The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Mourne Stimulus Day Centre

Provider: Mourne Stimulus Day Centre

Date of Inspection: 16 December 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:	Mourne Stimulus Day Centre
Responsible Individual/Responsible Person:	Mrs. Cynthia Cranston MBE
Registered Manager:	Mrs. Stephanie Moore Archer
Service Profile – Mourne Stimulus is a day care setting which is registered with RQIA to provide care to people who have a learning disability. The centre supports service users to integrate into the life of the local community and encourages engagements with a range of social, leisure and commercial facilities in the area.	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2025, between 9.40 am and 5.10 pm. The inspection was conducted by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 1 July 2024; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led

As a result, of this inspection, the areas for improvement previously identified were assessed as having been addressed by the provider. The inspection established that improvements were required to ensure the effectiveness and oversight of certain aspects of the service, including monthly monitoring reports; submission of statutory notifications to RQIA; submission of a variation application to RQIA; and oversight of Deprivation of Liberty arrangements and restrictive practices. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Mourne Stimulus Day Centre uses the term attenders to describe the people to whom they provide care and support. For the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant regulations.

Good practice was identified in relation to the variety of activities available to service users; service user involvement; person centred care plans; staff supervision; training specific to meet service users’ needs; and oversight of complaints. It was also evident that staff promoted the dignity and well-being of service users.

Following the inspection, RQIA invited the Responsible Individual (RI) to an enhanced feedback meeting on 5 January 2026. The purpose of the meeting was to provide feedback on the inspection findings and to discuss how identified deficits were to be addressed.

At this meeting, the RI provided an account of actions taken and further actions planned to address the matters raised and improve governance and quality assurance arrangements. RQIA was assured that the RI was cited on the concerns identified and would address them through a robust and timely action plan. To help inform RQIA's ongoing regulatory oversight of this service the RI was requested to submit additional information in relation to governance and oversight mechanisms; RI support of the Registered Manager; and arrangements for ensuring effective management and oversight of Deprivation of Liberty Safeguards (DoLS).

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 areas for improvement, 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.

3.2 What people told us about the service

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

The information provided by service users, their relatives and visiting professionals indicated that there were no concerns in relation to the day care setting. They commented that staff were knowledgeable, reliable, approachable and treated them with dignity and respect. They also reported that communication from the service was effective.

Staff comments were 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 had been a change in the management of the day care setting since the last inspection. Consultation with service users, staff, and relatives highlighted that the manager was supportive, approachable, and contributed positively to the service. The manager had been responsible for implementing changes in order to improve the quality of the service, which included the oversight of complaints, staff training and staff supervisions.

Whilst there were monitoring arrangements in place, the monthly quality monitoring reports did not contain sufficient detail to ensure they are an effective mechanism for identifying deficits early, addressing concerns in a timely manner, and supporting ongoing improvement. Specifically, there was a lack of information in relation to accident and incidents; staff training; and professional registration checks. In addition, unique identifiers were not used when reviewing service users' care records within the reports. An area for improvement was identified.

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 noted to include stakeholder feedback. The manager was advised this report could be further strengthened by including more detailed information in relation to training and incidents.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. RQIA had not been notified appropriately of incidents, which is essential for effective oversight and safeguarding of service users. An area for improvement was identified.

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.

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.

Review of the service'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.

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. The manager recently implemented a staff development programme to ensure staff who are required to manage the day care service in the manager's absence were suitably trained, knowledgeable and competent to do so. The manager was advised to ensure records relating to this development programme are maintained. These records will be reviewed during future inspections.

Staff were registered with NISCC and are required to maintain their registration, including renewal and completion of Post Registration Training and Learning. Staff received an opportunity to discuss their registration and 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. Service user specific training had also been provided to staff, supporting safe, effective, and person centred care.

Procedures were in place for appraising staff performance. Staff told us they felt supported and involved in discussions about their personal development. All staff received regular supervision, in line with policy.

