



The **Regulation** and
Quality Improvement
Authority

Inspection Report

Name of Service: The Omagh Centre

Provider: Northern Health and Social Care Trust

Date of Inspection: 9 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 Person:	Mr Neil Guckian
Registered Manager:	Miss Ciara Rodgers
Service Profile – The Omagh Centre is a day care setting that provides care and day time activities for up to 48 service users with a learning disability, physical disability, dementia, sensory impairment and behaviours that challenge. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2025 between 10.09 am and 5.00 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 13 June 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 journey times on transport for service users was assessed as having been fully addressed by the provider. This is discussed in more detail in section 4.5.

During this inspection, service users who spoke with the inspector said that attending The Omagh 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

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 number of service users, relatives 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 enjoy it" and "I had a good day".

Relatives who spoke with the inspector indicated that they were happy with the care provided to their loved ones in the day centre. Some of the feedback received by relatives included the following comments "they are brilliant – all the staff are very, very good" and "It is a good service and the staff do their best".

Staff who spoke with the inspector spoke positively about the care provided to service users in the day care setting and said that there was good teamwork and that manager 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.

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 and it was positive to note that any restrictive practices applied within the day care setting were recorded on a register which was reviewed regularly alongside the service user's support plan and risk assessment. Any restrictive intervention methods applied are subject to multidisciplinary assessment and review for the safety and well-being of the individual.

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. 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. 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 identified that a number of staff required to complete refresher training in respect of Fire safety, Adult Safeguarding, Medicines Management and Dysphagia. 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.

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 only senior staff are tasked to assist with the administration of medication within the day care setting. It was positive to note that medicines management training is refreshed on a yearly basis and a competency assessment is undertaken with those identified staff who are required to assist with medication to ensure they are proficient to carry out this task.

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.

An area for improvement stated for a second time during the previous inspection related to the journey times of service users transported to and from the day centre. On review of the transport records it was established that there was one service user whose journey exceeded 45 minutes. It was evident that efforts had been made to reduce the journey time through trialling different routes, however due to the distance to travel and traffic delays, the expected journey time could not be further reduced and remained only marginally over the time outlined in the Day Care Settings Minimum Standards. On this basis and from the evidence and assurances that staff will keep all journey times under continuous review, the area for improvement is deemed to have been met by the provider.

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 visits to the leisure centre, arts and crafts, visiting a local farm, cookery and tickets to a music event.

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 actions had been completed except the replacement of internal doors within the centre. There was evidence that the manager was proactive in progressing this with the relevant department. This will be kept under review. 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 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. It was recommended that additional checks in respect of DoLS documentation and NISCC checks be included as part of the 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 Ciara Rodgers, Manager, after the inspection and can be found in the main body of the report.



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