The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Derg Valley Care

Provider: Derg Valley Care Ltd

Date of Inspection: 30 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:	Derg Valley Care Ltd
Responsible Individual/Responsible Person:	Mr Martin Duffy
Registered Manager:	Mrs Olivia Young
Service Profile – Derg Valley Day Care is a day care setting that provides care and day time activities for adults up to and over the age of 65, who may also be frail and / or, have dementia or who have needs arising from mental health diagnosis, sensory impairment or a learning/physical disability. The day care setting is open Monday, Tuesday and Friday and is managed by Derg Valley Care Ltd.	

2.0 Inspection summary

An unannounced inspection was undertaken on 30 January 2026 between 10.20 am and 3.55 pm by a care Inspector.

The last care inspection of the day care setting undertaken on 2 February 2025 by a care inspector identified two areas for improvement relating to care records and staff induction. This inspection was undertaken to evidence how the day care setting was progressing with the areas for improvement identified during the last inspection. It also sought to determine how it is performing in relation to the regulations and standards; and to establish if the day care setting is delivering safe, effective and compassionate care; and if the service is well- led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led, however improvements were required to ensure the effectiveness and oversight of certain aspects of the agency. As a result of this inspection one area for improvement relating to staff induction was assessed as having been addressed by the provider. The other area for improvement identified relating to care records was assessed as not having been addressed by the provider and is stated for the second time. Seven further areas for improvement were identified during this inspection. These related to policy reviews, accident/incidents record- keeping, care records, recruitment, staff training and competencies, staff roster and monthly monitoring reports. Details and examples of the inspection findings 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 previous areas for improvement 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 service is performing in relation to the regulations and standards.

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.

We spoke to service users, relatives, staff and a visiting HSC professional to seek their views of this day care setting. The information provided indicated that there were no concerns in relation to the standard of care provided in the day care setting. Those who spoke with the inspector said that they enjoyed socialising with others who attended and that they had a good experience at the day centre.

Relatives who provided feedback on the service said that they were very happy with the care and support provided to their loved one and one relative described it as "a life-saver with amazing staff".

Staff who spoke with the inspector said that they enjoyed the work, that staff worked well as a team and that good training was provided to meet the needs of service users.

HSC staff who were approached for feedback said that they were reassured that staff would contact them if they needed advice and that staff were very approachable and responsive to any suggestions made regarding how best to meet service user's individual needs.

3.3 Inspection findings

3.3.1 What are the processes for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. An examination of the organisation's policies and procedures identified that the index of policies did not reference the Adult Safeguarding Policy and the Accidents/Incidents policy did not have an issue or review date. This has been identified as an area for improvement.

The Adult Safeguarding policy 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 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. The manager advised that there had been no adult safeguarding concerns raised since the last inspection.

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 in normal business hours and out of hours. They could also describe their role in relation to the reporting of poor practice and the day care setting's policy and procedure with regard to whistleblowing.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care provided in the day care setting.

The day care setting's governance arrangements for the management of accidents/incidents was reviewed and identified that the actions and outcomes of two accidents that occurred within the day centre since the last inspection, were not recorded. It could not therefore be confirmed that appropriate actions were taken by staff to ensure the safety and well-being of those identified service users after the incident or that information was passed on to relevant persons such as next of kin, GP or healthcare professional. The need to ensure staff competence in management of falls/incidents and accidents within the day care setting was highlighted at the previous inspection and it was disappointing to note that no further changes to improve the recording and management of accidents/incidents had been actioned since the last inspection. An area for improvement has been identified.

Advice was given to the manager around implementing a tracker document to record all accidents and incidents that occur within the service to enable the manager to confirm that all necessary actions are taken in line with the accident and incident policy and for review purposes to aid in identifying any patterns or trends arising. The manager agreed with this suggestion which will be reviewed at a future inspection.

