Inspection Report

Name of Service: Grove Wellbeing Day Centre

Provider: Belfast Health and Social Care Trust

Date of Inspection: 18 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:	Belfast Health and Social Care Trust (BHSCT)
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Roberta Milligan
Service Profile: This is a Day Care Setting registered to provide care and daytime activities for people who are over 65 years of age who have a physical or sensory impairment and those who are living with dementia or have mental ill health.	

2.0 Inspection summary

An unannounced inspection took place on 18 December 2025, between 10.20 am and 1.30 pm by a care Inspector.

The last care inspection of the day care setting was undertaken on 16 December 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 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. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the well-being of service users and that staff were well trained to deliver safe and effective care.

Service users said that the care and support provided by Grove Wellbeing Day Centre was a good experience.

No areas for improvement were identified during this inspection.

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 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 that Grove Wellbeing Centre is 'not just 100 percent, it is 1000 percent'. They described the staff as being 'fantastic' and the service is 'perfect', 'very good' and that it 'couldn't be better'. Respondents told us how the care they receive makes them feel safe and that they 'enjoy attending'. One service user described how the day care centre far exceeded their expectations.
Staff told us they had no concerns to raise in relation to the care and support they provide.

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 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 there was good team work and that they felt well supported in their role.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have direct engagement with service users.

There was a process in place to ensure that 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.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

3.3.2 Care Delivery

There was a daily handover (Huddle meeting) 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. The meetings were also used to share information on service users such as any specific diets, medicine changes, any alerts, and the level of assistance required with personal care.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users were well informed of the activities planned for the week and of their opportunity to be involved.

Staff interactions with service users were observed to be friendly and supportive.

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 robust systems in place to manage service users' nutrition and mealtime experience.

The dining experience was an opportunity for service users to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that service users were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those service users who required a modified diet.

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.

A service user agreement was in place for each service user in keeping with the minimum standards.

Service users were given the choice as to whether or not they wanted their photograph taken and used in any organisational promotional material or social media. Their consent was also sought in relation to sharing information about them with other 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, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided.

Staff recorded regular evaluations about the care and support provided.

Review of records identified that the care plans were reflective of the recommendations outlined within the Speech and Language Therapy (SALT) Care Plan.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Roberta Milligan has been the registered manager in this day care setting since 6 February 2012.

Those consulted with commented positively about the manager and described her as supportive, approachable and able to provide guidance.

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 or incidents; these had been managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

The annual quality report was reviewed and noted to include stakeholder feedback. Advice was given in relation to including staff feedback when next completing the report; 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. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a protocol in place for staff to follow where service users did not attend as planned.

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.

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 which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A fire risk assessment had been completed on 14 October 2025.

There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. The manager was advised to include the names of service users who participated in fire evacuations, on the fire evacuation records.

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

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

The Regulation and Quality Improvement Authority

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