The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lawnfield Domiciliary Services**

Provider: **Presbyterian Council of Social Witness**

Date of Inspection: **20 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:	Presbyterian Council of Social Witness (PCSW)
Responsible Individual/Responsible Person:	Mrs Caroline Yeomans (Acting)
Registered Manager:	Mrs Hazell Owens (Acting)
Service Profile: This is a domiciliary care agency supported living type service which provides care and housing support to a small number of service users in their own home at Lawnfield. The service users, who are physically able and engaged in educational employment activities, are supported by staff members and agency staff on a part time basis.	

2.0 Inspection summary

An announced inspection took place on 20 January 2026, between 10.50 am and 3.00 pm by a care Inspector.

Prior to the inspection RQIA received information raising concerns in relation to the overall organisational governance and culture within the Presbyterian Council of Social Witness (PSCW).

In response to this information, RQIA decided to undertake an unannounced inspection, which focused on the following areas:

- Governance and management arrangements
- the management of concerns
- the lived experience of residents
- staffing arrangements, induction, training and support of staff and managers
- staff knowledge regarding management of adult safeguarding

Areas for improvement identified at the last care inspection on 14 January 2025 were also reviewed as part of this inspection.

As a result of this inspection, two new areas for improvement were identified. Two previous areas for improvement were note met and have been restated. Three previous areas for improvement were assessed as being met.

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 Lawnfield Domiciliary Services. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users', their representatives, staff and the commissioning trust.

Throughout the inspection process, inspectors seek the views of those receiving the service, their representatives and those working in the agency and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, their representatives, staff and other stakeholders on how they could provide feedback on the quality of the service. This included telephone calls, questionnaires and an electronic survey.

3.2 What people told us about the service

Service user feedback evidenced that their experience of support received within Lawnfield Domiciliary Services was positive. Service users described staff as approachable and easy to engage with. Service users advised that they felt well supported and indicated that the current level of support received promoted comfort, privacy and independence.

Service users advised that they were aware as to how to make a complaint and also expressed that they felt issues would be addressed. It was positive to hear service users describe comfort in their ability to approach a number of different staff if they had concerns. Service users told us that they currently had no complaints about the service they received and were satisfied with the quality of support provided by staff.

Service users advised that they actively engaged in devising their support plans and would discuss goals and objectives regularly with staff. Overall, feedback indicated that service users felt valued, involved in decisions about their support, and aided to live safely and with dignity in their own home.

3.3 Inspection findings

3.3.1 Governance and management arrangements

RQIA were informed by Dermot Parson, Responsible Individual (RI), on the 7 November 2025, that he would be stepping down on a temporary basis and that Caroline Yeomans would be the acting RI from 10 November 2025. RQIA have since been notified that Mr Parsons has resigned from his role with PCSW.

There has been a change to the day to day operational management of the agency since the last inspection. Mrs Hazell Owens has been the acting Manager for Lawnfield Domiciliary Services since 25 March 2025 and also holds acting Manager responsibility for another registered service. Mrs Hazel Owens is supported by a regional care manager.

The acting Manager was not available on the day of Inspection; Lisa Gibson, Regional Care Manager facilitated the inspection.

The agency was visited each month by a representative of the registered provider to consult with service users, their representatives and staff and to examine all areas of the running of the agency. Actions were identified by the monitoring officer to drive service improvement. Status of actions were reviewed during the next visit and progress on all actions reported upon. A previous area for improvement was assessed as being met.

3.3.2 Management of Concerns

Service users said that they knew how to report any concerns or complaints and said they were confident that the manager would address these concerns. There was evidence of access to the current complaints and whistle blowing policies and signage in place to advise how to raise a concern.

A review of the organisations policies and procedures evidenced that although these were in place, they were due to be reviewed. The senior manager confirmed that this review was taking place.

There was evidence that processes were in place to ensure timely reporting of incidents or accidents. It was good to note that these were also reviewed as part of the monthly quality monitoring

3.3.3 The lived experience of Service Users

Service users provided consent for the Inspector to talk with them within their home. The home was observed to be large and spacious, with décor personalised and reflective of individuals own interests. Service users expressed a strong sense of pride and ownership in their home demonstrating a sense of comfort and security.

Service users enthusiastically shared experiences of holidays, of which there were photographs displayed within their home. These discussions reflected individuals' active participation in social and leisure activities of their choosing, supporting emotional wellbeing and quality of life.

Service users spoke positively about their engagement in education, training and employment opportunities. Discussions highlighted the importance of engagement in providing routine, purpose and a sense of contribution. Service users spoke about the support they received and their own determination in developing skills, increasing their level of independence and pursing personal goals that align with their own aspirations and hopes for the future.

Service users told us that they felt listened to by staff who they found to be respectful and responsive. It was positive to hear one service user express a clear ambition to no longer require support in the future. This demonstrated that support was delivered in a manner that promoted independence, choice and personal progression and reflected a rehabilitative strengths-based approached aligned with supported living principles.

Shortfalls were identified concerning the effective management of potential risks to service users' health and wellbeing; specifically, completion of regular fire safety and legionella checks. An area for improvement was identified.

3.3.4 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.

Apart from the acting Manager, there is one support worker employed on a part time basis for this service. Review of the staff duty rota evidenced the inclusion of staff names who work substantively within another PCSW operated service. The Regional Care Manager advised that these staff are expected to deliver care within the service on occasion, for example, with the administration of 'as required' medications. Review of competency assessments for these staff highlighted that they related solely to duties and responsibilities associated with the type of setting in which they substantively worked. This was discussed with the Regional Care Manager and an area for improvement was stated for a second time.

Following a review of a sample of induction records a previous area for improvement was assessed as being met.

Some deficits were noted in regard to ensuring that staff undergo a robust induction process; this was highlighted to the Regional Care Manager and assurances were provided that the organisation's induction procedures were currently under review. This will be reviewed at a future inspection.

Review of a sample of personnel files evidenced that staff received supervision at a frequency compliant with organisational policy and procedure. There was also evidence that staff had engaged and participated in the appraisal process. A previous area for improvement was assessed as met.

Records of all staff training were retained and there was evidence that the acting Manager maintained oversight of the training matrix to ensure compliance. There were scheduled dates in respect of training which had lapsed.

3.3.5 Adult safeguarding

It was established that systems and processes were in place to safeguard service users and ensure that they feel safe within their home. A safeguarding policy was in place and staff had the ability to access this as required. There was evidence that staff had attended safeguarding training relevant to their role.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the organisational safeguarding policy. There were posters evidencing a recent change as to the adult safeguarding champion displayed.

3.3.6 Quality of Care records

Service user care records were not stored in a confidential and secure manner; an area for improvement was identified. Issues relating to accessibility of records were discussed with the Regional Care Manager and assurances were provided following the inspection that this matter had been addressed. This will be reviewed at a future inspection.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment, care plans were developed to direct staff on how to meet service users' needs.

Service user plans reviewed evidenced sufficient detail so as to enable staff to appropriately meet service users' needs and respond to identified risks. However, dates were not included to evidence regular review. Furthermore, no minutes were available to demonstrate that a formal review had occurred alongside the individual's multidisciplinary team. A previous area for improvement was stated for a second time.

Review of records and discussion with staff during and/or following the inspection provided assurances that restrictive practices were being appropriately managed.

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

* the total number of areas for improvement includes two that have been stated for a second.

Areas for improvement and details of the Quality Improvement Plan were discussed with, Lisa Gibson, Regional Care 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 16(1)(a) **Stated:** Second time **To be completed by:** 15 March 2026	The Registered Person shall ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Service Manager has ammended the staffing rota to accuartely reflect the persons employed to work within the service.
Area for improvement 2 **Ref:** Regulation 15(3)(b)(c)(d) **Stated:** Second time **To be completed by:** 28 February 2026	The registered person shall ensure that every service user's care plan is kept under review. This should be completed on an annual basis or if the service users' needs change. Ref: 3.3.6
	Response by registered person detailing the actions taken: A review of the Service User's care needs has been held on the 29th January 2026 with the aligned Social Worker, Support Worker and the Service Manager. The Service Manager will ensure an annual review occurs, or sooner if there is a change in the care needs identified.
Area for improvement 3 **Ref:** Regulation 14(e) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure the agency that service users' records are stored in a confidential and secure manner at all times. Ref: 3.3.6
	Response by registered person detailing the actions taken: The Service Manager has placed a locked filling cabinet within the service. All records are now stored confidentiality within the lockable cabinet.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 16.3 **Stated:** First time	The Registered Person shall ensure health and safety procedures are complied with, such as fire safety and legionella checks, to enable timely identification and resolution of any presenting risks to service users, staff or others. Ref: 3.3.3

To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken**: All records relating to health and safety procedures with regards to Fire Safety and Legionella checks are now readily available within the service locked within the secure cabinet. The Service Manager completes a weekly audit on all health and safety records to ensure all identified checks have been completed in a timely manner as well as ensuring that any identified actions have been escalated and rectified. Health and safety checks are also reviewed by the Regional Care Manager during the Monthly Monitoring Visit.

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

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