

# Inspection Report

**Name of Service:** Mount Oriel Day Centre

**Provider:** Belfast HSC Trust

**Date of Inspection:** 18 July 2025

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>	Belfast Health and Social Care Trust
<b>Responsible Individual/Responsible Person:</b>	Mrs Maureen Edwards
<b>Registered Manager:</b>	Ms Julie Robinson
<b>Service Profile</b> – Mount Oriel Day Centre is a day care setting which provides services to a maximum of 75 service users. The centre provides 50 places per day for older people and 25 places for adults living with a learning disability. This service is operated by the Belfast Health and Social Care Trust.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 18 July 2025 between 10 am and 4.20 pm by a care Inspector.

The last care inspection of the day care setting undertaken on 23 February 2024 focused on ensuring compliance in relation to areas of concern discussed at a Serious Concerns meeting on 26 October 2023. This inspection sought to evidence if an area for improvement stated for the second time during the previous inspection had been addressed by the provider. It also sought to examine 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.

Service users were observed to be relaxed and comfortable in their surroundings and those spoken with said that attending Mount Oriel Day Centre was an enjoyable experience and the care and support provided by staff was good.

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

The inspection established that safe, effective and compassionate care was delivered to service users, and that the day care setting was well led.

As a result of this inspection the previous area for improvement was deemed to have been fully addressed by the provider. Refer to Section 4.7 for more details. There were no new areas for

improvement identified. Details and examples of the inspection findings can be found in the main body of the report.

## **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 will seek the views of those attending and working within the day care setting and review a sample of records to evidence how the day care setting is performing to the regulations and standards.

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 staff survey.

### **3.2 What people told us about the service**

We spoke to a number of service users, relatives, staff and a healthcare professional to seek their views of attending and working within the day care setting.

Service users said that they were happy with the care and support provided at the day care setting. Comments made to the inspector by those attending the centre included the following statements: "I love it – its brilliant" and "I like it here and enjoy the art". Returned questionnaires indicated that the respondents were satisfied or very satisfied that the service provided safe, compassionate and effective care and that the service was well led.

Relatives who spoke with the inspector indicated that they were happy with the care provided to their loved one and that they could approach the staff with any concerns they had if they needed to. Comments made by those who spoke with the inspector included the following statements: "Its' been an absolute God-send" and, "the staff are brilliant – they are all really kind and caring".

Staff who spoke with the inspector spoke positively about the care delivery, training and management support in the day care setting however, the issue of transport provision for service users to and from the day centre was raised by both relatives and staff due to an increased reliance on taxi-provision rather Trust-run buses. This was discussed with the manager who provided an update in relation recruitment efforts within the Trust Transport department for drivers.

As the response to the most recent recruitment efforts was positive, it is expected that there will be an improvement with regards Trust transport provision for service users. This will be reviewed at a future inspection.

Healthcare professionals contacted for feedback on the service indicated that they were satisfied with the care provided to service users, that communication with staff was good and that the manager responded promptly to any issues raised. Comments received indicated that the care provided in the centre was good, that the service users had a good experience and that the service was well led.

## **4.0 Inspection findings**

### **4.1 Adult Safeguarding and Incident Reporting**

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 manager 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. 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.

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. 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). Incidents and accidents which occurred since last inspection had been managed appropriately and any learning or changes arising had been embedded into practice.

### **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 the DoLS. The day care setting maintains a register of those service users who have a DoLS in place.

There was a policy in place for the use of restrictive interventions, however the manager confirmed that there were no restrictive practices applied for any service user within the day care setting.

#### **4.3 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. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Service users said that there was enough staff on duty to help them. Staff said they felt well supported in their role, that there was good teamwork and expressed satisfaction with the staffing levels. There were no volunteers deployed within the day care setting.

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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff who spoke with the inspector 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. There was evidence that the induction programme for all new staff included shadowing of a more experienced staff member. Written records were retained regarding the person's capability and competency in relation to their job role.

Staff were provided with training appropriate to the requirements of their role. The day care setting had maintained a record for each member of staff of all training which 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 day care staff had been provided with training in relation to medicines management which was refreshed every two years.

#### 4.4 Dysphagia Management

A number of service users had been assessed by a Speech and Language Therapist (SALT) who put in place recommendations regarding the consistency of their food and fluids. 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. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

#### 4.5 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 a selection of care records identified that moving and handling risk assessments and care plans were up to date.

It was positive to note that there was good collaboration between staff and SALT, with a new communication programme recently trialled within the day care setting for those service users who have specific communication needs. This had produced positive outcomes for service users and further training in new communication initiatives for staff was under consideration.

The day care setting had service user meetings on a monthly basis which enabled the service users to give their views on what they wanted from attending the day care setting as well as identifying any activities they would like to become involved in. A review of the minutes of the service user's meetings found that these were documented in a format suitable to the needs of each service user group. Activities to avail of included bus trips, participating in seasonal activities, watching dvds, sensory activities, singing karaoke, boccia, painting and golfing.

#### 4.6 Quality and Management of the Environment

The day care setting was observed to be clean and tidy and suitably furnished, warm and comfortable and free of clutter. There was evidence that fire safety checks had been completed as required. Staff had completed training in fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed.

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

## 4.7 Governance and Managerial Oversight

A quality improvement plan arising from the previous inspection related to monthly monitoring arrangements and the content of quality monitoring reports. There were monthly monitoring arrangements in place in compliance with the regulations and standards and a review of the reports of established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. There was clear evidence of efforts to address and improve staff culture and engagement since the last inspection. It was positive to note that a consultation process had commenced with staff with input from the Leadership Centre and that staff engagement was supported by management. Staff spoken with stated that team working was good, morale had improved and they felt the manager was supportive and approachable. The quality improvement plan arising from the previous inspection is therefore deemed to have been addressed by the provider.

The day care setting's registration certificate was up to date and displayed.

The Annual Quality Report was reviewed and was satisfactory.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Records reviewed and discussion with the person in charge indicated that one complaint had been received since the previous care inspection. A review of this evidenced that this had been addressed with satisfactory outcome.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend and procedures for staff to check the vehicle after each journey to ensure that no service users remain on the transport.

## 4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie Robinson, Registered Manager, as part of the inspection process and can be found in the main body of the report.



## The Regulation and Quality Improvement Authority

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

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**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