The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Killadeas Day Centre

Provider: Western Health and Social Care Trust

Date of Inspection: 19 November 2025

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

1.0 Service information

Organisation:	Western Health and Social Care Trust
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Miss Patricia Griffith
Service Profile – This is a day care setting that provides care and day time activities for up to 20 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 19 November 2025 between 10.55 and 4.05 pm by a care Inspector.

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 17 December 2024. The inspection also sought to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection the area for improvement identified during the previous inspection relating to monthly monitoring reports was assessed as met. This is discussed in more detail in section 4.7.

During this inspection, service users who spoke with the inspector said that they enjoyed attending Killadeas Day Centre. Service users were observed to be enjoying the arranged activities.

Overall, the inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. There were no areas for improvement identified as a result of this inspection. The findings of this inspection 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 the previous area for improvement issued, registration information and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection, 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, relatives and staff to seek their views of the day care setting.

Service users we spoke with said that they were happy with the care and support provided in Killadeas Day Centre. A good rapport was noted between service users and staff. Service users were observed to be relaxed and engaged in the activities arranged for that day.

A completed questionnaire indicated that attending Killadeas Day Centre was enjoyable and provided an opportunity to mix and socialise with staff and other peers.

Relatives we spoke with indicated that they were happy with the care and support provided to their loved one and that there was always a range of activities to partake in.

Staff who spoke with the inspector said that the service users had a good experience when at the day centre and that they worked well together as a team with good morale and support from management. Staff said 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.

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 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. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The day care setting's governance arrangements for the management of accidents/incidents was reviewed and confirmed that an effective incident/accident reporting policy and system was in place. The manager advised that there had been no incidents or accidents since the last inspection. A matrix was developed to keep track of incidents / accidents and to ensure appropriate management of same. It was recommended that unique identifier references be added to the tracker to ensure accuracy in identifying those whom incidents may relate to. Advice was given in respect of succinctly highlighting the type of incident to aid in swift identification of any trends arising. The manager implemented this advice immediately. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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. Staff who spoke with the inspector demonstrated their understanding of service user's rights as outlined in the MCA. 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. A register was in place to record all service users with DoLS in place. A review of the records confirmed that all documentation was in place and subject to regular review in line with requirements under the MCA. This ensures that any restrictions on liberty are subject to regular review so they are not applied disproportionately or for longer than is necessary in line with the legislation.

There was a policy for the use of restrictive interventions. The manager advised that there were no restrictive practices in use within the day centre and that this is kept under regular review with the input of the multi-disciplinary team.

4.3 Staffing Arrangements (recruitment and selection and induction)

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. Staff said they felt well supported in their role

A review of the day care setting's staff recruitment records of employees recruited since the last inspection evidenced that enhanced AccessNI checks had been completed for staff prior to commencing direct work 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 for the monitoring of professional registrations 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.

4.4 Staff Training

Staff were provided with training appropriate to the requirements of their role, which was recorded on a colour coded matrix. A review of the training matrix confirmed that staff had completed training appropriate to their roles including Adult Safeguarding, manual handling medicines management, dysphagia, basic life support, DoLS, Infection control and safety intervention.

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. A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date.

All day care staff had been provided with training in relation to medicines management and a competency assessment is undertaken for those identified staff who are required to assist with medication to ensure they are proficient to carry out this task.

4.5 Management of Dysphagia and Recommendations for Eating, Drinking and Swallowing Documents (REDS)

A number of service users had been assessed by a Speech and Language Therapist (SALT) with recommendations in place regarding the consistency of their food and fluids. Staff had completed training in dysphagia and were familiar with how food and fluids should be modified and had completed training in Dysphagia and in relation to how to respond to choking incidents. Staff followed a clear programme for each service user with SALT requirements at meal times to ensure the care received in the setting was safe and effective.

4.6 Care Records and Service User Input

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.

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 records evidenced multi-disciplinary working and regular communication with relevant professionals from the commencement of the day care placement. Care plans contained details about their likes and dislikes and the level of support they may require. These plans 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 keeping with the day care setting's policies and procedures. Service users were provided with easy read documentation which supported them to fully participate in all aspects of their care. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

It was good to note that the day care setting had service user meetings on a regular basis which supported service users to make choices around the activities they would like to participate in when at the day centre. There was a quarterly activity timetable planner which outlined the activities arranged for that period. Activities included outings in the local community, cookery, reflexology, life books, singing, seasonal arts and crafts and visits from Sound Bath. It was evident that service users enjoyed the relaxation activities taking place at the time of the inspection.

4.7 Quality and Management of the Environment

The day care setting was observed to be clean, tidy and suitably furnished, decorated, warm and comfortable. It had a sensory room which provides a quiet and relaxing space for service users. Staff advised that they were expecting the arrival of a new water bed for this area which, they felt would further enhance the experience for services users utilising this space within the centre. It was positive to note also that work had also commenced outside of the centre to provide new pathways, a swing and other wheelchair friendly outdoor play equipment.

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

A review of the most recent fire risk assessment indicated that all actions had been completed. There was evidence that fire safety checks had been completed as required and that staff had participated in a fire evacuation drill. Throughout the inspection fire doors were observed to be unobstructed.

4.8 Governance and Managerial Oversight

An area for improvement identified during the last inspection related to the monthly monitoring reports, as they had not been completed for each of the twelve months of the preceding year. On review of the monthly monitoring arrangements it was established that a rota was in place and reports had been completed each month in compliance with the regulations and standards. Further examination of the contents of the reports confirmed that accident/incidents; safeguarding matters and complaints were reviewed and there was engagement with service users, service users' relatives, staff and HSC Trust representatives. On this basis the area for improvement identified was deemed to have been addressed by the provider. It was noted however, that two of the reports reviewed inaccurately recorded that there had been no areas for improvement identified from the previous inspection. This was discussed with the manager who provided assurances that this would be addressed at the next managers' meeting and that there would be additional checks and oversight by the manager to ensure accuracy and consistency of approach in reviewing and reporting on the standard of care provided in the day care setting. This will be reviewed at a future care inspection.

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. The manager advised that no complaints had been received since the last inspection. The Annual Quality Report was reviewed and was satisfactory. The day care setting's registration certificate was up to date and displayed appropriately

The day care setting had a system in place for recording attendance and departures from the service and for managing unexpected non-attendance. The transport system for the day care setting has been established and this process ensures that all service disembark as expected.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The findings were discussed with Mrs Patricia Griffith, Manager, following the inspection and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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