

Inspection Report

Name of Service: Creggan Day Centre

Provider: Western HSC Trust

Date of Inspection: 11 March 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:	Ms Amy McCann (Acting)
Service Profile Creggan Day Centre is a day care setting with up to 35 places that provides care and day time activities to service users with enduring mental health needs and service users living with dementia. 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 took place on 11 March 2025 between 9.55 am and 4.05 pm. This was conducted 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 determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness of the oversight of certain aspects of the day care setting, such as recruitment practices and a review of staffing levels.

It was evident that staff promoted the dignity, independence and well-being of service users.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Service users said that they enjoyed coming to the day care setting. Refer to Section 3.2 for more details.

No areas for improvement were identified in the previous inspection.

We wish to thank the person in charge, staff and service users for their support and cooperation during the inspection.

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 in relation 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 and their quality of life

We spoke with a number of service users and staff to seek their views of attending and working within the day care setting. The information provided indicated that those we spoke with did not have any concerns in relation to the day care setting.

Service users spoke positively about their experience of attending the day care setting; they said they enjoyed attending the day care setting and that the staff were great. Two comments included the following statements; "The staff are outstanding and always welcoming" and "I am happy here". Observations of staff interacting with service users was noted to be person centred, respectful and caring.

Staff spoke very positively in regard to the care delivery in the day care setting. One told us that they enjoyed working in the day care setting and that service users' needs were at all times a priority for staff.

Returned service users' questionnaires indicated that the respondents were very satisfied with the care and support provided.

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 skill of staff meets the needs of service users.

A review of staff recruitment records evidenced that an Enhanced AccessNI pre-employment check had not been satisfactorily completed before an ancillary staff member had commenced employment. It was explained that this was due to the Trusts policy and procedure in relation to the employment of Trust ancillary staff. This was discussed with the manager, who took immediate action to address the matter. 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 on a monthly basis. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The review of training records evidence that staff had completed mandatory training.

Discussions with staff and observation during the inspection identified staff were very busy supporting service users. A review of a sample of staffing rosters evidenced that the planned staffing levels were not always adhered to due to long term staff absenteeism. This has the potential to impact on the staff's ability to deliver planned care and support. Staff stated that it was difficult to obtain consistent cover for staff absenteeism however acknowledged that management offered support and assistance to the best of their ability. It was noted that a number of bank staff were utilised to endeavour to maintain staffing levels. It was therefore recommended that the identified needs of service users should be assessed, specifically for the purpose of ensuring that staffing levels are appropriate for the assessed needs of service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. An area for improvement has been identified.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Staff meet daily to discuss the plan for the day and to discuss the needs of the service users.

3.3.2 Care Delivery

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staffs approach and responses to services users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. We observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities. Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day care setting and the positive relationships they have with staff.

Service users had good access to food and fluids throughout their day. The dining area was observed to be clean and warm. Service users were safely positioned for their meals and the mealtimes were observed to be well organised and supervised.

Staff communicated well to ensure that every service user received their meals in accordance with their assessed needs; it was positive to note that one staff member is responsible for checking all meals before they are provided to service users. Food provided was observed to be well presented and service users were offered a choice.

The day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted to achieve from attending the day care setting and any activities they would like to become involved in.

An activities planner was displayed in the communal area; there was evidence of a well-structured plan with a wide range of activities available. Service users choose what activities they wish to participate in. Activities included arts and crafts, bingo, games, poetry sessions baking and bowling.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

3.3.3 Management of Care Records

From reviewing service users' care records and through discussions with service users, it was positive to note that service users had an input into devising their own plan of care. Care and support plans 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.

Service users, where possible, were encouraged and supported to be involved in planning their own care and the details of care plans were shared with their relatives, as appropriate.

3.3.4 Quality and Management of the Environment

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

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

3.3.5 Quality of Management Systems

We discussed the acting management arrangements which commenced on 10 March 2025; RQIA will keep this matter under review.

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 and staff. The reports included details of a review of service user care records; accident/incidents; complaints; safeguarding matters; and staffing arrangements including training.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. The review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the WHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

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

There were processes in place to review the quality of the service on an annual basis.

The day care setting's provision for the welfare, care and protection of service users was reviewed. There was a procedure in place for staff to report concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known to the staff team.

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

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Review of the complaints record and discussion with

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

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the Person in Charge, 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 Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 21 (1)(b)
2(b) 3(d)

Stated: First time

To be completed by:
Immediate and ongoing
from the date of
inspection

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

Ref: 3.3.1

Response by registered person detailing the actions taken:

The Trust would like to assure that the support services staff member identified on the day of the inspection has been enhanced access NI checked and cleared as at 4 April 2025.

Creggan day Centre Managers can also assure that there are oversight mechanisms in place for staff recruited directly within the service.

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 candidate 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

	<p>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.</p> <p>HSC employers are still waiting on RQIA's correspondence to the Department of Health and have requested a further meeting with RQIA to discuss.</p> <p>WHSCT interim measures</p> <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>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall review the setting's staffing levels to ensure the service users receive the planned care and support they require, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users to ensure that at all times suitably trained persons are working in the day care setting in such numbers as are appropriate for the care of service users.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>It is important to note that whilst the impact on the quality of care and service delivery of reduced staffing should be considered, there is no evidence to indicate that neither on the day of the Inspection or at any other time has the quality of care been compromised /negatively acted on within Creggan Day Centre. This is due to the high standard of care the staff team deliver. Senior Managers and staff will continue to put the needs of service users first whilst ensuring safe staffing levels are adhered to.</p> <p>Service user needs and care plans are always considered when rota planning to include bank and agency booking.</p> <p>Complaints and incidents are regularly reviewed to identify learning for all services, as part of general governance procedures. It is important to highlight that Creggan Day Centre has zero incidents or complaints in this regard.</p> <p>Service users presentation on the day of the inspection also highlight the high standard of care within Creggan Day Centre E.g. "Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff" "those we</p>

	<p>spoke with did not have any concerns in relation to the day care setting”</p> <p>Rotas are reviewed regularly and absence is communicated to senior management as appropriate for future planning and mitigation.</p>
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