



# Inspection Report

**Name of Service:** Strathroy Outreach Centre

**Provider:** Western HSC Trust

**Date of Inspection:** 31 July 2025

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 HSC Trust
<b>Responsible Individual/Responsible Person:</b>	Mr Neil Guckian
<b>Registered Manager:</b>	Mr Niall Campbell
<b>Service Profile</b> – This is a day care setting that provides care and day time activities for up to 26 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 31 July 2025 between 9.45 am and 3.45 pm by a care Inspector.

The last care inspection of the day care setting was undertaken on 20 February 2024 by a care inspector. No areas for improvement were identified. This 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.

Service users were observed to be relaxed and engaged in the activities provided. Those who spoke with the inspector said that they enjoyed their time and that they had a good experience at the day centre. Refer to Section 3.2. for more details.

Good practice was identified in relation to service user involvement and care records.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led, however improvements were required to ensure the effectiveness and oversight of certain aspects of the agency. As a result of this inspection one area for improvement was identified in relation to monthly monitoring reports. Details and examples of the inspection findings 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 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 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

We spoke to a number of service users, relatives, staff and HSC staff to seek their views of visiting and working within the day care setting.

Service users who spoke with the inspector said that they were happy with the care and support provided at Strathroy Outreach Centre. Two comments included the following statements: "Good – I am very busy" and "It is good - we have a good time, I enjoy it". Returned questionnaires indicated that service users were satisfied with the service and that they found staff helpful and friendly.

Relatives who spoke with the inspector indicated that they were happy with the care provided to their loved one and that they could approach the staff with any concerns they had if they needed to. Some of the comments received included the following statements: "Everything is going really, really well" and, "My relative loves it and is happy to go. The staff are all lovely – I could go to any of them".

Staff who spoke with the inspector spoke positively about the care delivery, training and management support in the day care setting.

Healthcare staff who provided feedback on the service indicated that the care and support provided in the centre was compassionate, that service users enjoyed a good range of activities; and that the manager was approachable and responsive to any issues that may arise.

## 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 in normal business hours and out of hours. 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 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 however, it was recommended that records relating to adult safeguarding are not kept within service user records but stored separately and that a tracker is developed for reference, tracking and monitoring purposes. Since the inspection, it has been confirmed that a separate filing system has been implemented which includes a monthly tracker. This will be reviewed at a future inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). Incidents and accidents which occurred since last inspection had been managed 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.

All staff had completed appropriate DoLS training appropriate to their job roles. 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. Where a service user was experiencing a deprivation of liberty, their care records contained the correct documentation confirming the DoLS in place. The day care setting maintains a register of those service users who have a DoL in place.

There was a policy in place for the use of restrictive interventions and some identified restrictive practices such as door locks, were in place to manage risks around road safety. The person in charge agreed to ensure that any restrictive practices applied within the centre for the safety of service users are recorded on separate record for monitoring purposes and to ensure these are appropriately assessed with multi-disciplinary input, reviewed regularly and not used disproportionately or for longer than is deemed necessary. This will be reviewed at a future inspection.

### 4.3 Staffing Arrangements (recruitment and selection, induction and training)

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. All staff received regular supervision, including those supplied by recruitment agencies.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Service users said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role and that they were satisfied with the staffing levels.

A review of the day care setting's staff recruitment records of the most recently recruited staff 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 the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with 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.

Staff were provided with training appropriate to the requirements of their role. The day care setting had maintained a record for each member of staff of all training which was checked and updated on a regular basis.

All day care staff had been provided with training in relation to medicines management which was refreshed every three years. A competency assessment was undertaken with those staff who were delegated to assist in the administration of Buccal medication where necessary. This was refreshed every two years, involved face to face training and staff were signed off as competent before being assigned this task.

#### 4.4 Dysphagia Management

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. 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 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 and followed a clear programme for each service user with SALT requirements at meal times.

#### 4.5 Care Records and Service User Input

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 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 line with the commissioning trust's requirements.

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

It was positive to note that the day care setting held service user meetings on a monthly basis which enabled the service users to give their views on what they wanted from attending the day care setting as well as identifying any activities they would like to become involved in. A review the minutes of service users' meetings identified that service users availed of a range of activities to partake in such as cookery, arts and crafts, day trips and boccia.

#### 4.6 Quality and Management of the Environment

The day care setting was observed to be clean, brightly decorated with crafts completed by service users and suitably furnished. 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.

## 4.7 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with regulations and standards. The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were completed and were available during the inspection, however it was noted from a sample of reports reviewed, that information was missing in some sections and no actions identified for follow up between reports. It was explained during inspection, that this was due to the decision to identify particular themes each month to focus on however, this meant that audits of service user records, DoLS documentation and checks around Recommendations for Eating, Drinking and Swallowing (REDS) records were not systematically checked during each monitoring visit. Furthermore, it was identified that the number of accident and incident reports and Adult safeguarding referrals was inaccurately recorded in some reports. An area for improvement has been identified.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Records reviewed and discussion with the person in charge indicated that no complaints were received since the previous care 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.

There was a system in place whereby staff check the vehicle after each journey to ensure that no service users remain on the transport. It was recommended that the manager ensure that this process is formalised and that a signed record is retained and reviewed by the manager to ensure no service users are left on the bus after each journey. This will be reviewed at a future inspection.

## 5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in one area for improvement being identified. Findings of the inspection were discussed with Mr Niall Campbell (Manager), as part of the inspection process and can be found in the main body of the report.

Areas for improvement have been identified and action is required to ensure compliance with the Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

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 28 (1)( c)

**Stated:** First time

**To be completed by:**  
Immediately and ongoing

The Registered Person shall arrange for an individual who does not manage the day care setting to visit at least once a month and complete a report that comments on the standard of care in the day care setting. The report should include the views of service users, relatives and or their representatives and staff. It should review and trend data on the number of accidents and incidents, safeguarding and any learning disseminated to all staff and a review of records monitored should be completed to identify actions that will be taken to improve the quality and standard of care provided.

Ref: 4.7

**Response by registered person detailing the actions taken:**  
Monitoring report has been updated on the 18/8/25 following detailed discussion with the inspector to include all areas set out above. A robust rota is in place to ensure each registered day facility is monitored month by a Manager from another service area.



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