

Inspection Report

Name of Service: Crossmaglen Social Education Centre

Provider: Southern Health and Social Care Trust

Date of Inspection: 11 November 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 Health and Social Care Trust
Responsible Individual:	Mr Steve Spoerry
Registered Manager:	Mrs Geraldine Carragher
Service Profile – Crossmaglen Social Education Centre is a day care setting registered to provide care and day time activities for a maximum of 24 people who have a learning disability. 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 11 November 2025 between 8.45 a.m. and 2:00 p.m. This was conducted by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

The last care inspection of the day care setting was undertaken on 3 October 2024 by a care inspector. One area for improvement were identified that was stated for a second time. This 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.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider. The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as the maintenance and review of transport documentation, 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.

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.

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.

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

We spoke to a range of service users and staff to seek their views of the day care setting. The information provided indicated that there were no concerns.

Service users spoke positively about their experience of the day care setting; they told us they loved coming to the day centre, they like to knit blankets, do art projects and strength and balance exercises.

Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoke very positively in regard to the care delivery and management support in the day care setting. One told us that they loved coming to work in the day care setting.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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

Review of the agency's staff recruitment identified that one staff member currently employed within the day care setting had done so without an enhanced AccessNI check having been received specifically for this service. This staff member had previously worked elsewhere in the

same Trust and an enhanced Access NI check was undertaken prior to a previous role. 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.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

Procedures were in place for appraising staff performance.

3.3.2 Delivery of care

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff interactions with service users were observed to be friendly and supportive.

Service users' needs were met through a range of individual and group activities, such as Strength and conditioning, craft activities and music.

3.3.3 The systems in place for identifying and addressing risks

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).

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.

Staff were provided with training appropriate to the requirements of their role. It was good to note that staff had been provided with training specifically in relation to service users' needs.

A review of care records identified that risk assessments and care plans were up to date.

All relevant staff had been provided with training in relation to medicines management. An audit of medication practices is consistently undertaken monthly.

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.

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the day care setting was safe to attend. For example, fire safety checks, electrical installation checks and water temperature checks.

There was evidence that systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

The fire risk assessment and staff fire training were found to be in date. During the inspection fire exits were observed to be clear of clutter and obstructions. Daily, weekly and monthly fire checks had been undertaken and Personal Evacuation Emergency Plans (PEEPS) were completed. A fire evacuation drill was undertaken on 31 October 2025. Good practice was noted in the detection and reporting of concerns relating to equipment within the day care setting.

3.3.4 The arrangements for promoting service user involvement

From reviewing service users' care records and through discussions with service users, it was good to note that service users 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.

The day care setting had undertaken an evaluation of the service and produced a report which was shared following the inspection and was noted to have included feedback from service users.

It was also positive to note that the day care setting had service user meetings on a regular basis, which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

3.3.5 The arrangements to ensure robust managerial oversight and governance

There has been no change in the management of the day care setting since the last inspection. Mrs Geraldine Carragher continues to be the acting manager in this day care setting. An application for registration has been received. Staff spoken with commented positively about the manager.

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.

There was a process in place to manage any complaints; none had been received since the last care inspection.

Review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

There was a protocol in place to check the bus transport after every journey to and from the day care setting, to ensure that every service user had safely exited the bus. However, the transport documentation did not consistently contain full information of transport times or evidence of review by the manager. An area for improvement has been identified.

The day care setting's registration certificate was not up to date. Following the inspection, a new certificate has been issued to the day care setting.

4.0 Quality Improvement Plan/Areas for Improvement

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 area for improvement and details of the Quality Improvement Plan were discussed with Mrs Geraldine Carragher, 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 Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: Immediately from the date of inspection	The Registered Person shall ensure that transport documentation is fully completed and subject to review. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Person has reviewed transport documentation and has amended it to include service user pick up and drop off times. The Registered Manager will audit this documentation at least monthly to ensure accurate and detailed recording is maintained.



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