

Inspection Report

Name of Service: Edenderry Dementia Day Care

Provider: Southern HSC Trust

Date of Inspection: 30 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:	Edenderry Dementia Day Care Southern HSC Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Ms Paulina Konieczna
Service Profile – This is a Day Care Setting with 20 places that provides care and day time activities for people living with dementia. The day care setting is open Monday to Friday and is managed by the SHSCT.	

2.0 Inspection summary

An unannounced inspection was undertaken on 30 September 2025 between 10.45 am and 4.20 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 areas for improvement identified by RQIA, during the last care inspection on 18 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 four areas for improvement identified during the previous inspection relating to staff recruitment, induction, care records and the annual quality report were deemed to have been addressed by the provider. This is discussed in more detail in sections 4.3, 4.5 & 4.8.

During this inspection, service users who spoke with the inspector said that attending Edenderry Dementia Day Care 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

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

We spoke to a range of service users, relatives, staff and HSC professionals to seek their views of the day care setting.

Service users we spoke with said that they were happy with the care and support provided in Edenderry Dementia Day Care and that they enjoyed the food and activities. A good rapport was noted between service users and staff in the communal areas of the day care setting.

One relative who spoke with the inspector indicated that they were happy with the care and support provided to their loved one and that the staff were caring and kind.

Staff who spoke with the inspector spoke positively about the care provided to service users, that there was good training and teamwork and that manager was supportive and approachable.

HSC professionals who provided feedback about the service commented that the care delivery and management support within the day care setting was very good and that the service goes 'over and above' with good engagement from staff and a wide range of enjoyable activities for service users to avail of. Staff were said to be approachable and good at communicating any concerns to them.

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.

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

The day care setting's governance arrangements for the management of accidents/incidents was reviewed and confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any safeguarding concerns and incidents/accidents on a centralised record which is then reviewed and audited by the manager and the SHSCT governance department. A physical record was also held within the day care setting which included a monthly tracker of both incidents/accidents and safeguarding concerns. On review of this document, it was identified that the incident and safeguarding concern type was not recorded and therefore it was recommended that this be added to aid in tracking of any trends arising. The manager acted upon this advice immediately and amended the tracker as advised. 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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.

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.

At the previous inspection, on review of the day care setting's staff recruitment records, it was identified that an enhanced AccessNI pre-employment check had not been satisfactorily completed before staff had commenced employment in the day care setting. On review of the day care setting's staff recruitment records of the identified staff and of employees recruited since the last inspection, it was confirmed that appropriate AccessNI checks had been undertaken. On this basis the previous area for improvement was deemed to have been addressed by the provider.

On examination of the recruitment records relating to a Trust bank staff member recently enlisted to work in the day care setting, it was identified that a renewed enhanced AccessNI check had not been undertaken before they commenced work. This was discussed with the manager who advised that due to the nature of requisitioning staff from Trust bank at short notice, renewed AccessNI checks are not routinely undertaken prior to commencing work in the day care setting. This led to deeper discussion and assurances from the provider organisation to fully ensure that they have a robust system for criminal checks to be completed for all staff contracted to work in the day care setting. 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.

An area for improvement identified at the previous inspection related to the orientation and induction process for newly appointed staff. On review of the induction process of the most recently recruited staff, there was evidence of a robust induction process to ensure staff competence in carrying out the duties of their job in line with the day care setting's policies and procedures and that this incorporated NISCC Standards for new workers in social care. There was evidence that the induction programme for all new staff included shadowing of a more experienced staff member and written records were retained regarding the person's capability

and competency in relation to their job role. This area for improvement is deemed to have been addressed by the provider.

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 some staff were outstanding refresher training in respect of Adult Safeguarding, Basic Life Support and DoLS. Reasons were outlined for the deficits and actions to update refresher training have been shared by the manager since the inspection and will be reviewed at the next care inspection. Staff confirmed that they were provided with opportunities to complete training commensurate with their role.

The manager confirmed that there were no service users that required the use of specialised equipment to assist them with mobilising. 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 and administration. It was positive to note that medicines administration assessment is reviewed on a yearly basis and a competency assessment is undertaken with staff who are required to assist with medication to ensure they are proficient to carry out this task.

4.5 Management of Dysphagia and Recommendations for Eating, Drinking and Swallowing Documents (REDS)

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency as assessed by a Speech and Language Therapist (SALT). 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. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

An area for improvement identified during the previous inspection related to the further development of risk assessments to ensure they are reflective of the International Dysphagia Diet Standardised Initiative (IDDSI) as per SALT Care plan. On review of service users' care records where SALT recommendations are in place, it was positive to note that SALT recommendations and associated dietary requirements were clearly highlighted with a colour coded label on the front of service user records for staff to note with ease. Within the care records reviewed, any SALT recommendations were clearly identified within the service user's care plan and risk assessment. Staff were familiar with how food and fluids should be modified to ensure that the care received in the setting was safe and effective and this information was also shared with catering staff. It was positive to note that staff directed to supervise and assist at meal times effectively implemented the use of colour-coded place mats to easily identify those service users with SALT recommendations and/or dietary needs. This area for improvement is deemed to have been fully addressed by the provider.

4.6 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 at the day centre. Some activities arranged included sonas, crosswords, hand care, musical bingo, knitting, bingo, board games and reminiscence.

4.7 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 actions had been completed. 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.

4.8 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.

An area for improvement identified during the last inspection related to the Annual Quality Report. On review of the most recent annual report, it was good to note that surveys had been completed by both service users and their representatives. Respondents commented positively about the care provided to their loved ones and felt that management were attentive and approachable. There were actions arising from the report to subsequently progress. This area for improvement is deemed to have been addressed by the provider.

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 Paulina Konieczna, Manager, after the inspection and can be found in the main body of the report.



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