The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Drumcoo Centre**

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

Date of Inspection: **12 December 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:	Western Health and Social Care Trust
Responsible Individual/Responsible Person	Mr Neil Guckian
Registered Manager:	Mrs Elizabeth McGuinness
Service Profile: This is a day care setting that is registered to provide care and day time activities for up to 30 service users living within the Western Trust area. The service meets the needs of adults with physical complex disabilities and sensory impairment. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 12 December 2025 between 10.15 am and 3.40 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 determine if it is delivering safe, effective and compassionate care and if the service is well led. The last inspection of this day care setting was undertaken on 6 December 2024. There were no areas for improvement identified.

During this inspection, service users who spoke with the Inspector said that they enjoyed attending Drumcoo Centre. Service users were observed to be participating in a range of activities and a good rapport was noted between service users and staff.

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 the 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 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 care setting. This included the 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 will seek the views of those, working and visiting the day care setting and review/examine a sample of records to evidence how the home is performing in relation 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 survey.

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 a number of service users, staff members and HSC staff to seek their views of attending, visiting and working within the day care setting.

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

Service users were spoke with said that they enjoyed coming to Drumcoo Centre and that the support provided by staff was good. Comments received included: "I enjoy helping out here" and "I like it here".

A completed service user questionnaire indicated that the respondents were very satisfied with the care and support provided, that the staff were helpful and that the activities were enjoyable. Written comments included: "the staff are very helpful and understanding".

Staff who spoke with the Inspector said that they felt the care and support provided to service users was good and that the service users had an enjoyable experience when they attended the day care setting. Staff indicated that the service was well- led by the manager who was approachable and provided good support to them. Staff said the training provided for their role was useful.

HSC staff who were onsite during the inspection said that the staff had good systems in place to manage the needs of service users and that the service users were observed to be enjoying the range of activities on offer with good engagement noted from staff.

3.3 Inspection findings

3.3.1 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 after the inspection 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. The person in charge advised that one safeguarding concern had been raised since the last inspection. A review of records confirmed that these had been managed appropriately however all related documentation was stored within service user's individual care records. The person in charge advised that adult safeguarding referrals were also accessible via the service user's electronic healthcare record system, Encompass who advised that further training was required for staff to access relevant information regarding screening outcomes and protection plans. This was discussed with the manager after the inspection who confirmed plans for further staff training in the use of Encompass. Meanwhile it was recommended that a centralised recording system should be developed for all adult safeguarding concerns arising within the service for ease of reference for all staff. This should be reviewed regularly to aid in tracking any potential trends arising and to confirm that appropriate actions are taken in line with adult safeguarding policy and procedures. This will be reviewed at a future inspection.

The day care setting's governance arrangements for the management of accidents/incidents was examined and confirmed that an effective incident/accident reporting policy and system was in place. The person in charge advised that there had been no incidents or accidents since the last inspection. A matrix was developed to keep track of incidents / accidents arising and to ensure appropriate management of same. It was recommended that incident types are categorised with additional columns added to record the actions taken and outcomes once known. This advice was implemented immediately by the person in charge and shared with the

manager after the inspection. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

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).

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

3.3.2 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. The person in charge advised that there were no service users that were subject to DoLS within the service.

There was a policy for the use of restrictive interventions. It was confirmed that any restrictive practices implemented such as a postural harness or hudini straps were implemented after assessment by the multidisciplinary team with clear directions given on their use. Restrictive interventions utilised within the centre were recorded on a restrictive practice register and reviewed regularly to ensure adherence to principles of necessity and proportionality for the safety and well-being of the individual.

3.3.3 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.

3.3.4 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.

3.4.5 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.

3.4.6 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.

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. Activities included outings in the local community, bowls, boccia, trips to a local restaurant, seasonal arts and crafts, relaxation and therapy classes as well as chair based exercises. It was evident that service users enjoyed the exercise activities taking place at the time of the inspection.

3.4.7 Quality and Management of the Environment

The day care setting was observed to be clean, tidy and suitably furnished, decorated, warm and comfortable. 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. The person in charge advised that there are plans to replace the roof of the day centre building. RQIA will keep this matter under review.

3.4.8 Governance and Managerial Oversight

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring 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. It was positive to note that actions arising from the reports completed were recorded on a white board for staff to review and action as necessary.

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. A review of complaints that arose since the last inspection identified that there was a centralised record of all complaints arising within the service. On examination of the management of complaints, it was noted that a recent complaint had not been recorded within the centralised management system and the complaints template had not been completed in keeping with best practice. There was evidence that actions had been taken to resolve the matter to the service users' satisfaction however. Advice was therefore given to the person in charge to ensure that all complaints arising are recorded both in the centralised record and complaints template and that these are subject to regular review to ensure appropriate response and outcomes noted as per the complaints policy. The person in

charge agreed to review all information pertaining to this complaint and to record actions taken within the centralised record immediately. This will be reviewed at a future inspection.

The Annual Quality Report was reviewed and was satisfactory.

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

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.

4.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified as a result of this inspection. Details of the findings of this inspection were discussed with Mrs Elizabeth McGuinness, Manager, as part of the inspection process and can be found in the main body of the report.

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