

Inspection Report

Name of Service: Clogher Valley Day Centre

Provider: Southern HSC Trust

Date of Inspection: 4 September 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:	Southern HSC Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Ms Claire Harte (Registration Pending)
Service Profile – This is a day care setting that provides care and day time activities for people over the age of 65, who may also be frail and/or, have dementia or who have needs arising from mental health diagnosis or a learning disability.	

2.0 Inspection summary

An unannounced inspection took place on 4 September 2025 between 9.50 am and 3.20 pm by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards and to assess progress with the area for improvement identified by RQIA, during the last care inspection on 8 July 2024. The inspection also sought to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection one area for improvement identified during the previous inspection relating to volunteers was assessed as having been fully addressed by the provider. This is discussed in more detail in section 4.3.

During this inspection, service users who spoke with the inspector said that attending Clogher Valley Day Centre was an enjoyable experience and that they received good support from the staff.

Overall, the inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. There were no areas for improvement identified as a result of this inspection. The findings of this inspection 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 the 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, 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

We spoke to a number of service users, a relative and staff to seek their views of attending, visiting and working within the day care setting.

Service users indicated that they were happy with the care and support provided at the day care setting. Comments made to the inspector by those attending included the following statements: "I'm very happy- I couldn't complain" and, "I love it –it couldn't be better – I love the food the people and the staff - it's brilliant".

One relative who spoke with the inspector indicated that they were happy with the care provided to their loved one, that the staff were caring and kind and that it brought peace of mind knowing their loved one was safe.

Staff who spoke with the inspector spoke positively about the care delivery and training stating that there was good teamwork and that management was approachable and supportive.

4.0 Inspection findings

4.1 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 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. 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.

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. 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 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). A review of incidents and accidents occurring since last inspection established that these had been managed appropriately and any learning or changes arising had been embedded into practice. It was recommended to the person in charge that a tracker should be developed for the incidents and accidents file to aid staff in identifying any trends or hazards arising so preventative measures can be considered and actioned where necessary to reduce risks. This will be reviewed at a future inspection.

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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles and it was positive to note that there was a MCA reference file in place for staff to refer to as needed. 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 day care setting maintains a register of those service users who have a DoLS in place and a review of these records highlighted that a proportion of DoLS implemented under emergency provisions required review. There was evidence that staff had requested a review of the DoLS from the relevant professionals. Assurances were given by the manager that all care records pertaining to DoLS are reviewed on a regular basis to ensure that any safeguards implemented under the MCA are not applied disproportionately or for longer than is necessary in line with the legislation. This will be reviewed at a future inspection.

There was a policy in place for the use of restrictive practices however the manager advised that there were no restrictive interventions applied within the day care setting.

4.3 Staffing Arrangements (recruitment and selection and induction)

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.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Service users said that there was enough staff on duty to help them. Staff said they felt well supported in their role and that there was good teamwork.

There were a number of volunteers working within the day care setting undertaking a befriending and a driving role. The person in charge confirmed that volunteers did not undertake any personal care duties. An area for improvement identified during the previous inspection highlighted that the documentation relating to volunteers did not include any training, supervision or appraisal information. On review of the records relating to recruitment and training of volunteers, it was established that the day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. Training was also provided to volunteers as well as review arrangements at the end of the initial trial period and a yearly review. All volunteers enlisted to work within the day care setting had received the appropriate AccessNI checks, an induction to the day care setting and a range of training appropriate to their volunteer role. On this basis the previous area for improvement was deemed to have been fully addressed by the provider.

A review of the day care setting's staff recruitment records of employees recruited since the last inspection identified that a staff member currently employed within the day care setting had transferred internally without a renewed enhanced AccessNI check having been completed. There was discussion with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. The manager took immediate action in response to ensure a renewed Access NI check was completed. RQIA is aware of ongoing discussion between the Department of Health and 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 system in place for the monitoring of professional registrations by the manager. Staff who spoke with the inspector 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.

4.4 Staff Training

Staff were provided with training appropriate to the requirements of their role which was recorded on a colour coded matrix. A review of the training matrix confirmed that staff were up

to date in all mandatory training areas and that this was reviewed regularly so training needs of staff could be arranged in a timely way.

The person in charge reported that none of the service users currently required the use of specialised equipment and there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear. Staff were aware of how to source training in specialist equipment should it be required in the future. All day care staff had been provided with training in relation to medicines management and it was positive to note that this was refreshed on a yearly basis and included a competency assessment to ensure staff were proficient in assisting with this task.

A number of service users had been assessed by a Speech and Language Therapist (SALT) who put in place recommendations regarding the consistency of their food and fluids. 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 to ensure the care received in the setting was safe and effective.

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.

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 records evidenced multi-disciplinary working and regular communication with relevant professionals from the commencement of the day care placement. 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 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.

It was good to note that the day care setting had service user meetings on a regular basis. Some activities arranged included visits from the ice cream van, jumping clay, musical reminiscence, hair- dressing and arts and crafts. A review of the minutes taken at the service user meetings identified that service user views of the service and what activities they would like to participate in were not recorded. Advice was given to the person in charge about ensuring that service users are given the opportunity to discuss what they want from attending the day centre and to suggest any activities they would like to become involved in. Actions should also be identified and carried forward between meetings. This is discussed further in section 4.7 and will be reviewed at a future inspection.

4.6 Quality and Management of the Environment

The day care setting was observed to be clean, tidy and suitably furnished, warm and comfortable. Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

A fire risk assessment had been completed and all actions arising had been actioned. 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.

4.7 Governance and Managerial Oversight

There were monthly monitoring arrangements in place in compliance with the regulations and standards and a review of the reports of 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 day care setting's registration certificate was up to date and displayed.

The Annual Quality Report was reviewed and highlighted that a proportion of respondents had indicated the range of activities within the day care setting were rated as 'good' rather than 'excellent'. It was recommended that these responses are analysed further through service user meetings to ensure the day care setting continues to provide opportunities to engage in a range of activities of service user's choosing in line with the regulation and standards. This will be reviewed at a future inspection.

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 day care setting's policy and procedure. The manager advised that no complaints had been received since the last inspection.

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 and procedures for staff to check the vehicle after each journey to ensure that no service users remain on the transport vehicles.

5.0 Quality Improvement Plan/Areas for Improvement

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



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