



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Killadeas Day Centre

Provider: Western HSC Trust

Date of Inspection: 22 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:	Western HSC Trust
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Miss Patricia Griffith
Service Profile – This is a day care setting that provides 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 22nd September 2025 between 9.38 am and 4.06 pm by care Inspectors.

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 last care inspection undertaken on 30 July 2024 identified no areas for improvement.

During this inspection, service users who spoke with the inspectors said that attending Killadeas Day Centre was an enjoyable experience.

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 any 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to service users, relatives, staff and HSC professionals to seek their views of attending, visiting and working within the day care setting. Feedback indicated that safe, effective and compassionate care was provided to service users who attend.

Service users indicated that they were happy with the care and support provided at the day care setting. Service user/ relative questionnaires indicated that respondents enjoyed attending the day care service, that they had fun and enjoyed the outings and activities. Some responses indicated that service users enjoyed the food and that the support provided by staff was good and that they felt safe.

Relatives who spoke with the inspector indicated that they were happy with the care provided to their loved ones in the day centre. Comments included the following statements - "My relative loves it and goes off every morning on the bus happy as Larry- it's great" and "staff are very good, my relative enjoys it and I would be lost without it".

Staff who spoke with the inspector spoke positively about the care provided to service users in the day care setting and said that although there is not a lot of funding available for new activities and resources, the staff work hard to ensure the service users have an enjoyable experience with a wide range of activities chosen by them. There was mixed feedback received from the electronic survey which highlighted the need for improved teamwork and training to ensure staff confidence in respect of using electronic recording systems. These comments were relayed to the manager for review and to action as appropriate.

HSC professionals who spoke with the inspector said that staff are very good at communicating any concerns about service users promptly and are good at following advice. They said that staff know the needs of service users very well and that service users enjoyed their experience at the day care setting, and that it is well-led.

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. Staff who spoke with the inspector demonstrated their understanding of service user's rights as outlined in the MCA. 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 authorised DoLS in place. This is reviewed and updated in line with the service user's care records and MCA documentation to ensure that any restrictions on liberty are subject to regular review so they are not applied disproportionately or for longer than is necessary in line with the legislation.

There was a policy in place for the use of restrictive interventions. The person in charge confirmed that there are no restrictive practices deployed in 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. Staff said they felt well supported in their role. There were no volunteers working within the day care setting.

A review of the day care setting's staff recruitment records of employees recruited since the last inspection identified that some staff currently employed within the day care setting had transferred internally without enhanced AccessNI checks having been completed. A discussion took place 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. 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. There was evidence that all staff received regular supervision.

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 identified that a number of staff required to complete refresher training in respect of moving and handling, COSHH and one staff member required to complete DoLS training. Reasons were outlined for the deficits and since the inspection it has been confirmed that arrangements have been made for staff to complete all requisite training. This will be reviewed at the next care inspection. Staff confirmed that they were provided with opportunities to complete training commensurate with their role.

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. A review of care records identified that moving and handling risk assessments and care plans were up to date.

All day care staff had been provided with training in relation to medicines management however no service users required assistance with their medication when attending the day care setting.

A number of service users had been assessed by a Speech and Language Therapist (SALT) with recommendations in place 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.

4.5 Care Records and Service User Input

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.

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 which supported service users to make choices around the activities they would like to participate in when attending the day centre. It was positive to note that the day centre had provided opportunities for service users to attend a local farm to complete courses in animal care. Some other activities arranged included going shopping, arts and crafts, table-top activities, ball games, singing and preparing for a concert performance, dancing and gardening.

4.6 Quality and Management of the Environment

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

A review of the most recent fire risk assessment indicated that all recommendations had been actioned. There was evidence that fire safety checks had been completed as required and that staff 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 a sample of these reports of established that there was engagement with service users and staff however engagement with service users' relatives and HSC Trust representatives was inconsistent. The reports included details of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was noted that no review of service user care records had taken place in the preceding year. It was therefore recommended that review of service user records and additional checks in respect of DoLS documentation and staff NISCC registration be included as part of each monitoring visit and report. This will be reviewed at a future inspection.

The day care setting's registration certificate was up to date and displayed.

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 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.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The findings were discussed with Ms Patricia Griffith, Registered Manager, after the inspection and can be found in the main body of the report.



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