



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Killadeas Day Centre
Provider: Western Health and Social Care Trust
Date of Inspection: 10 February 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:	Western Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Miss Patricia Griffith
Service Profile: This is a day care setting that is registered to provide care and day time activities for up to 28 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 February 2025 between 11.00am and 3.30pm by a care Inspector.

The inspection examined the agency'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, restrictive practices and Dysphagia management was also reviewed.

One area for improvement was identified during this inspection in relation to recruitment and selection.

Good practice was identified in relation to service user involvement. Service users spoke positively about their experience of the care and support they received from staff in Killadeas Day Centre. It was evident that staff promoted the dignity, independence and well-being of service users.

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/examine 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

We spoke to a number of service users, relatives and staff 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 and that staff were approachable and kind. Two comments included the following statements; "I am very happy with the centre" and "I love my centre."

Staff spoke very positively in regard to the care delivery and management support in the day care setting. Two comments included the following statements; "I love it here." and "the manager is great and the training is good."

We received four responses to the staff electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included: "I feel that the service provided is of a high standard. We work together with service users to ensure that their needs are met and enjoy hearing their suggestions." and "the day centre provides a service that is led by service users' views/opinions. Service users enjoy coming and enjoy activities."

A number of visiting professionals contacted for feedback indicated that communication from staff was always excellent and that during visits to the day care setting the service users appeared to be happy and content. One comment included the following statement; "services users are given choice of activities and are listened to. Staff are prompt in raising any queries regarding health that they may wish to report."

3.3 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 11 May 2023 by a care Inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding

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 person in charge 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 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.

3.4.2 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. Where a service user was experiencing a deprivation of liberty, their care records contained the correct documentation confirming DoL is in place and the day care setting maintains a register of those service users who have a DoL in place.

There was a policy in place for the use of restrictive interventions and a register was in place.

3.4.3 Staff Selection, Training and Recruitment Records

A review of the agency's staff selection and recruitment records indicated that an Enhanced AccessNI pre-employment check had not been sought for one staff member following a change of role. This was discussed with the person in charge during inspection and clarity sought on the matter post inspection. The manager explained that this was due to the Trusts' policy and

procedure in relation to the employment of current staff who had previously gone through the recruitment process in relation to their previous role. This was discussed with the manager, who took immediate action to raise the matter with the relevant department. An area for improvement has been identified.

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 professional 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.

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 of robust a three-day induction programme for all new staff, which also included shadowing of a more experienced staff member. Written records were retained by the agency of 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. The person in charge confirmed that no service users required the use of specialised equipment to assist them with moving, however should this be required, training was included within the day care setting's mandatory training programme.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered orally with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

3.4.4 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.

Staff demonstrated good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Meal times observed during this inspection were a positive experience with service users having the choice to avail of a hot meal from the menu or to bring their own lunch according to their expressed preferences and 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.

3.4.5 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 care records identified that moving and handling risk assessments and care plans were up to date.

It was positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to give their views on what they wanted from attending the day care setting as well as identifying any activities they would like to become involved in. Some matters discussed included planning a coffee morning for both the day care settings in the local area, baking, music classes, visiting the local ice rink, library and fun farm and going to shops in the local village. The minutes of the service user meetings were issued in pictorial form with easy read options and it was positive to note that several service users had signed these to show their participation and involvement in planning activities. Service users had also been provided with information about keeping themselves safe and the details of the process for reporting any concerns.

3.4.6 Quality and Management of the Environment

The day care setting was observed to be clean and tidy and 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.

One service user who spoke with the inspector felt that there was not enough space within the centre to work on and display their art projects however, as there are no plans to extend the current environment, staff provided assurances that the space was utilised to best effect to display art works completed and to allow for any creative art projects to take place safely within the day care setting.

3.4.7 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 by senior staff with service users, service users' relatives, staff and Health and Social Care Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and selection; and staffing arrangements including training.

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

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. Records reviewed and discussion with the person in charge indicated that no complaints were recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints and were aware of their responsibility to report all complaints to the manager or the person in charge.

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. A record is retained and reviewed by the manager.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the registered 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 The Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 21 (1) (b)

Stated: First time

To be completed by:
Immediate and ongoing
from day of inspection

The Registered Person shall ensure that AccessNI pre-employment checks are satisfactorily carried out for all staff before they commence employment.

Ref: 3.4.3.

Response by registered person detailing the actions taken:

Since October 2023, a number of RQIA inspections across HSCNI facilities have identified a range of issues with recruitment pre-employment checks (PECs). This has resulted in enforcement notice letters requiring senior Trust staff to meet with RQIA and produce improvement action plans for the areas under inspection.

When undertaking inspections RQIA expect to see evidence an ANI check has been completed for every individual in the relevant settings for every role they undertake.

However, HSC practice since 2018 is that a candidates moving internally with the same employer will only have an ANI check completed if (i) they are moving from a non-regulated role to a regulated role or regulated area or (ii) they are moving from a different type of regulated activity/ area. Advice sought from Eilís McDaniel, Director of Childcare and Family Policy at the Department of Health in 2018 confirmed this approach was appropriate.

Current position

Engagement with RQIA

HSC employers continue to engage with RQIA through Executive Directors of Social Work and Directors of HR. At a meeting between employers and RQIA on 07 November 2024, RQIA advised they were planning on sending a letter to their Department of Health Sponsor Branch under Article 4. Following RQIA doing this, employers will write to the Department of Health regarding the practical implications/ issues applicable to Trusts regarding the internal transfer of staff and the necessity for checks.

HSC employers are still waiting on RQIA's correspondence to the Department of Health and have requested a further meeting with RQIA to discuss.

WHST interim measures

	<p>The HR Retained Recruitment team will carry out an ANI check if we cannot evidence a check for any staff highlighted as part of an RQIA inspection/ QIP to mitigate risk of enforcement notice.</p>
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