The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Binnian Lodge Resource Centre

Provider: Southern Health and Social Care Trust

Date of Inspection: 13 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 Person:	Mr Steve Spoerry
Registered Manager:	Mrs Geraldine Carragher
Service Profile – Binnian Lodge Resource Centre is a day care setting that is registered to provide care and daytime activities for up to ten service users living with a physical disability or sensory impairment. The centre is open on Tuesday and Thursday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 November, between 1.00pm and 4.15pm by a care inspector.

The last care inspection of the day care setting was undertaken on 20 August 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.

During this inspection, service users who spoke with the inspector said that attending Binnian Lodge Resource Centre was an enjoyable experience and that they received 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. There were no areas for improvement identified as a result of this inspection. The findings of this inspection can be found in the main body of the report.

Good practice was identified in relation to service user involvement and the individualised bespoke care provided.

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 service 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those attending the centre and review a sample of records to evidence how the service is performing in relation 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 and their quality of life

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.
During the inspection, we spoke with a service user and staff members.

The service user attending indicated that they were happy with the care, support provided in the centre, and that they enjoyed the food and activities. A good atmosphere was evident between the service user and staff in the communal areas of the day care setting.

Staff who spoke with the inspector spoke positively about the care provided to service users, that there was good training and teamwork and that management was supportive and approachable.

Relatives contacted were very complimentary about staff attitudes and helpfulness.
They described how much their loved ones look forward to attending the centre.

The information provided indicated that there were no concerns in relation to the day care setting.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection 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. Staff said they felt well supported in their role. There were no volunteers working within the day care setting.

During review of recruitment information it was found that one-day care worker, who commenced their position within this service in January 2025, having been employed in another day care centre within the Southern Trust did not have a new AccessNI Enhanced check upon moving to this role within Binnian Resource Centre. This led to a discussion with the person in charge and senior staff to fully ensure that they have a robust system for criminal checks to be completed for all staff contracted to work in the day care setting. 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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). 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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

All relevant staff had been provided with training in relation to medicines management. Staff had also completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles and were compliant in all mandatory training.

3.3.2 Management of Dysphagia and Recommendations for Eating, Drinking and Swallowing Documents (REDS)

Two service users were assessed by Speech, Language Therapist (SALT) with recommendations provided, and some required their food and fluids to be of a specific consistency as assessed by a Speech and Language Therapist. (SALT). 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 to ensure the care received in the setting was safe and effective. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Within the care records reviewed, any SALT recommendations were clearly identified within the service user's care plan and risk assessment.

3.3.3 Care Records and Service User Input

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. It was good to note that the day care setting had discussions on a regular basis, which supported service users to make choices around the activities they would like to participate in when at the day centre. To enable better communication staff had liaised with SALT to source an electronic device, which enabled one of the service users to engage in conversations and convey opinions.

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. These are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in keeping with the day care setting's policies and procedures.

3.3.4 Governance and Managerial Oversight

The day care setting was observed to be clean, tidy and suitably furnished, decorated, warm and comfortable. The manager was not on site on the day of inspection but the deputy manager Marita Higgins attended.

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. The deputy manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The deputy manager advised that no complaints had been received since the last inspection.

There was a procedure 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. Both current service users travel by different methods to and from the centre and do not share transport with other service users.

The inspector examined consents for the occasional use of monitoring technology in the day room when both members of staff leave to assist a service user in the bathroom. These areas were discussed with the deputy manager who agreed to review the processes. Following the inspection, the inspector was received details of actions, which had been taken to ensure best interests were served. These matters will be reviewed at a future inspection.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The findings were discussed with Mrs Marita Higgins deputy Manager, after the inspection and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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