



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Willowbank Day Care

Provider: Willowbank Ltd

Date of Inspection: 21 May 2025

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

1.0 Service information

Registered Provider:	Willowbank Ltd
Responsible Individual:	Ms Marion McKenna
Registered Manager:	Ms. Kathleen Lappin
Service Profile: This is a day care setting that is registered to provide care and day time activities for up to 15 service users, who may have a range of needs associated with physical disability, brain injury, sensory impairment and/or a learning disability. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection took place on 21 May 2025, between 9.15 am and 12.30 pm by a care Inspector.

The last care inspection of the day care setting was undertaken on 16 May 2023 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.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as the length of time service users spend travelling to and from the day care setting.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Willowbank Day Care was an excellent experience.

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.

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 seek the views of those attending and visiting the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

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 told us that they were very happy attending the day care setting and that it was 'a great place'. Service users described how they 'love' attending the day care setting and they described the staff as being 'great girls' who are 'excellent' and 'very helpful'; and they said that they felt that 'Willowbank is a well led service'.

Staff told us they loved their work and that every one of them 'wears their heart on their sleeves' and that they all 'put the service users' needs first'. A HSC Trust representative spoken with told us that Willowbank Day Care is excellent and that there never are any issues.

3.3 Inspection findings

3.3.1 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. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

There was a system in place to ensure that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have 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 to ensure that newly appointed staff completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date. Service user specific training had also been provided to staff. For example, where a service user required a specialist emergency medicine for the management of a medical condition, all staff had been provided with the required training.

Review of fire training records identified that training had yet to be completed in relation to the practical use of fire-fighting equipment. Once raised, the manager took immediate action and a date for the training to be provided was secured.

All staff received regular supervision and there was a procedure in place for appraising staff performance.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' wellbeing, that the staff needed to assist them in their roles. Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. Service users' needs were met through a range of individual and group activities such as relaxation sessions, arts and crafts, bingo, shuttle board, games, quizzes, ball games, movies and gardening.

Service users were well informed of the activities planned for the day and of their opportunity to be involved and they looked forward to attending the planned events.

Staff interactions with service users were observed to be friendly and supportive. Staff were observed to be prompt in recognising service users' needs. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Where a service user was at risk of falling, measures to reduce this risk were put in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Whilst the service users brought their own food to the day care setting, the staff had completed training in respect of modified diets and they ensured the service users were eating the recommended consistency foods.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency 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 in relation to a number of matters.

Service users care records were held confidentially.

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, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Staff recorded regular evaluations about the care and support provided. A review of these records evidenced that they were legible, up to date and signed by the person making the entry.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan. It was good to note that information regarding the service users' risk of choking and recommended diet was also highlighted at the front of each service users' care record; this is good practice and is commended.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Ms Kathleen Lappin has been the manager in this day care setting since 22 May 2019.

The day care setting was visited each month by a representative of the registered provider to examine all areas of the running of the day care setting. The reports of these visits were completed in detail; however, advice was given in relation to ensuring that service users' relatives were contacted as part of the monthly monitoring visits. Following the inspection, it was confirmed to RQIA that this matter had been addressed.

Discussion with the manager identified that a number of service users had very lengthy journeys to and from the day care setting. An area for improvement has been identified.

There was a system in place to ensure that any complaints received would be managed appropriately; none had been received.

Review of incident records identified that they were managed appropriately.

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. The manager was identified as the appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

There was evidence that the manager took measures to improve practice and the quality of care provided within the day care setting.

3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. Advice was given in relation to the need to replace specific types of toilet brushes; and for the need for the pull chord in an identified toilet to have a plastic covering installed. This will be followed up at a future inspection.

A fire risk assessment had been completed on 8 July 2024. Fire safety checks were undertaken on a regular basis and all staff had taken part in a fire evacuation drill.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kathleen Lappin, 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 Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall review the service users' journey to and from the day care setting, to ensure that this does not routinely exceed 45 minutes; where there is evidence of lengthy journeys, this should be raised with the Trust.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A record of all journey times to and from the Centre is currently being maintained. The issue of prolonged travel durations was raised with Trust Transport on 24/09/2024; however, no changes have been implemented.</p> <p>Going forward, Trust Transport will be notified of any journeys exceeding 45 minutes, and these instances will continue to be documented and reported.</p>

Please ensure this document is completed in full and returned via the Web Portal



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