Discussions with the manager confirmed that the planned number of care staff on duty had been reduced on occasions due to sick leave, requiring the manager to regularly provide direct care and support to services users. This limits their capacity to effectively fulfil their managerial and oversight responsibilities. This was discussed with the Responsible Individual during the meeting held on 5 January 2026, they confirmed new staff had been successfully recruited and were due to commence employment, and gave assurance that staffing levels would be regularly reviewed to maintain safe and effective care.

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.

Review of service users' care records and discussions with service users, established that they had input into the development of 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. However, the manager had not been able to commence a regular programme of audit of care records due to involvement in day-to-day provision of care and support. This was discussed with the Responsible Individual, who provided assurances that appropriate actions would be implemented to address matters which impact on the manager's ability to fulfil their oversight role. The regular review of care records will be reviewed at future inspections.

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.

Service users' needs were met through a range of individual and group activities such as horticulture, board games, and arts and crafts. 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. The manager reviewed the activities records on a regular basis.

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) and Restrictive Practises

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 number of the service users were subject to DoLS and restrictive practices were in use within the service. However, the service did not maintain a DoLS and/or Restrictive Practice register and the relevant service user documentation was not available for those service users identified as subject to DoLS. The manager agreed to contact the Trust key workers to seek clarity and as appropriate request a copy of all relevant documentation. An area for improvement was identified.

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.

During the inspection, fire exits were observed to be clear of clutter and obstructions. Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. However, it was identified not all staff were up to date with their fire safety training. The manager provided evidence this training had been scheduled but cancelled due to

the availability of the trainer. They have subsequently actioned and secured a new date for completion of this training.

It was evident that the service had commenced construction work within the buildings since the last inspection, and this work was ongoing. RQIA had not been informed of this variation to the day care setting's premises in accordance with the legislation. Following the inspection, the manager contacted the RQIA Estates Inspector and is taking action to progress this matter. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Stephanie Moore Archer, Manager and Mrs Cynthia Cranston MBE, Responsible Individual, 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 Setting Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 28 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The Registered Person shall ensure the monthly monitoring reports provide sufficient detail in relation to the review of care records; training; incidents and service user/staff/stakeholder feedback to support robust governance and oversight of the service. Ref: 3.3.1
	Response by registered person detailing the actions taken: As discussed during the Inspection Mourne Stimulus had already identified with the Individual completing the Monthly Monitoring and met with her regardingthe issue outlined above. She has downloaded the new RQIA form and will complete. Following completion it will be reviewed.
Area for improvement 2 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The Registered Person shall ensure all notifiable events are submitted to RQIA without delay. Ref: 3.3.1
	Response by registered person detailing the actions taken: Additional Care Staff have been given access to undertake the notificatiable events.

Area for improvement 3 **Ref:** Regulation 15 (a) and (b) **Stated:** First time **To be completed by:** Immediate from the date of inspection	The registered person shall ensure: • the care and support provided to a service user is based on the service user's needs which have been assessed by a suitably qualified or suitably trained person; and • there are records of all relevant assessments and documents maintained in care records. This relates specifically to the governance and oversight of DoLS and restrictive practices. Ref 3.3.5
	Response by registered person detailing the actions taken: The Registered Manager and Responsible Individual have met with the Trust Social Workers to discuss their flowchart and processes for assessment. Any assessments and related documents will be held in the Care records. The RM will hold a register of DoLs and restrictive practices.

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 **Ref:** Standard 25.10 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The Registered Person shall ensure all structural changes or changes of use to the registered building are approved by RQIA. This relates to the commencement of structural work prior to informing RQIA. Ref: 3.3.6
	Response by registered person detailing the actions taken: As discussed at the Inspection Mourne Stimulus believed RQIA were notified of the proposed changes in 2019. Once MS realised their omission immediately forwarded the relevant documentation to RQIA.

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

The Regulation and Quality Improvement Authority

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