



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Palms Day Care Centre  
**Provider:** Shankill Parish Association  
**Date of Inspection:** 19 June 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Shankill Parish Association
<b>Responsible Individual/Responsible Person:</b>	Mr Andrew Norman George Dunlop
<b>Registered Manager:</b>	Ms Mary Winning (Acting)
<b>Service Profile</b> Palms Day Care Centre is a Day Care Setting that provides care and day time activities for a maximum of 16 people over the age of 65yrs who may be frail, have a physical disability or early stage dementia. The day centre operates on Wednesday, Thursday and Friday.	

## 2.0 Inspection summary

An unannounced inspection took place on 19 June 2025 between 10.10 am and 15.35 pm by a care Inspector.

The last care inspection of the day care setting was undertaken on 4 August 2023 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.

Service users were observed to be relaxed and comfortable in their surroundings which were bright and cheerfully decorated with arts and crafts they had completed. Service users said that the care and support provided by Palms Day Care Centre was very good and that their experience there was positive. Refer to Section 3.2 and 3.3.3 for more details.

Good practice was identified in relation to service user involvement, range of activities and interaction by staff with service users. There were good governance 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 one area for improvement was identified relating to recruitment practices. Details and examples of the inspection findings can be found in the main body of the report.

## 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 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 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 within the day care setting and review a sample of records to evidence how the day care setting is performing 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

Service users, staff, relatives and healthcare professionals were contacted to seek their views of attending and working within the day care setting.

Service users said that they were happy with the care and support provided at the day care setting. Two comments included the following statements; "I look forward to coming and would come every day if I could." and; "It gets me out of the house - staff are lovely".

Two relatives who provided feedback on the service said that the care their loved on received was very good. The following comments were made; "My relative loves going to Palms – all of the staff are attentive and caring." And "The care and support in Palms is second to none".

Staff who spoke with the inspector spoke positively in regard to the care delivery, training and management support in the day care setting. A number of responses were also received from the electronic staff survey. These indicated staff were very satisfied that the service provided safe, compassionate and effective care and that the service was well led. One comment included the following statement "A lovely place to work, service users are put first every step of the way. Premises are always warm clean and very seasonal with the service user's artwork".

One healthcare professional who provided feedback to the inspector indicated that the care provided in the centre was good, commenting as follows; "The Manager is lovely, and is very good at providing updates about service users".

### 3.3 Inspection findings

#### 3.3.1 Adult Safeguarding and Incident Reporting

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. The organisation had 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 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 and the process for reporting concerns in normal business hours and out of hours. 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). No incidents or accidents occurred since the last inspection.

#### 3.3.2 Mental Capacity and Restrictive Practice

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 had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. The manager confirmed that no service user was experiencing a deprivation of liberty or restrictive interventions within the day care setting.

#### 3.3.3 Staffing Arrangements (recruitment and selection, induction and training)

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.

Observation of the delivery of care evidenced that there was sufficient staffing to meet service users' needs on the day of inspection and service users said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

A review of the day care setting's staff recruitment records confirmed that although criminal record checks (AccessNI), were completed and verified before staff members commenced employment, some of the additional recruitment checks were not robustly explored prior to staff taking up post. For example, it was noted that a proportion of application forms did not detail all of the employees' work history from the age of 18 and did not outline reasons for having gaps in employment. Following on from this there was discussion with the manager around Regulation 13 Schedule 3. In order to clarify any misinterpretation of the Regulations, it was confirmed with the manager that a full work history must be provided of potential employees from the age of 18. This will ensure more robust recruitment practices and compliance with the Regulations. It was also noted that the recruitment records of one staff member did not contain a second reference. The manager made enquiries around this and recalled that this had been obtained but was unable to locate this. An area for improvement has been identified with regard recruitment practices.

There was a number of volunteers working within the day care setting and there was a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

It was positive to note that the manager completed monthly checks to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and professional registrations were monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 evidence that the induction programme for all new staff included shadowing of a more experienced staff member. Written records were retained regarding the person's capability and competency in relation to their job role.

Staff were provided with training appropriate to the requirements of their role. The day care setting had maintained a record for each member of staff of all training which was checked and updated on a regular basis.

### **3.3.4 Dysphagia Management**

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified and followed a clear programme for each service user with SALT requirements at meal times.

### **3.3.5 Care Records and Service User Input**

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. Care plans contained details about their likes and dislikes and the level of support they may require. These are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in line with the commissioning trust's requirements.

A review of a selection of care records identified that one service user's moving and handling risk assessment and care plan required to be updated and one care record required amendments to note improvements in mobility. The manager acted upon this immediately by consulting with relevant HSC professionals and has since confirmed that both records have been reviewed and updated. This will be reviewed at a future inspection.

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.

The day care setting offered a range of activities to promote social inclusion and participation of service users both within and outside the day care setting. These included games to promote physical and social interaction, puzzles, bingo, tea parties and outings. It was positive to note that service users had entered and received an award from a local competition for some of the arts and crafts completed during their time at Palms Day Care Centre. These were on display and both service users and staff were evidently proud of their contributions.

### **3.3.6 Quality and Management of the Environment**

The day care setting was observed to be clean and tidy and brightly decorated with arts and crafts completed within the day care setting. It was suitably furnished, warm and comfortable and free of clutter. There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed.

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

### 3.3.7 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with regulations and standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, and staff. Feedback from Health and Social Care Trust representatives was not included within the reports reviewed however, the manager welcomed advice in respect of ensuring contact is made with HSC staff on a monthly basis so that stakeholder views on the quality of the service is considered within any future quality improvement plans. This will be reviewed at a later inspection.

The day care setting's registration certificate was up to date and displayed.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend.

There was a system in place whereby staff check the vehicle after each journey to ensure that no service users remain on the transport.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The manager has since submitted the revised Statement of Purpose to RQIA which is satisfactory.

We discussed the acting management arrangements which have been ongoing since 3 June 2024. RQIA will keep this matter under review.

### 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
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Winning Acting Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b) (c) schedule 2  <b>Stated:</b> First time	The Registered Person shall not employ a person to work in the day care setting unless he has obtained a full employment history together with satisfactory explanation of any gaps in employment and has obtained two written references relating to the person.  Ref:3.3.3
<b>To be completed by:</b> Immediately and ongoing	<b>Response by registered person detailing the actions taken:</b> Palms recruitment procedure has now been reviewed and is now compliant with the QIP above. An additional recruitment check list will also be attached to each new recruitment file.

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



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## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews