



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Fallswater Centre
Provider: Belfast HSC Trust
Date of Inspection: 05 August 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:	Fallswater Centre
Responsible Person:	Mrs Maureen Edwards
Registered Manager:	Ms Maria O'Hagan
Service Profile – Fallswater centre is a day care setting with 22 places that provides care and day time activities for people living with a learning disability. The Centre operates Monday to Friday.	

2.0 Inspection summary

An unannounced inspection took place on 5 August 2025 between 8.35 am and 3:10 pm. This was conducted 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 were also reviewed.

The last care inspection of the day care setting was undertaken on 28 March 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.

The inspection found that safe, effective and compassionate care was delivered to service users and that day care setting was well led. Two areas for improvement were identified, these related to verification and induction of relief staff and fire safety.

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 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

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 Fallswater Centre. Service users described that they enjoyed the activities, such as the art and the walk they participated in on the day of the inspection.

Staff told us that they loved their jobs and they were confident and encouraged to raise any concerns.

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.

The manager confirmed that no new staff were recruited since the last inspection. The Day Centre has used a number of staff from recruitment agencies. The induction and verification of these staff members did not consistently demonstrate that a robust process was in place. An area for improvement has been identified.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

Procedures were in place for appraising staff performance; and all staff received regular supervision.

3.3.2 Care Delivery

There was a meeting held at the beginning of each shift; this included the sharing of information about any changes to the service users' care, that the staff needed to assist them in their roles. A 'Safety Pause' was used to communicate any specific information pertaining to service users' that may have a modified diet.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. A review of records and discussion with service users, staff and the manager evidenced that there were robust systems in place to manage service users' nutrition and mealtime experience.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff interactions with service users were observed to be friendly and supportive.

Service users' needs were met through a range of individual and group activities.

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 were given the choice as to whether or not they wanted their photograph taken and used in any organisational promotional material or social media.

Care records were person centred and regularly reviewed to ensure they continued to meet the service users' needs.

Staff recorded regular evaluations about the care and support provided.

It was good to note that the eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

There was a system in place to track when service users' annual reviews were due.

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 Maria O'Hagan has been the manager in this day care setting since 29 April 2019. Staff spoken with commented positively about the manager.

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 in detail.

There was a process in place to manage any complaints; none had been received since the last care inspection.

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. 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.

There was a protocol in place to check the bus transport after every journey to and from the day care setting, to ensure that every service user had safely exited the bus. Advice was given in relation to the documentation. This will be reviewed at future inspections.

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 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.

Review of records and discussion with the manager confirmed that environmental checks were carried out, as required on a regular basis, to ensure the day care setting was safe to attend, for example, electrical installation checks and water temperature checks. Fire safety checks had not been recorded as completed for one month and although the majority of staff attended a fire drill within a twelve-month period, this did not include all staff. An area for improvement has been identified. Throughout the inspection, fire doors were observed to be unobstructed.

There was evidence that systems and processes were in place to manage infection prevention and control which included non touch door mechanisms and regular monitoring of the environment to ensure compliance.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Maria O'Hagan, 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 21 (3)(d)_ Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that all persons working in a day centre have full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2; this relates specifically to the verification and induction of staff from recruitment agencies</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Completed. The Registered Manager has implemented a checklist to verify that all new BHSCT and agency staff members induction documentation including a training completion list, Access NI certificate and NISCC certificate are included in each staff member's file. The checklist provides assurance that the induction has been fully signed off by the staff member completing the induction as well as the staff member being inducted. Where relevant the documentation within the checklist is available prior to staff commencing post.</p>

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 28.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that all routine checks relating to fire safety are completed and that all staff attend a fire drill on an annual basis.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken: Completed. The registered manager has implemented systems with immediate effect to ensure that all routine checks relating to fire safety have been completed and ensure, by means of fire drills and practices that all persons employed in the day care setting are aware of the procedure to be followed in case of fire.</p>

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