

Inspection Report

Name of Service: The Beeches Resource Centre

Provider: The Beeches Professional & Therapeutic Services Ltd

Date of Inspection: 8 January 2026

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:	The Beeches Professional & Therapeutic Services Ltd
Responsible Individual/Responsible Person:	Mr. James Brian Wilson
Registered Manager:	Mrs. Ines Fernandez-Mesa
Service Profile – The Beeches Resource Centre is a Day Care Setting that provides care and daytime activities for people aged over 18 years of age with a learning disability; some service users may have additional needs arising from physical disability, sensory impairment and/or mental health needs. The day centre is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection took place on 8 January 2026, between 9.10 am and 2.55 pm by care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards, 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, improvements were required in relation to monthly monitoring reports; and the submission of statutory notifications to RQIA. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Good practice was identified in relation to the variety of activities available to service users; service user involvement; person centred care plans; staff recruitment records; and training compliance. It was also evident that staff promoted the dignity and well-being of service users.

The Beeches Resource 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.

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 and their quality of life

During the inspection, we spoke with a number of service users 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, and approachable and treated them with dignity and respect. It was stated staff offer an excellent service within a very warm and caring environment. They also reported that communication from the service was effective.

However, it was suggested that communication in relation to unplanned closures due to weather conditions could be improved by providing more notice. Concerns were raised in relation to Trust transport arrangements and signposting to the Trust complaints department was provided.

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.

Whilst there were monitoring arrangements in place, the monthly quality monitoring reports did not contain sufficient detail to ensure an effective mechanism for identifying deficits early, addressing concerns in a timely manner, and supporting ongoing improvement. Specifically, there was a lack of accurate information in relation to accident and incidents 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 agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of incident records indicated that RQIA had not been notified appropriately of incidents. 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, if any received, 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.

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. The manager has recently introduced a system to ensure oversight of NISCC registrations, which includes monthly checks of renewal dates and ongoing compliance.

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 and appraisals, in line with policy.

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.

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.

A number of service users were assessed by Speech and Language Therapists (SALT), with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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.

It is good to note that the service holds regular service user meetings and provide service users and their relatives with information, in the form of a regular Newsletter. This included information on activities.

Feedback received from service users' representatives about the quality of service indicated they were satisfied with the care and support their relatives received and communication was generally good. There was a suggestion that the service users would benefit from the re-introduction of sessions in basic cookery skills. This was discussed with the Responsible Individual (RI) following the inspection and a copy of the activities schedule provided evidenced of the regular inclusion of cookery-focused 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. It was noted that the manager had taken action to address issues; a number of incidents had been discussed with the Trust key worker. A safeguarding referral was assessed not to be appropriate, and the matters were managed via an alternative safeguarding response. The ASC was aware of these matters.

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. The service maintained a DoLS register and the relevant service user documentation was available for those service users identified as subject to DoLS.

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.

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	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Ines Fernandez-Mesa, 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 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: Reviewed provider report template. Have revised methodology of data collation for report and implemented the consistent use of unique identifiers for all relevant persons providing feedback.
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 and the Trust as appropriate without delay. Ref: 3.3.1
	Response by registered person detailing the actions taken: Manager and Registered Person will review reporting guidance to ensure consistent standard of reporting. Registered Person will implement enhanced process of quarterly audit of event reporting.



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Quality Improvement
Authority

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