

# Inspection Report

**Name of Service:** Drumcoo Centre  
**Provider:** Western HSC Trust  
**Date of Inspection:** 6 December 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Western Health and Social Care Trust
<b>Responsible Individual</b>	Mr Neil Guckian
<b>Registered Manager:</b>	Mrs Elizabeth McGuinness
<b>Service Profile:</b>	
This is a day care setting that is registered to provide care and day time activities for up to 40 service users. The service meets the needs of adults with physical complex disabilities and sensory impairment. The day care setting is open Monday to Friday.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 6 December 2025 between 11.05 a.m. and 3.50 p.m. by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also examined.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

There were no areas for improvement identified from this 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 service 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 service. 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.

### 3.2 What people told us about the service and their quality of life

Throughout the inspection process inspectors will seek the views of those working and visiting the setting and review a sample of records 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 and staff to seek their views of visiting and working within Drumcoo Day Centre.

The information provided indicated that there were no concerns in relation to the care provided in the day care setting.

#### Service user's comments:

- "I like it here. I come 5 days per week. I would like to have a different menu on a Wednesday. I don't like curry and I bring in my own lunch when it's something I don't like. Staff have tried to change it but it didn't work."
- "I like it, its good."
- "I come every day. I have been here a long time I don't want to go to another place. I enjoy it. Staff are great."
- "I enjoy it – it's good to have people to talk to. I like the food and staff."

#### Relatives' comments:-

- "They are really good to my relative. It is a great service, if it were bad, I would say – they cut up his food to ensure he doesn't choke. They have been brilliant, couldn't say anything wrong about them. Drumcoo is our only break from caring."
- "Everything is going very well - my relative goes twice a week and enjoys it. He likes the service and mixing with people. Staff are very good to him and keep a good communication log with us so they are good that way – couldn't say anything wrong about them."
- "As far as I see it is the bee's knees. They are always doing something. You couldn't beat them all the staff are great. I can't fault it, it is a really, really good service they are fantastic – It's 100%."

#### Staff comments:

- "It's a great service, the service users love coming here, it's a nice atmosphere and they get good care."

#### HSC staff -

- "They have very good staff with new clients experiencing a big transition in life. The staff are adaptable – flexible, willing to take on board advice and try new things to help with transitioning clients."

- “I can’t fault them they are very good – clients love to come here and they work well with them. One thing is that, occasionally if they are short of staff, they do more group work than individual work. But it’s not often. The centre is bright and welcoming.”
- “Communication is always good and comprehensive. The service provided is very person centred, the environment is very welcoming and other clients always appear to be participating in activities and good rapport with staff observed.”

No responses were received from staff or visiting professionals to the electronic survey.

The relative of one service user responded to the electronic survey to suggest that the service could benefit from more staff and more bus drivers. This was discussed after the inspection with the person in charge who advised that there have been times of staff shortages both within the centre and also within the trust transport department which can impact both transport arrangements and the range of activities available within the centre. The person in charge advised that there are ongoing recruitment efforts to recruit staff. To ensure service continuity when transport is impacted due to staff shortages, alternative transport options are pursued and where available, sourced to minimise disruption to service users. In instances where wheelchair accessible transport is not available at short notice, contact is made with service users and relatives to update them and to explore other transport options that may be available as necessary.

### **3.3 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last care inspection of the day care setting was undertaken on 17 August 2023 by a care inspector. No areas for improvement were identified.

## **3.4 Inspection findings**

### **3.4.1 Adult Safeguarding**

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 registered manager, who was present on the day of inspection, and staff 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 the day care setting’s policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. No referrals had been made since the last inspection.

The manager had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

### 3.4.2 Staff Recruitment and Induction

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

The day care setting had maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

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. A three-day induction programme, which included shadowing of a more experienced staff member over two days, was implemented. A competency and capability assessment in relation to newly appointed staff and their job role was completed as part of the overall induction programme, however some dates were missing beside signatures to indicate when specific induction tasks were completed. This was highlighted during inspection and has since been addressed by the registered manager who agreed to ensure appropriate signatures and dates are entered when induction tasks are completed. This will be reviewed at a future inspection.

Staff were provided with training appropriate to the requirements of their role and this was recorded on a training matrix. One driver with caring duties required refresher training in manual handling theory. This was discussed with the manager at the time of the inspection who made arrangements for this refresher training. Confirmation has since been received that this has been completed.

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 staff had been provided with training in relation to medicines management. The manager advised that no service users required their oral medicine to be administered with a syringe. The registered manager was aware that, should this be required, a competency assessment would be completed before staff undertook this task.

### 3.4.4 Mental Capacity and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. At the time of inspection there were no service users who required DoLS.

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. There was a restrictive practice register in place which had been recently reviewed. Arrangements had also been made for staff to complete restrictive practice training.

### 3.4.5 Care Records and Service User Input

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. 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.

Care reviews had been undertaken 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 also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some activities suggested by the service users included bowling, boccia, and ways to fundraise for the centre.

### 3.4.6 Dysphagia Management

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

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.

Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **3.4.7 Governance Arrangements**

There were monthly monitoring arrangements in place in compliance with the Regulations. In the reports reviewed, 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 Annual Quality Report was reviewed and was satisfactory.

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

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 setting's policy and procedure. One complaint received from a service user in relation to the choice of foods available on the menu, and the actions taken by staff in response, had not been recorded in the complaints file. Advice was given to the registered manager in relation to how such complaints are managed and recorded. It was later confirmed that records pertaining to this complaint and the outcome have been retrieved and filed within the complaints records. The recording of complaints will be reviewed at a future inspection.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend.

## **4.0 Quality Improvement Plan/Areas for Improvement**

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



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Authority

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