The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Donard Day Centre

Provider: Southern Health and Social Care Trust

Date of Inspection: 13 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:	Southern Health and Social Care Trust
Responsible Individual:	Mr Steve Spoerry
Registered Manager:	Mrs Sharon Weir
Service Profile – This is a day care setting with that provides care and daytime activities for older people over 65 years of age, some of whom are living with memory loss.	

2.0 Inspection summary

An unannounced inspection took place on 13 November 2025 between 9.00am and 1.00pm. A care inspector conducted the inspection.

The last care inspection of the day care setting was undertaken on 20 August 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 service 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 records in respect of transportation.

Good practice was identified in relation to service user involvement and staff attitudes, which contributed to a caring, therapeutic atmosphere within the centre.

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 service 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 centre. This included the registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

3.2 What people told us about the service and their quality of life

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.
During the inspection, we spoke with service users and staff members.

The service users attending indicated that they were happy with the care, support provided in the centre, and that they enjoyed the food and activities. A good atmosphere was evident between the service users and staff in the communal areas of the day care setting.

Staff who spoke with the inspector spoke positively about the care provided to service users; stating that there was good training and teamwork and that management was supportive and approachable.

Relatives contacted were very complimentary about staff attitudes and helpfulness.
They described how much their loved ones look forward to attending the centre. One relative commented, 'Everything is first class, the communications are brilliant and the Newsletter is fantastic too".

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

3.3 Inspection findings

3.3.1 Are there systems in place for identifying and addressing risks?

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.

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. Recent renovations involving a resiting of the kitchen have completed. Further fire checks are required because of this work and these matters will be reviewed at the next inspection. The inspector noted that a monitoring officer is examining this issue monthly.

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. On the day of inspection, it was noted that transport records, which had been recorded until September 2025, were no longer available to evidence arrival and pick up times. This matter is an area for improvement.

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.

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 details of assessments completed and agreed outcomes developed in conjunction with the Health and Social Care (HSC) Trust representative.

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 organisation had an 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 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. Discussions with the person in charge 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 person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Some service users were assessed by Speech and Language Therapist (SALT) with recommendations; some required their food and fluids to be of a specific consistency as assessed by a SALT. 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 to ensure the care received in the setting was safe and effective. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Within the care records reviewed, any SALT recommendations were clearly identified within the service user's care plan and risk assessment

Observation of the lunchtime meal served confirmed that enough staff were present to support service users with their meal and that the food served smelt and looked appetising and nutritious. 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.

3.3.2 What are the arrangements for promoting service user involvement?

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 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. 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. The inspector was advised that some annual reviews were outstanding and dates were being arranged, this matter will be reviewed at a future inspection.

The centre produces an excellent newsletter that describes the range of activities service users enjoy and the pictures highlight their full involvement across a range of enjoyable outings and pastimes.

3.3.3 Recruitment and Staffing

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 spoken with 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 the Northern Ireland Social Care Council's (NISCC) 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 agency's policies and procedures.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

3.3.4 What are the arrangements to ensure robust managerial oversight and governance?

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.

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

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 person in charge advised that no complaints had been received since the last inspection.

A system was in place for managing instances where a service user did not attend the day care setting as planned.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards (Revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Weir (Manager) and Michaela Mc Comb, person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

Action required to ensure compliance with The Day Care Settings Minimum Standards (Revised) 2021	
Area for improvement 1 **Ref:** Standard 12.5 **Stated:** First time **To be completed by:** Immediate and ongoing	The Registered Person shall ensure that the day care setting has a transport timetable for “pick up” and “leaving” times, which is, recorded when service users arrive and depart the centre and exit the transport at their home. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager has informed the new transport provider and guide help to record the daily pick up and leaving times in the 'transport timetable'. This document is then stored within the day centre and will be audited monthly by the Registered Manager to ensure complinance with this area for improvement.

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

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