



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Cairnmount Day Centre

Provider: Cairnhill Home 'A' Ltd

Date of Inspection: 20 May 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:	Cairnhill Home 'A' Ltd
Responsible Individual:	Mr Charles Digney
Registered Manager:	Mrs Katrina Poland
Service Profile –	
Cairnmount Day Centre has places for up to 25 service users a day; Monday to Friday. Providing services to those with Learning Difficulties. The services provided for each service user will vary according to the individuals assessed need. The Southern Health and Social Services Trust (SHSCT) commission these services.	

2.0 Inspection summary

An unannounced inspection took place on 20 May 2025, between 9.30 a.m. and 3:30 p.m. This was conducted by a care inspector who was accompanied by an inspector who was observing.

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 19 October 2023; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to the fire prevention aspects of the day care setting.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider.

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.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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 survey.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. Service users were observed being warmly greeted by name to the day care setting by management,

Service users told us that they loved the Day Centre, enjoying the food and the activities. They spoke positively about the staff and the building.

The Staff told us that they loved working the Day Centre, they were confident to raise any concerns, they had no concerns about the service and found the manager approachable.

A relative told us that the staff were great, that they had no concerns about the service and their daughter enjoyed coming to the Day Centre.

A HSC Trust representative told us that the service is great, and remarked that they "couldn't praise them enough."

The day care setting operates a communication system, by the use of communication books, whereby service users have an option that information about their daily activities in the day care setting and any communication their families would like to share are exchanged. Relatives remarked on the positive impact of this process.

The day care setting had undertaken a review of the service that included feedback from service users.

During the inspection, service users were observed taking part in numerous group and individual activities. Some of these activities took place outdoors, laughter and cheers were heard. We were privileged to be invited to observe the makaton choir as they practiced for a forthcoming event.

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.

3.4 Inspection findings

3.4.1 Staffing Arrangements

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.

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.

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 a robust, structured, induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, and Dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role. The training records have recently transferred to an electronic system. The manager agreed that the training topics would be further reviewed in the monthly monitoring reports.

All staff received regular supervision.

3.4.2 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Review of records identified that service users consent was sought, the wording of the consent document was discussed at inspection, the manager has agreed to review this document, this will be reviewed at future inspections.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users.

3.4.3 Quality of management systems

Mrs Katrina Poland is the manager in this day care setting. Those consulted with; service users, staff and relatives commented positively about the manager and described her as supportive and approachable.

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; however, advice was given in relation to improving the recording of the details of the files reviewed and the use of unique identifiers. This will be reviewed at future inspections.

No complaints were received since the last inspection. The day care setting had received a range of compliments.

A review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

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

The annual quality report was reviewed and noted to include stakeholder feedback.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm, however, the organisation's adult safeguarding policy required a review to ensure they were reflective of the Department of Health's (DoH) regional policy. The manager has agreed to ensure this was completed. This will be reviewed at future inspection.

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.

The safeguarding position report had been completed.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services within the day care setting.

All relevant staff had been provided with training in relation to medicines management. The medication files were reviewed and found to be adequate.

The fire risk assessment and staff fire training were found to be in date. During the inspection fire exits were observed to be clear of clutter and obstructions.

Fire checks had not been undertaken consistently and Personal Evacuation Emergency Plans (PEEPS) were not completed. Fire drill evaluation documentation required to be reviewed. The fire evacuation procedure requires to be updated to reflect the current responsible persons. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Katrina Polland, Manager and Mr James Digney, Acting Manager, as part of the inspection process. 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire, including reviewing fire precautions, fire evacuation plans, learning from fire drills and testing fire equipment.</p> <p>Ref: 3.4.3</p> <hr/> <p>Response by registered person detailing the actions taken: Fire risk assessment has been carried out in Cairnmount on 12th June 2025. Fire warden training has been arranged for all staff on 22nd June and 24th June 2025.</p>



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