

Inspection Report

Name of Service: Mainstay DRP

Provider: Mainstay DRP

Date of Inspection: 29 September 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:	Mainstay DRP
Responsible Individual:	Ms. Sarah-Jayne Mowbray
Registered Manager:	Mrs. Emma Beardmore, Acting
Service Profile – This is a day care setting that provides day care for service users who have a learning disability and associated needs living in the South Eastern Health and Social Care Trust (SEHSCT) area. Service users attend the day care setting to receive care and support and take part in day time activities. The setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection took place on 29 September 2025, from 10.40 a.m. and 3.30 p.m. It was carried out by a care Inspector.

The last care inspection of the day care setting was undertaken on 26 July 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Mainstay DRP was a good experience. Refer to Section 3.2 for more details.

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.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of this inspection.

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 service 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 service. This included any registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those attending and working in the service; and review/examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

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

We received very positive feedback in relation to the day care setting.

Service users reported that they loved attending Mainstay DRP and that staff made them feel safe.

Staff told us that they enjoyed their jobs and were very satisfied with the care and support provided.

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. There was evidence of robust systems in place to manage staffing.

A review of the day care setting'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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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 praised the high quality of their induction.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Service user specific training had also been provided to staff such as Diabetes and Dementia Awareness.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend.

The manager advised that there had been no concerns raised under the Whistleblowing Procedure.

3.3.2 Care Delivery

Discussion with staff during a walk around the day care setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions.

Service users commended the range of activities offered by the day care setting and told us how much they enjoyed them. Some of the activities they were involved in included:

- Playing pool
- Cookery
- Swimming
- Going to the cinema
- Gardening
- Playing sports
- Line dancing
- Volunteering
- Arts and crafts
- Knitting
- Going to the library

Service users were regularly given the opportunity to discuss what they wanted from attending the day centre and any further activities they would like to become involved in.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency/day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided; some required their food and fluids to be of a specific consistency. These were recorded within care plans along with associated SALT dietary requirements. An annual Dysphagia Competency assessment for staff was in place to regularly measure their skills and knowledge in this area.

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. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The annual safeguarding position report had been completed. It was positive to note that all staff, including ancillary staff, were up to date with their Adult Safeguarding Training.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service users care records. A central register was in place to enable tracking of any DoLS due for review.

3.3.4 Quality of Management Systems

There is currently an acting manager, Mrs. Emma Beardmore, in place in Mainstay DRP. The manager has been acting since 27 March 2025. Service users told us that they 'would talk to the managers if they had a problem'. Staff described the management team as 'fantastic'.

There was a clear staffing structure in place within the day care setting. Staff required to be in charge in the absence of the manager had completed the necessary training and competencies to fulfil this role.

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, and staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. A review of the service's Complaints Policy indicated that it contained a procedure for the management of informal and formal complaints.

3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter. Much of the day care setting was decorated with art work undertaken by service users as part of the activity programme provided.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 28 March 2025. Fire risk assessments for the setting were available for the inspection and had been completed on 20 November 2024. Staff had completed training in regard to fire safety and fire warden training. During the inspection fire exits were observed to be clear of clutter and obstructions.

Hazardous substances were noted to be stored appropriately in line with Control of Substances Hazardous to Health (COSHH) guidelines.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.



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