



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Killadeas Day Centre

**Provider:** WHSCT

**Date of Inspection:** 17 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>	WHSCT
<b>Responsible Individual/Responsible Person</b>	Mr Neil Guickan
<b>Registered Manager:</b>	Miss Patricia Griffith
<b>Service Profile –</b>	
This is a day care setting that provides care and day time activities for up to 20 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 (WHSCT).	

## 2.0 Inspection summary

An unannounced inspection was conducted on 17 December 2024, between 10.35 a.m. and 4.10.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.

One area for improvement was identified; this related to monthly quality monitoring reports.

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

## 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 the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, and their experiences of using, visiting or working in this service. This ensures 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 using, visiting and working within Killadeas Day Centre.

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

#### Service User Comments:

- “I like it.”
- “I like watching Mr Bean.”
- “I like it I am very busy, I come every day.”
- “I come every day – I enjoy it.”

#### Relatives' Comments:

- “It is brilliant – my relative wants for nothing – enjoys it better than school and I have no worries at all. The staff are proactive and willing to ask me for advice too as she won't always eat a lot.”
- “I am very happy, they are brilliant with my relative – they know his routine and they know him so well – I can approach the staff with anything and they have him in a great routine.”

#### Staff comments:

- “I have been here a few months. it is a lovely job. I really enjoy it and wish I had come sooner.”
- “It's so good. I came back after retirement.”

**HSC Staff comments:**

- “I have always found the environment to be welcoming and the service users always appear happy, content. There is always a homely feel when you arrive. Staff are always welcoming and approachable, from management to staff on the floor.”

One returned questionnaire indicated that the respondent was satisfied with the care and support provided.

Six members of staff responded to the electronic survey indicating that they were satisfied or very satisfied that the care service users received within Killadeas Day Centre was safe and effective. Comments received included:

- “The service is service user led, the staff work in a very person centred approach.”
- “Killadeas is such a great service. It’s a pleasure being part of so many different events/activities that the service users really enjoy.”
- “I am glad that I found this lovely, warm, place to work. I am enjoying this kind of job.”

### 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 9 May 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 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.

### 3.4.2 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. 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 that a DoL is in place and the day care setting maintains a register of those service users who have a DoL in place.

There was a policy for the use of restrictive interventions. The person in charge advised that whilst there were no restrictive interventions in use within the day centre, all care records were regularly reviewed to ensure that any practices that could restrict freedom of movement are identified, used no more than is deemed necessary for the safety and well-being of the service user and subject to regular review. The person in charge agreed to maintain a register of any restrictive practices employed within the centre should they arise in the future and to arrange for staff to attend relevant training. This will be reviewed at a future inspection.

### 3.4.3 Staff Recruitment Records

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). 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. Although there was evidence of robust a three-day induction programme for all new staff, the induction template required updating. A discussion took place with the person in charge and the manager post-inspection around the need to review this to ensure it covers any additional mandatory training that is now required, such as dysphagia and Mental Capacity Act awareness. This will be reviewed at a future inspection. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

### 3.4.4 Staff Training

Staff were provided with training appropriate to the requirements of their role. There was a colour coded electronic training matrix that was checked and updated on a regular basis. 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.

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

### 3.4.5 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.

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

### 3.4.6 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 care records identified that moving and handling risk assessments and care plans were up to date.

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 give their views on they wanted from attending the day centre as well as identifying any activities they would like to become involved in. Some matters discussed included planning for the nativity play, craft morning with families attending, a trip to the local leisure centre, a trip to the ice rink, visit to the petting farm and inclusive dance with older people's services. There were also discussions around making costumes, gardening outside of centre and keeping safe. The service had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

### 3.4.7 Governance and Managerial Oversight

There were monthly monitoring arrangements in place in compliance with the Regulations, however, a review of the reports of the day care setting's monthly quality monitoring identified that the report for August 2024 had not been completed. This has been identified as an area for improvement.

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.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure.

There was a system in place for managing instances where a service user did not attend the day centre as planned. There was also a system for signing in and out the service users who attend and a logbook for staff to sign when a final check of the bus had been completed to ensure all service users had been returned safely.

### 4.0 Quality Improvement Plan/Areas for Improvement

An areas for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

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

The area for improvement and detail of the Quality Improvement Plan were discussed with Patricia Griffiths, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 28 (2) &amp; (3) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from day of inspection.</p>	<p>The Registered Person shall ensure the day care setting is visited monthly to monitor the quality of the care and support provided; a report of the visit is prepared and made available.</p> <p>Ref: 3.4.7</p> <p><b>Response by registered person detailing the actions taken:</b> The requirement for all visits to be completed on a monthly basis i.e. 4 weekly, has been emphasised with all those managers tasked with carrying out the visits.</p>



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews