

# Inspection Report

**Name of Service:** Gortmore Day Centre

**Provider:** Western HSC Trust

**Date of Inspection:** 29 May 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>	Western HSC Trust
<b>Responsible Individual/Responsible Person:</b>	Neil Guckian
<b>Registered Manager:</b>	Phyllis Kelly
<b>Service Profile:</b>	
<p>This is a day care setting that is registered to provide care and day time activities for up to 32 service users for people over the age of 65, who may also be frail, have a physical disability, sensory impairment, mental health need, and/or early stage dementia. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 29 May 2025, between 10.50 am and 4.55 pm by a care Inspector.

The last care inspection of the day care setting was undertaken on 19 May 2023 by a care inspector. No areas for improvement were identified. The 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 established 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 Gortmore Day Centre 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.

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

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

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

As part of the inspection process we spoke to a range of service users and staff members.

Service users spoke positively about their experience of the day care setting. Service users' comments included "Sure the staff are great ... they couldn't be better."; "We do loads of activities like music and art."; "We are well looked after."; "We get well fed here."

Staff spoke positively in regard to the care delivered and management support in the day care setting. One told us that they have worked in the day care setting for a long time and enjoy their work.

The information provided indicated that there were no concerns in relation to the day care setting.

## 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 systems in place to manage staffing.

It was identified that one staff member currently employed within the day care setting had transferred internally without an enhanced AccessNI check having been completed. There was discussion with management about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. RQIA is aware of

ongoing discussion between the Department of Health and Health and Social Care (HSC) Trusts in respect of this, and will keep this matter under review.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a robust system in place for professional registrations to be monitored by the manager.

The person in charge advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), Moving and Handling, Medication Management, Dysphagia and Adult Safeguarding. Records of staff training were noted to be mostly up to date. Two staff required Moving and Handling competency refresher training. Dates for this training had been identified by the manager.

There were no volunteers deployed within the day care setting.

### **3.3.2 The system 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. 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. They could also describe their role in relation to reporting poor practice.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

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

### 3.3.3 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles. Advice was given to consider implementing a handover template that staff sign, to develop their process for information sharing.

Staff interactions with the service users were observed to be friendly, warm and supportive. The atmosphere was calm and relaxed. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

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.

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. It was noted that the activities offered to service users were varied and geared towards their individual needs and preferences.

### 3.3.4 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.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

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.

Service users care records were held confidentially.

### 3.3.5 Quality of Management Systems

Review of a sample of records evidenced that a system for reviewing the quality of care and staff practices was in place.

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; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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

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

There was a system in place for managing incidents where a service user did not attend the day care setting as planned. This included a signing in and signing out of service users. The manager had also put in place a system for the transport staff to check the bus at the end of each trip, to ensure that there are no service users remaining on the bus.

### 3.3.6 Quality and Management of the Environment

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.

During a review of the environment it was noted that two bottles of chemical solution had not been kept in a locked cabinet in line with the Control of Substances Hazardous to Health (COSHH) Regulations. This was discussed with senior management and it was stressed that the internal environment of the day care setting must be managed to ensure regulations are adhered to at all times. The identified substances were secured by senior management when the matter was brought to their attention. An area for improvement was made in this regard.

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

### 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has 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

The area for improvement and details of the Quality Improvement Plan were discussed with Denise Foster, Head of Care and Accommodation, COPs, WHSCT, 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 14 (1)(a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) Regulations.  Ref: 3.3.6  <b>Response by registered person detailing the actions taken:</b> All chemicals are now stored in cupboard as per COSHH Regulations.

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



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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

---



**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