The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisnally Resource Centre**

Provider: **Southern Health and Social Care Trust**

Date of Inspection: **4 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:	Lisnally Resource Centre Southern HSC Trust
Responsible Individual/Responsible Person:	Steve Spoerry
Registered Manager:	Ms Claire Harte
Service Profile – Lisanally Resource Centre is a day care setting with 25 places for service users over 65 years and persons living with dementia. The service provides care and activities, Monday to Friday each week. This service is operated by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 4 November 2025, between 9.00 am and 3.00 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 six areas for improvement identified, by RQIA, during the last care inspection on 10 November 2024; and to determine if the day 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 day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Lisanally Resource Centre was an enjoyable experience.

As a result of this inspection all six areas for improvement were assessed as having been addressed by the provider. One new area for improvement has been identified this related to transport, 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 the previous Quality Improvement Plan issued, 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 working in, attending and visiting the day care setting; and review/examine 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they were very happy attending the Lisanally Resource Centre. Service users shared that they felt safe, were having fun and were enjoying spending time with peers who have become their friends. A number of service users demonstrated how they were knitting hats for donation for the care of new-borns and how they had been participating in fund raising events. The staff were described as being helpful, friendly and supportive.

Relatives told us that this "was a first class service" that within a short time of their relative attending the service, their relative had recommenced hobbies they had previously enjoyed, the staff were friendly and caring and that communication from the team was good.

Staff told us that they loved their jobs, there was good teamwork, the manager was approachable and the care of service users was excellent.

3.3 Inspection findings

3.3.1 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.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. 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 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, 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. Staff confirmed that got sufficient training for their roles.

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; and all staff received regular supervision.

3.3.2 Care Delivery

There was a meeting held at the beginning of each shift, called a 'Safety Brief'; this included the sharing of information about any changes to the service users' care, that the staff needed to assist them in their roles. The Safety Brief meeting also included a 'Safety Pause' which was used to communicate any specific information pertaining to service users' that may have a modified diet. Staff also attended 'safety pauses' prior to mealtimes.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. A review of records and discussion with service users and staff evidenced that there were robust systems in place to manage service users' nutrition and mealtime experience.

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 learning new skills in a number of different activities such as; board games, knitting, armchair exercises, brain fit quizzes, memory ball games, reminiscing, bingo, artwork, music and nail care. A number of celebrations and fund raising activities were also undertaken in the centre.

3.3.3 Management of Care Records

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.

Service users were given the choice as to whether or not they wanted their photograph taken and used in any organisational promotional material or social media.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. There was evidence of an ongoing improvement project in relation to risk assessment documentation, this is to include transport risk assessments, and this will be further reviewed at future inspections. The care records were noted to be stored securely.

Needs assessments were signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user was unable to sign any document, this was clearly recorded.

Staff recorded regular evaluations about the care and support provided.

It was good to note that the eating and drinking care plans and risk assessments referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

There was a system in place to track when service users' annual reviews were due.

3.3.4 Quality of Management Systems

Mrs Claire Harte has been the acting manager in this day care setting since 1 December 2023, they are also the acting manager for two other day centres. An application to be the registered manager has been received. Staff spoken with commented positively about the manager, describing them as 'approachable' and 'knowledgeable'.

Since the last inspection 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.

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. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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. Journey times were recorded, on review of this information some service users have experienced journey times significantly exceeding that recommended. An area for improvement has been identified.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided within the day care setting.

3.3.5 Quality and Management of the Environment

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.

A fire risk assessment had been completed on 20 November 2023, all identified actions have been addressed. Fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection fire doors were observed to be unobstructed.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations and 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 the Senior Day Care Workers, 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 12.3, 12.4 **Stated:** First time	The Registered Person shall ensure that the maximum journey time will not be exceeded.
To be completed by: Immediately from the date of inspection	**Response by registered person detailing the actions taken:** SHSCT has a central transport department who coordinates the transportation of Service Users to day care across all Programmes of Care. Case managers conduct an assessment to determine eligibility for transportation in line with legislation and the transport department identify the most viable mode of transport, pick up/drop off times etc. All Service Users currently in receipt of transport support are to be reassessed to determine if they still have an assessed transport need to support their Day Care Attendance. Transport are reviewing all the current planned journeys to seek alternative solutions to the length of time service users spend on transport. In addition they are undertaking a recruitment exercise to increase service capacity.

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

The Regulation and Quality Improvement Authority

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