

# Inspection Report

**Name of Service:** Benbradagh Centre

**Provider:** Western Health and Social Care Trust

**Date of Inspection:** 14 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 Health and Social Care Trust
<b>Responsible Individual/Responsible Person:</b>	Mr Neil Guckian
<b>Registered Manager:</b>	Orla Bradley
<b>Service Profile –</b> This is a day care setting that provides care and day time activities for up to 79 service users with a learning disability. The day care setting is open Monday to Friday and service is provided over two adjacent sites in the same grounds.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 May 2025, between 10.40 a.m. and 4.45 p.m. by care inspector.

The last care inspection of the day care setting was undertaken on 21 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.

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 Benbradagh Centre was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. 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 or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those attending, working in and visiting the day care setting; and review/examine 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**

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: "I like coming here, and I am happy here. I would tell the staff if there was anything wrong."; "The staff are good to me and would help me with my needs. I like going on bus runs."

Staff spoke positively in regard to the care delivered and management support in the day care setting. One told us that the service is person centred, the service users are put first, and the manager is exceptional and supportive to all the staff.

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 robust systems in place to manage staffing.

The manager advised that there was no newly recruited staff members to the day care setting since the last inspection. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence 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 robust system in place for professional registrations to be monitored by the manager.

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, Dysphagia and Adult Safeguarding. Records of staff training were noted to be up to date.

There were no volunteers deployed within the day care setting.

### 3.3.2 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.

Staff interactions with the service users were observed to be friendly, warm and supportive. Staff were observed to greet the service users when they arrived at the day care setting. 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. The manager advised that a number of service users were assessed by a Speech and Language Therapist (SALT) requiring support with meals. This was reflected in their care plans. However, advice was given in relation to ensuring that future care plans reflect the date of the SALT assessment. It was good to note that staff had completed training in respect of modified diets and they ensured the service users were eating the recommended consistency foods.

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. Service users were well informed of the activities planned for the day/week/month.

### 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.

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.

### **3.3.4 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 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. 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.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

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

Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. Staff were provided with training appropriate to the requirements of their role.

Staff had completed appropriate Deprivation of Liberty Safeguards (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 appropriate documentation.

### 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.

The Annual Quality Report was reviewed and was satisfactory.

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. It was noted that no complaints had been received since the last inspection.

There was a system in place for managing incidents where a service user did not attend the day centre 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. Records of such checks were retained.

### 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.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Orla Bradley, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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