The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Killadeas Day Centre

Provider: Western Health and Social Care Trust

Date of Inspection: 22 January 2026

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 (WHSCT)
Responsible Individual/Responsible Person	Mr Neil Guckian
Registered Manager:	Mr Niall Campbell

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 was undertaken on 22 January 2026 between 10.00 a.m. and 2.45 p.m. by a care Inspector.

The last care inspection of this day care setting undertaken on 10 January 2025 identified no areas for improvement. 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.

During this inspection, service users who spoke with the inspector said that they enjoyed attending Killadeas Day Centre and that the staff were good to them.

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 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, staff and HSC professionals 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 and that they enjoyed the activities. Comments received included the following statements: "I am happy" and "I like it here, I went to the farm".

Relatives we spoke with indicated that they were satisfied with the care and support provided to their loved one and that the staff were approachable and friendly.

Completed questionnaires indicated that Killadeas Day Centre offered a range of enjoyable activities to participate in and that staff were excellent at understanding service user's needs and communicating effectively.

Staff who spoke with the inspector advised that they enjoyed working in this day care setting and that the training was good.

HSC professionals who provided feedback about the service said that they found the quality of care provided by staff to service users to be effective, highly responsive, nurturing and compassionate with evidence of person centred day-today planning.

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 and staff 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.

A review of adult safeguarding records identified that one safeguarding concern raised since the last inspection was recorded within the accidents/incidents file only. This was highlighted to the manager who was aware that any advice obtained from the adult safeguarding team should be recorded within a centralised adult safeguarding records keeping system. The manager rectified this immediately and took on board advice that a tracker document should be implemented to aid in identifying any patterns or trends arising as well as the outcome of any adult safeguarding investigation. This will be reviewed at a future inspection.

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'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. A review of accidents/incidents that occurred since the last inspection were managed appropriately. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

3.4.2 Mental Capacity and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (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. The day care setting maintains a register of those service users who have authorised DoLS in place which is reviewed and updated in line with requirements under the MCA. It also 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.

3.4.3 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.

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). 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 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.

3.4.4 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.

All day care staff had been provided with training in relation to medicines management and a competency assessment is undertaken with 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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

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.

The day care setting held service user meetings on a monthly basis which supported service users to make choices around the activities they would like to participate in when at the day centre. Some activities arranged included boccia, bowling, outings in the local community, shopping, mindfulness, live music and seasonal arts and crafts.

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. 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.

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.

The Annual Quality Report was reviewed and was satisfactory.

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

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

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.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend and procedures for staff to check the vehicle after each journey to ensure that no service users remain on the transport.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The findings were discussed with Mr Niall Campbell, Manager, after the inspection and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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