



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Drumross Adult Centre  
**Provider:** Northern Health and Social Care Trust  
**Date of Inspection:** 9 January 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>	Northern Health and Social Care Trust (NHSCT)
<b>Responsible Individual/Responsible Person</b>	Ms. Jennifer Welsh
<b>Registered Manager:</b>	Ms. Glenda Garrett
<b>Service Profile –</b>	
<p>Drumross Adult Centre is a day care setting located in Newtownabbey and registered for a maximum of 80 places. It provides care and day time activities for adults living with a learning disability. Service users may also have a physical disability, sensory needs, autism, mental health needs or require support with behaviours which may challenge.</p> <p>The setting is open Monday to Friday and is operated by NHSCT.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 9 January 2025, between 9.45 a.m. and 3.45 p.m. conducted by a care inspector.

The last care inspection of the day care setting was undertaken on 4 July 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting was 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 established that care delivery was safe and that effective and compassionate care was delivered to service users. Some improvements were required, however, to ensure the effectiveness and oversight of the day care setting. Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. See Section 3.2 or 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 the 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 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 the day care setting. This included previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those using, working in and visiting the day care setting and 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**

We spoke to a range of service users and staff to seek their views of using and working within the day care setting. Questionnaires were issued to obtain feedback from service users and their relatives.

Service users stated that they liked attending Drumross Adult Centre. One service user commented how well staff knew them. Another told us 'I had a lovely dinner today'.

A professional member of staff spoken with highlighted how well they were able to work collaboratively with Drumross Adult Centre and that the staff were great at carrying out any recommendations provided.

Most staff spoke positively about the care and support provided, although several staff commented on the day care setting being short staffed on a regular basis. This feedback was also reflected in the responses to the staff survey. This is discussed further in section 3.3.1.

Feedback from service users and some staff received after the inspection raised several areas of concern. RQIA staff met with senior managers from NHSCT on 18 February 2025 and received assurances that work was ongoing to resolve these.

### 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.

The staffing arrangements were reviewed. Some staff indicated that the day care setting was short staffed. A review of the staff rosters identified that staffing levels were not consistently maintained. There was also evidence that members of the management team had been included within the staffing numbers on a number of occasions, including on the day of inspection. Whilst this arrangement may be acceptable in response to any short notice staff absences, this should not be a regular occurrence.

RQIA recognises that recruitment was ongoing to assist with addressing this matter, however, an area for improvement was identified that the staffing levels are consistently reviewed and maintained as part of the monthly quality monitoring processes.

Drumross Adult Centre has significant reliance on agency workers. Records relating to these staff were reviewed. The induction records had not been completed in full for agency staff who were rostered to work within the day care setting. This was identified as an area for improvement.

The day care setting had maintained a record of the training undertaken by each staff member; this included staff that had been supplied by agencies.

One volunteer was providing support within the day care setting. The person in charge confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

There was a lack of administrative support within the day care setting. This impacted the workload of the manger and staff. RQIA acknowledges that recruitment has commenced for this vacancy and will keep this matter under review.

The day care setting's staff recruitment records and arrangements to monitor staff registrations with their professional body were not examined on this occasion and will be reviewed in detail at the next care inspection.

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.

### 3.3.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive. The atmosphere was relaxed and friendly. Staff were knowledgeable about individual service users' needs, daily routines and preferences.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included activities, new DVD players and fund raising ideas.

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 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.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. Where specific recommendations had been provided, these were recorded within care plans.

A review of records for service users who required support in the management of their epilepsy identified some inconsistencies. These were discussed with the manager who provided assurances after the inspection that any required improvements had been completed.

Where service users were subject to a Deprivation of Liberty Safeguard (DoLS), their care plans contained details of DoLS assessments completed and agreed outcomes developed in conjunction with HSC Trust representatives.

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.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding.

A review of records confirmed that these had been managed appropriately.

### **3.3.4 Quality of Management Systems**

A new manager had been appointed within the day care setting on 1 January 2024. Some staff raised some issues with the level of support offered by the manager. This was discussed at the meeting with senior managers on 18 February 2025.

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

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, staff and HSC Trust representatives. The reports included details of a review of service user care records; safeguarding matters; staff recruitment and training, and staffing arrangements. It was noted that whilst the monitoring visits referred to the number of accidents/incidents, details of these was limited and there was no record of any follow up or analysis of any trends. This aspect is included within the area for improvement discussed in section 3.3.1 regarding the monthly monitoring reports.

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. 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 process in place for an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

### **3.3.5 Quality and management of the environment**

A review of the day care setting's environment was undertaken and the day care setting was found to be clean and tidy, suitably furnished, warm, comfortable and free of clutter.

The last Fire Risk Assessment was undertaken on 29 September 2024. Two recommendations identified in the action plan of the Fire Risk Assessment report remained outstanding. Assurances were received from the manager after the inspection that these had been carried out.

Records examined identified that a number of safety checks had been undertaken, including fire evacuation drills. Staff fire training was up to date. During the inspection fire exits were observed to be clear of obstructions.

It was positive to note some improvement work to bathrooms used by service users had been completed since the last inspection.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge 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 Settings Minimum Standards August 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the monthly quality monitoring reports focus on the staffing arrangements; this should include the frequency with which any senior staff cover shifts, rather than focusing on their governance and management responsibilities; and the number of days each room is below their assessed staffing requirement. The reports should evidence meaningful review of these staffing arrangements. The reports should also evidence meaningful review of any incidents and accidents that have occurred, including records of follow up and analysis of any trends.</p> <p>Ref: 3.3.1/ 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has shared this improvement with Senior Managers and colleagues across Building Based Day Services and going forward will ensure that each monthly quality monitoring report captures the frequency of Senior staff covering shifts along with contingency plans required to ensure safe staffing levels are maintained at all times. Incidents and accidents are now detailed and monitored for trends and patterns on the monthly quality monitoring reports and are followed up if any trends or patterns are identified.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date on inspection</p>	<p>The Registered Person shall ensure that agency staff complete a structured orientation and induction. A record should be retained of these.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager holds a profile, NISCC registration certificate, record of training, NHSCT induction checklist, a confidentiality agreement for non-trust staff and for all agency staff. The Registered Manager will ensure going forward that all agency staff have the full documentation noted above completed and retained in file.</p>

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



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