

Inspection Report

Name of Service: Island Resource Centre

Provider: Belfast 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:	Belfast Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms. Jennifer Welsh
Registered Manager:	Mr. Patrick Goan
Service Profile – The Island Resource Centre is a day care setting that is registered to provide care and daytime activities for up to 60 adult service users with a physical disability and/or sensory impairment. The day care setting is open Monday to Friday and is managed by the BHSCT.	

2.0 Inspection summary

An unannounced inspection took place on 11 November 2025, between 9.30 am and 2.55 pm by a care Inspector.

The last care inspection of the day care setting was undertaken on 10 September 2024, 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' care reviews, service user involvement and person centred care plans. It was evident that staff promoted the dignity and well-being of service users.

During the inspection, it was evident that staff not directly involved with the service utilised office space within the day care setting's registered premises. This matter was discussed with a member of the Senior Management Team and assurances were provided in relation to the completion of criminal record checks (enhanced AccessNI) and Northern Ireland Social Care Council's (NISCC) registration for these staff. Discussions are ongoing with the Trust in seeking further assurances.

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.

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

The information provided by service users 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.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend.

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.

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. 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 professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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.

It was noted that staff from the Trust's Community Access Team occupied some office space in the building. These staff are not line managed by the day care service manager and are not directly involved in care delivery within the service. This matter was discussed during the inspection with the manager and a member of the senior management team. Assurances were provided that these staff had enhanced criminal record checks completed and were registered with NISCC. There is ongoing engagement with the Trust in relation to this matter.

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 service 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.

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. Activities for service users were provided which involved both group and one to one activities.

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 service user was 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. Fire exits were observed to be clear of clutter and obstructions. An area within the service was undergoing significant maintenance work, doors were locked and barriers were in place to restrict access.

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 Mr Patrick Goan, Manager, as part of the inspection process and can be found in the main body of the report.



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