Inspection Report

Name of Service: Safe Haven

Provider: Safe Haven

Date of Inspection: 27 March 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:	Safe Haven
Responsible Individual/Responsible Person:	Mr Gary Cawley
Registered Manager:	Mrs Rhonda Morrow
Service Profile – This is a day care setting that is registered to provide care and day time activities for up to 40 service users living with a learning disability. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection took place on 27 March 2026, between 9.35 am and 5.15 pm. A care Inspector conducted the inspection.

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 areas for improvement identified, by RQIA, during the last care inspection on 24 September 2024; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Service users said that the care and support provided by Safe Haven was a positive experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Good practice was identified in relation to the provision of activities, service user involvement and staff training. There were good governance and management arrangements in place.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. As a result of this inspection the areas for improvement previously identified was assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

The Inspector would like to manager, service users and staff team for their support and co-operation during 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 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 and attending 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.

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

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

Service users spoke very positively about their experience of attending the day care setting; they said they liked attending and enjoyed the variety of activities provided. Discussion with service users confirmed that they were able to choose how they spent their day. Service users' comments included; "I enjoy Safe Haven and enjoy the fun with staff" and "I like seeing my friends, staff and cooking. It's very fun".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the day care setting. Staff comments included; "Care plans are regularly reviewed and updated" and "There is good teamwork and we have a supportive manager".

Returned service users questionnaires confirmed that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. Comments included "Staff help me with activities and I like getting my hair and make up done".

The information provided indicated that those who engaged with us had no concerns in relation to the day care setting.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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 pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, review of one staff member's recruitment file did not record the reasons for leaving previous employment. An area for improvement has been identified

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 evidence that the induction programme for all new staff included shadowing of a more experienced staff member.

Checks were made to ensure that staff were appropriately registered with the Nursing and Midwifery Council (NMC) and/or the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, infection prevention and control, fire awareness and medicines management.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staff also reported staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a daily meeting at the beginning of each day, which included information about any changes to the service users' care that the staff needed to assist them in their roles.

Discussions with staff confirmed activities were planned around each service user's interests, abilities and supporting the development of independence, communication and social skills. Service users were supported to access activities both within the day care setting and the wider community. Service users confirmed they were asked their opinion regarding what they would like to do in the day care setting and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as arts and crafts, bowling, life skills, yoga, reflexology, mini golf, shopping and baking.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staffs' approach and responses to services users were noted to be caring, cheerful and respectful. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in an unobtrusive manner. We observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the Inspector. Service users were keen to share with the Inspector how much they enjoyed attending the day care setting and the positive relationships they have with staff.

Service users had good access to food and fluids throughout their day. The dining area was observed to be clean and warm. Service users were safely positioned for their meals and the mealtimes were observed to be well organised and supervised.

It was also positive to note that the day care setting had service users' meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in.

3.3.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences and the level of care and support they may require. Care staff recorded regular evaluations about the delivery of care and support.

Care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

A number of service users were assessed by a Speech and Language Therapist (SALT) and the documentation in place was satisfactory. A review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Rhonda Morrow has been the manager in this day care setting since 2 September 2022. Those consulted with commented positively about the manager and described her as supportive and approachable.

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.

The annual quality report was reviewed and noted to include service users' representatives' feedback. However, service users' questionnaires had not been completed. An area for improvement has been identified

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. A review of a sample of accident/incident records evidenced that these were managed appropriately.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the day care setting. The annual safeguarding position report had been completed and was found to be satisfactory.

The manager and staff confirmed that there was an established pathway for staff to follow in regard to raising any safeguarding concerns.

They were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Staff confirmed they had access to a range of policies and procedures, which they used to guide and inform their practice. Staff spoken with also confirmed that the manager would advise them of any updates to the relevant policies and procedures.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection. It was positive to note that the day care setting had received multiple compliments from various sources including relatives and health care professionals.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of regular update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

3.3.5 Quality and Management of the Environment

There were infection prevention and control measures in place such as personal protection equipment which was available for staff. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting was found to be warm, fresh smelling and clean throughout. The day care setting was tastefully decorated for Easter and service users' artwork was displayed. Service users used a range of spaces including quiet rooms, a sensory room and activity areas. The environment supported service uses with sensory needs and provided opportunities for both social interaction and privacy.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. All staff had completed fire safety training and participated in an annual fire evacuation drill. Fire safety checks were undertaken on a regular basis.

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rhonda Morrow, Manager, and Mr Gary Cawley, Responsible Person, 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 21 (1) (b) **Stated:** First **To be completed by:** Immediate and ongoing from the date or inspection	The registered person shall not employ a person to work in the day care setting unless full and satisfactory information is available in relation to him/her in respect of each of the matters specified in Schedule 2. This specially relates to recording the reasons for leaving previous periods of employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Recruitment Policy has been reviewed and updated. Applicants will complete an application form, stating reasons for leaving previous employment and document any gaps in employment history.
Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 **Ref:** Standard 8.4 and 8.5 **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure service users' views and opinions about the running of the service are sought on a formal basis at least once a year. A report should be prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users. Ref: 3.3.4
	Response by registered person detailing the actions taken: An 'Easy Read' survey has been designed and issued to service users to obtain their views and opinions about the service. Once the surveys have been received and analysed, a report will be generated and made available to service users.

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

The Regulation and Quality Improvement Authority

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