

Inspection Report

Name of Service: Newington Day Centre

Provider: Newington Day Centre

Date of Inspection: 17 July 2025

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

1.0 Service information

Registered Provider:	Newington Day Centre
Responsible Individual:	Father Paul Strain
Registered Manager:	Mrs. Margaret McCrudden
Service Profile – Newington Day Centre is a day care setting in Belfast that provides care and day time activities for older people and people living with symptoms of physical disability, mental illness or significant social and emotional needs. The day care setting operates Monday to Friday and is closed on statutory holidays.	

2.0 Inspection summary

An unannounced inspection took place on 17 July 2025 between 09.00 a.m. and 1p.m. The inspection was carried out by a care inspector.

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

There were no Areas for Improvement identified during this inspection.

Good practice was identified in relation to service user involvement and feedback from both service users and relatives. There were good governance and management arrangements in place.

Newington Day Centre uses the term 'members' 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 Newington Day Centre 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 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 living, working and visiting Newington Day Centre. Inspectors also review a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

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

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of attending, visiting or working in this day care setting.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports.

Service users stated that they 'love it here' and 'it's a wonderful place'. All remarked on the high quality of the food. One relative stated that they 'could not exist without it'. Another stated that 'you'll not find any fault here'. All staff spoken to remarked on the great teamwork and the positive effect the manager had on the workplace.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included that 'I love everything about the centre' and 'I have made a lot of new friends here'.

A number of visiting professionals were contacted and their comments indicated that they thought that care provided in the day care setting was safe, effective and compassionate and that the service was well led.

4.0 Inspection findings

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

The day care setting's provision for the welfare, care and protection of service users was reviewed. 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 manager 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 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 day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the Health and Social Care Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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

Staff were provided with training appropriate to the requirements of their role. The manager advised that there were no service users who required assistance with moving and handling. A review of care records identified that risk assessments and care plans were up to date. Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

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.

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 one of the service users was subject to DoLS.

However, this service user had not been attending the day care setting, for some time. A resource folder was available for staff to reference if needed.

The day care setting's fire risk assessment was reviewed and found to be in date with a tolerable level of risk.

There was a process in place to sign each service user into the day care setting.

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. Care plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care by both the day care setting and the commissioning trust.

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

Minutes of regular service user meetings were viewed by the inspector, which demonstrate a high degree of service user input.

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

The manager reported that there were two service users who required a modified diet. The inspector viewed a sample of these care plans and was assured that these followed the professional assessments which had been carried out. Staff training records confirmed that all staff had received training in Dysphagia and were aware of action to be taken in the event of a service user choking.

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

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). There was a system in place for NISCC registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

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 formal induction programme of at least three days, which included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The inspector reviewed the training matrix and found all 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 day care setting'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 service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The day care setting's registration certificate and certificate of insurance were up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the policy and procedure of the day care setting. The manager was aware of the need to monitor complaints when they arose. Complaints were reviewed as part of the monthly quality monitoring process.

There was evidence of regular staff supervision sessions, as well as appraisals which are carried out annually, and according to the policies and procedures of the day care setting.

5.0 Quality Improvement Plan/Areas for Improvement

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



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