The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Fortwilliam Centre**

Provider: **Belfast Health and Social Care Trust**

Date of Inspection: **25 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/Registered Provider:	Belfast Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Ms Sheena McGovern
Service Profile: This is a Day Care Setting that provides day care services for adults who have a learning disability. Some of the people who use the service also have assessed needs related to a physical disability or mental illness.	

2.0 Inspection summary

An unannounced inspection took place on 25 November 2025, between 9.45 am and 2pm 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 areas for improvement identified, by RQIA, during the last care inspection on 12 December 2024; 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 the day care setting was well led. Improvements were required, however, in relation to the records of monies paid by service users for meals. Details and examples of the inspection findings can be found in the main body of the report.

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 Fortwilliam Centre 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.

As a result of this inspection the previous area for improvement identified was assessed as having been addressed by the provider. New areas for improvement were identified. Details can be found in the main body of this 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 Quality Improvement Plan issued, 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 they were 'very happy' with the service provided and that it is a 'nice and friendly' place with 'good craic'. They described the staff are being 'very kind' and that they enjoy attending the day care setting and seeing their friends. The service users described how they felt safe in the centre and that the staff know them well and that they look after them.

Relatives told us that the service users were 'very happy' and 'excited' about attending.

Staff told us that Fortwilliam Centre is a 'lovely place to work' and that there was an 'excellent atmosphere' there. One staff member described the day care setting as a 'brilliant wee centre'.

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 were good systems in place to manage staffing. There were enough staff on duty to support service users. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were seen assisting service users in a caring and compassionate manner.

It was identified that some staff currently employed within the day care setting had been working within the BHSCT in another registered service, before they started working in Forwilliam Centre. It was explained that an identified post had been filled by way of external competition. However, given that the staff member had been working in the Trust already, an enhanced AccessNI check had not been undertaken, before they started work in Fortwilliam Centre. Additionally, review of the records identified that a full employment history had not been recorded. This was discussed with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff; and for employment histories to be recorded back to school leaving age. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this, and will keep this matter under review.

A review of the records confirmed that all staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details, fee payment due dates and registration renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

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 and were noted to be up to date. It was good to note that any staff used from a recruitment agency had an up to date profile in place, which detailed their recruitment and training. An area for improvement previously identified in this regard has been met.

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

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.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing. It was good to note that the meetings included information on any incidents that had occurred and also any important issues relating to service users' needs.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

The planned activities were displayed on a notice board so service users were well informed of the activities planned for the day and of their opportunity to be involved and looked forward to attending the planned events.

There was a Fortwilliam Newsletter produced on a regular basis; this welcomed new service users and included photos of service users enjoying different activities. The newsletter also included information on epilepsy awareness.

Some of the activities offered to service users included karaoke, aromatherapy, gardening, games and going to cafes. A magician visited the day care setting; and the service users also enjoyed a visit by a donkey. The service users were supported to celebrate Independence Day, on the 4th of July and they also had an Italian Day where they enjoyed pizzas. For learning disability week, the service users made T-shirts to express an aspect of themselves to showcase how they are more than what can be seen. Service users also participated in a singing competition 'Fortwilliam's Got Talent'.

Staff were observed to be prompt in recognising service users' needs and any early signs of distress. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, service users were referred for physiotherapy as appropriate. Advice was given in relation to recording the names of the Trust professional informed on the incident reports (Datix).

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.

Observation of the lunch time meal, 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.

Prior to the mealtime staff held a safety pause to consider those service users who required a modified diet. It was clear that staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed.

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.

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 were involved in planning their own care. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Additionally, the eating and drinking section of the care plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan. This information was also reflected on the service users' place mats. Information about SALT was displayed on a notice board and there was evidence that this had also been discussed at staff meetings.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, the care records contained the relevant authorisation forms and this was reflected in the service users' care plans. It was good to note that information on DoLS was displayed on a notice board.

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 Sheena McGovern has been the registered manager in this day care setting since 1 September 2025.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

There was a process in place to manage any complaints; none had been received since the last care inspection. Information on advocacy services and how to raise a complaint was displayed on a notice board. Service users also had the opportunity to be involved in projects such as Tell It Like It is (TILLI) with Action for Real Change (ARC).

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

The annual quality report was reviewed and noted to include stakeholder feedback. Advice was given in relation to including staff feedback. The manager agreed to include this going forward; this will be reviewed at a future inspection.

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 day care setting. 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.

Service users pay a nominal amount of money for their meals each day. Some service users pay the exact amount of money each day; and others choose to accrue a balance and some add to the balance. Whilst there was a record retained of the monies paid, the records did not include a staff signature; and there were no receipts issued to the service users in keeping with the minimum standards. There was also a need for these monies to be reconciled on a monthly basis. Two areas for improvement have been identified.

There was a protocol in place for staff to follow where service users did not attend as planned. The bus was checked after every journey to and from the day care setting, to ensure that every service user had safely exited the bus.

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. There was evidence that systems and processes were in place to manage infection prevention and control.

A fire risk assessment had been completed on 24 January 2024. Fire safety checks were undertaken on a regular basis; and all staff 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.

4.0 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	2

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sheena McGovern, 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

Area for improvement 1 **Ref:** Standard 11.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that a system is implemented to ensure that records relating to monies paid for meals are retained in keeping with the standards; this relates to the records, and the need for receipts to be given to service users, for monies paid. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has implemented a robust system to ensure that all records relating to monies paid for meals are maintained and retained in accordance with the relevant regulatory standards. Receipts are now being provided to each service user at the point of payment.
Area for improvement 2 **Ref:** Standard 11.7 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that reconciliation of monies paid for meals and the associated records is carried out on a monthly basis. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that a reconciliation of all monies paid for meals is carried out on a monthly basis. The reconciliation process includes confirmation of payments received against meal registers, receipts, and lodgements.

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

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