding the exterior garden space to the rear of the building. This was discussed with the Manager who provided assurances that action had been sought from maintenance in order to address matters identified. Those matters requiring immediate attention were actioned on the day of inspection. It was advised that the exterior environment would be reviewed again during the next inspection.

There was evidence that systems and processes were in place to manage infection prevention and control that included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. Staff were observed washing their hands correctly and at appropriate times utilising PPE as needed.

A fire risk assessment had been completed. There was evidence that fire safety checks were undertaken on a regular basis. Records were also available evidencing service user and staff participation in a recent fire evacuation. In discussion with the Manager, it was advised that they were seeking installation of fire equipment for doors within the centre; the Manager advised they would continue to liaise with relevant department personnel until resolve is achieved. This will be reviewed again at the next inspection.

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

3.3.5 Quality of Management Systems

There has been a change in the management of the day care setting since the last inspection. Mrs Stephanie Codd has been the manager in this day care setting since 7 August 2025.

Those consulted with commented positively about the manager and described her as being proactive, service user focused, knowledgeable and approachable. They stated that they felt well supported by the Management Team.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. There was evidence that timely notifications occurred and that plans were updated when needed to reduce likelihood of a similar reoccurrence.

There was a protocol in place for staff to follow where service users did not attend as planned. It was positive to note that all staff consulted demonstrated awareness of this protocol.

The service had transportation assessments completed for all applicable service users. The service also had a protocol in place regarding transportation which enabled monitoring of journey times and impact of this. Based on assessed need, there were escorts available on transportation that ensured any incident could be effectively responded to and to ensure that all service users safely got on and exited the bus.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's

adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Complaints were managed appropriately and it was good to note that any identified learning was shared with staff.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were completed in detail.

The day care setting also completed audits in addition to those stipulated within the Regulations and Standards with the team completing frequent audits in relation to activities offered, service user records, supervision and appraisal, new admissions etc. This level of self-governance was highlighted as an area of good practice during feedback.

It was positive to note that annual service user surveys had been completed with a high level of returns received; feedback detailed within these was positive. Beech Hall Centre also sent surveys to service user representatives seeking their feedback regarding service provision. It was encouraging that the day care setting was actively seeking opinions in order to guide action to ensure future service improvement.

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 Stephanie Codd, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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