

Inspection Report

Name of Service: New Way

Provider: Northern Health and Social Care Trust

Date of Inspection: 1 July 2025

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1.0 Service information

Organisation/Registered Provider:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual/Responsible Person:	Ms. Jennifer Welsh
Registered Manager:	Ms. Glenda Garrett
<p>Service Profile – New Way is a day care setting located in the grounds of Whiteabbey Hospital. It is registered for up to 30 places and provides care and day time activities to service users with a learning disability.</p> <p>The setting is open for service users from Monday to Friday and is operated by the NHSCT.</p>	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2025, between 09.20 am and 4.00 pm. It was carried out by two care Inspectors.

The last care inspection of New Way was undertaken on 17 August 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 notification of incidents and recording of safeguarding concerns. 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.

Service users said that the care and support provided by New Way was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

It was established 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.

The inspectors would like to thank the person in charge, service users, staff and manager for their help and support in completion of the 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 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 working in, attending and visiting the day care setting; and 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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they liked the service and enjoyed the scheduled activities within the day care setting. Staff were highly commended by all service users spoken with; when one service user was asked what their favourite thing was about attending, they named a member of staff.

Staff on duty advised that they felt they had the relevant knowledge and skills required to meet the needs of the service users who attend the day care setting.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. One service user told us that 'the staff are nice. They make me laugh'.

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

3.3 Inspection findings

3.3.1 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.

On the day of inspection and from review of rotas held by the service, there was found to be adequate staffing available to appropriately meet and respond to the needs of those in attendance. Observations of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Requests for assistance were responded to in a prompt, caring and compassionate manner.

There was a process in place to ensure that recruitment was managed appropriately; this ensured 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.

Newly appointed staff, including those supplied by recruitment agencies, had 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 via a matrix and the manager maintained oversight of the training matrix. Staff training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia at a level appropriate to their job roles.

There was evidence in place that all staff received regular supervision. Discussion took place with the person in charge regarding ensuring all supervision records were appropriately dated.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development. Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend.

Discussion took place with the manager to confirm the requirement that any potential volunteers in the day care setting do not undertake personal care duties and that AccessNI checks are completed.

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' care, that the staff needed to assist them in their roles. Advice was given to the person in charge to record these discussions. This will be reviewed at the next inspection.

Activities for service users were provided which involved both group and one to one activities. This included arts and crafts, physical activities, pool and opportunity for community outings making use of the setting's own transport. Wall displays within the day care setting illustrated community outings to local areas of natural beauty and formal dinners. Service users pointed to themselves in the photographs and spoke positively about their attendance.

Staff interactions with service users were observed to be friendly, responsive and in keeping to individual's communication needs. Service users were enabled to make choices, this was evident in visual supports relating to both activities and meals.

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 care setting and any activities they would like to become involved in.

3.3.3 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.

Service users care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

The service is in the process of transferring care records onto Encompass, a region wide electronic platform for care records. Service user notes were maintained as per the standards and found to be detailed and objective; daily entries were made for those prescribed one to one supervision.

Some service users had been assessed by an Epilepsy Specialist Nurse. These recommendations were recorded in the service users' care plans.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service users care records.

Any restrictive practices deployed were evident within service user's care and risk management plans. However, the day care setting did not maintain a restrictive practice register to ensure interventions deployed were regularly reviewed to confirm that they remain reasonable and proportionate. This will be reviewed at the next inspection.

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, the safeguarding log within the setting had not been updated to reflect more recent Trust referrals. Consequently, this meant that the manager had no mechanism to review any

current or potential trends around adult safeguarding matters. An area for improvement has been identified in this regard.

3.3.4 Quality of Management Systems

Ms. Glenda Garrett has been manager of the day care setting since 1 April 2024. The manager has submitted an application to RQIA for registration as manager; this will be reviewed in due course.

Ms. Garrett is also manager of another registered day care setting. During the course of this inspection, it was identified that a number of records for both these settings were combined. It was also noted that staff from both settings regularly provide cover to each. These day care settings are two distinct registered services. They must be considered as such in respect of staffing and records. Discussion took place with the manager and this matter will be examined in detail at the next inspection.

It was positive to note that staff required to be in charge in the absence of the manager had completed the necessary training and competencies to fulfil the responsibilities of the job role.

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives, staff and stakeholders to examine all areas of the running of the day care setting. The reports of these visits evidenced that actions were identified, monitored and carried over as necessary.

The Annual Quality Report was in the process of being compiled. This will be sent to RQIA by 31 July 2025.

A review of incidents and accidents within the day care setting demonstrated that some notifiable events had not been reported to RQIA. This is not in keeping with the regulations. This has been identified as an area for improvement.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The manager was up to date in training with regard to the Handling of Complaints.

3.4.5. The Environment

A review of the day care setting's environment was undertaken and the setting was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

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

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken in April 2025. Fire risk assessments for the centre were available for the inspection and had been completed on 2 June 2025. Staff fire training was up to date. During the inspection, fire exits were observed to be clear of clutter and obstructions.

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	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 13.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure written records are kept of all safeguarding concerns and include details of the investigation, the outcome and action taken by the day care setting.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed and amended all safeguarding records to reflect and include details of the concern, any investigations along with the outcome and action. A standardised safeguarding template has been developed and introduced capturing relevant details including time and date of the concern raised, name of person reporting concern, nature of concern and immediate actions taken, details of the investigation undertaken, outcome of the investigation, actions taken by the day care setting, including referrals, communications with statutory bodies and follow up.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 17.14</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure all accidents, incidents and communicable diseases occurring in the day care setting are reported to RQIA, in accordance with legislation and procedures.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the current legislation and procedures with all staff individually in relation to reporting of accidents, incidents and communicable diseases to RQIA. The manager has also planned a team meeting in September to discuss the key areas of reporting such notifiable incidents in line with RQIA's guidance "Statutory Notification of Incidents and Deaths". The team meeting will guide staff on when and how to escalate accidents/incidents/comunicable diseases, timescales for reporting and responsibility for submitting notifications. A log of all notifiable accidents is insitu and will be maintained and cross referenced against RQIA submissions. The manager will conduct monthly reviews to ensure that all notifiable events have been reported in line with regulatory requirements. In relation to communicable diseases occurring the records will include relevant risk assessment and actions taken alligned to IPC measures within the NHSCT.</p>

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