The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: 5 Lilburn Hall

Provider: Southern Health and Social Care Trust (SHSCT)

Date of Inspection: 31 October 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Southern Health and Social Care Trust (SHSCT)
Responsible Individual:	Mr. Steve Spoerry
Registered Manager:	Miss Sarah McCartney

Service Profile –

5 Lilburn Hall is a supported living type domiciliary care agency, which provides care and support to six service users with a learning disability. The service is delivered in two dwellings, Numbers 5 and 8 Lilburn Hall. The two houses are in close proximity to each other on the outskirts of Lurgan. SHSCT provide the staff that deliver the care and support to service users. The service users have individual rooms, a range of shared facilities and staff support them to be involved in decisions associated with their care and support.

2.0 Inspection summary

An unannounced inspection took place on 31 October 2025, between 09.00 a.m. and 1.00 p.m. A care inspector carried out the inspection.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The inspection also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management.

There were no Areas for Improvement identified during this inspection.

The inspector identified good practice in relation to care planning, recruitment, training and induction. There were good governance and management arrangements in place.

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 agency 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 agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the inspector will seek the views of those living and working in the agency, as well as those visiting the agency. The inspector will also review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The inspector provided information 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.

3.2 What people told us about the service and their quality of life

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support agencies provide to service users to assist them to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how agencies respect and empower service users who have a learning disability to lead a full and healthy life in the community.

Throughout the inspection the RQIA inspector spoke with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of using, visiting or working in the agency.

Respondents spoken to by the inspector gave generally positive feedback. One service user said 'I like it here and the staff are lovely'. Another said the staff 'are good to me'. Relatives of service users stated that they were 'happy with the care provided in the agency'.

Staff reported that they enjoyed working in the agency and that the manager was supportive. Several staff completed the online survey and all stated that they were very happy working in the agency.

The inspector spoke to a visiting social worker who reported that the client she supports continues to report that she is happy living in 5 Lilburn Hall. She reports that staff continue to

contact herself as keyworker to discuss care-planning arrangements and work together within the case management process.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was completed on 21 October 2024 by a care inspector. A finance inspection was also completed on 20 November 2024 by a finance inspector. The inspectors issued a Quality Improvement Plan (QIP) at that time. The inspector approved and validated this during this inspection.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge 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 safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. The inspector discussed these with the person in charge and confirmed that the agency had managed these appropriately.

The person in charge was aware that she must inform RQIA of any safeguarding incident concerning a service user that is reported to the Police Service of Northern Ireland (PSNI).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care they received. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency provided staff with training appropriate to the requirements of their role. The manager advised that no current service users required assistance with moving and handling. A review of care records identified that risk assessments and care plans were up to date. A review of the policy pertaining to moving and handling training and incident reporting identified that

there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

Agency staff had undertaken care reviews in keeping with the agency's policies and procedures.

All staff, including bank and agency staff, had received training in relation to medicines management. The person in charge advised that there were no service users who required the administration of oral medication via syringe.

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 staff assist only when required to do so. 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.

Staff who spoke with the inspector 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that no current service users were subject to DoLS. A resource folder was available for staff to reference if needed.

The inspector viewed the agency's fire risk assessment and found this to be within date.

4.2 What are the systems in place for the promotion of service user involvement?

From reviewing service users' care records and through discussions with service users, the inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps care and support plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

It was also good to note that the agency had service users' meetings on a regular basis, which enabled the service users to discuss the provisions of their care.

The inspector reviewed the annual quality report and this demonstrated evidence of service user consultation.

4.3 What are the systems in place for meeting the Dysphagia needs of service users?

The person in charge reported that one current service user requires a modified diet. She confirmed that all staff had received training in Dysphagia and were aware of action required in the event of a service user choking.

4.4 What systems are in place for recruitment and are they robust?

The inspector reviewed the agency's staff recruitment records via the trust Amiqus system and 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.

The inspector confirmed that the agency had a monthly process in place to check that staff held appropriate registration with the Northern Ireland Social Care Council (NISCC). The inspector spoke with staff who confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of Post Registration Training and Learning.

4.5 What arrangements are in place for staff induction and training?

The inspector confirmed that all newly appointed staff completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care. This ensured that staff were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a formal induction programme of at least three days, which included shadowing of a more experienced staff member. The agency retained records via the Epic system of the staff member's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the agency does use agency staff and these staff can avail of specific training such as medication competency, which they cannot obtain through their agency. The inspector reviewed the training matrix maintained by the agency and found all the majority of training to be up to date.

4.6 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly 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 the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality report was reviewed by the inspector and was satisfactory.

The person in charge confirmed that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that the agency managed complaints in accordance with the policy and procedure of the agency. Where the agency had received complaints, the inspector found that the agency had managed these appropriately. The inspector confirmed that the agency reviewed complaints as part of the monthly quality monitoring process.

5.0 Quality Improvement Plan/Areas for Improvement

The inspector did not identify any areas for improvement during this inspection. The inspector discussed the findings of the inspection with Miss Rachel Watson (person in charge) and Mrs. Hannah Farrell (Supported Living Services Coordinator) as part of the inspection process. These can be found in the main body of the report.

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