3.3.2 Mental Capacity Act 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. 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. However, on review of care records of a service user with DoLS, it was disappointing to note that the requisite DoLS form 4 care plan had not been obtained despite assurances given at a previous inspection that this would be immediately followed up with the relevant Trust staff. An area for improvement was therefore identified. It was recommended that the manager implement a register to record all service users to whom DoLS apply and to keep this under regular review to ensure that that all pertaining DoLS documentation is in place in line with MCA legislation. This will be reviewed at a future inspection.

3.3.3 Staff Selection, Recruitment and Induction

A review of the day care setting's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, there was only one written reference obtained for a newly recruited staff member and there was no satisfactory explanation for any gaps in their employment. An area for improvement was identified.

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 who spoke with the inspector confirmed that they were aware of their responsibilities to keep their registrations up to date.

An area for improvement identified at the last inspection related to the induction of newly appointed staff who had only completed one day of induction which did not meet NISCC's Induction Standards for new workers in social care. A discussion with the manager and review of the most recently recruited staff member evidenced that all new staff employed in the day care setting were required to complete an induction process that is based upon the NISCC Induction Standards for new workers in social care. The manager advised that staff are required to shadow other experienced day care staff and to complete an induction booklet which is reviewed by the manager to ensure their competence in carrying out the duties of their job as per the day care setting's policies and procedures. On this basis the area for improvement was deemed to have been addressed by the provider.

3.3.4 Staff Training and 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 user. The manager confirmed that set training dates were arranged in advance on a yearly basis for all staff to attend training commensurate with their roles and responsibilities. Staff had completed refresher training in the previous three months which included Adult Safeguarding, Fire Safety, Moving and Handling, Medicines management, Emergency First Aid, Dementia awareness, Conflict Resolution and Dysphagia, Infection Prevention and Control (IPC) and Control of Substances Hazardous to Health (COSHH). The manager advised that no dates had been confirmed for this training programme to be provided to the newest staff member. A review of the system to monitor staff training, identified that there was no centralised recording system to record what training staff had completed. The manager advised that verification certificates of all training completed were stored on the individual staff member's staff record only. It was further identified that no competency assessment had been undertaken with persons left in charge in absence of the manager. An area for improvement has been identified.

On examination of staffing arrangements in the day care setting it was identified that there was no formalised staff roster system to evidence the anticipated staffing levels on any given day and to clearly identify managerial presence and who was in charge of the day care setting when the manager was not present. This has been identified as an area for improvement.

There was sufficient staff on duty at the time of inspection to provide safe and effective care and staff members were seen engaging with service users in a caring and compassionate manner.

3.3.5 Care Records and Service User Input

An area for improvement identified at the previous inspection related to a care record which did not have an up to date moving and handling risk assessment. On review of this care record it was evident that no up to date manual handling risk assessment had been obtained from the commissioning Trust despite assurances that this would be rectified immediately during the previous inspection. This area for improvement is therefore stated for the second time.

Care reviews had been undertaken 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 regular basis which enabled the service users to give their views on what they wanted from attending the day care setting as well as identifying any activities they would like to become involved in. Activities on offer within the centre included: quizzes, bowls, chair exercises, story telling, live music dominoes and bingo.

3.3.6 Dysphagia Management, Dietary Needs and Mealtime Planning

All staff had completed training in dysphagia and it was positive to note that a Speech and Language Therapist (SALT) was present in response to a request made by the manager to review the recommended eating, drinking and swallowing (REDS) needs of

one service user. It was positive to note that during the inspection, the manager was observed to be proactive in ensuring that information arising from this assessment was shared with all staff immediately and that steps were taken to ensure the most recent SALT advice was recorded within the service user's records.

It was recommended to the manager that guidance posters on swallow awareness and dysphagia are put on display within the dining area for staff to view at ease to ensure adherence to the specific SALT recommendations or dietary requirements of any identified service users. It was also suggested that a daily mealtime coordinator is identified to ensure safety planning, implementation of 'safety pauses' and to ensure staff awareness of any safety issues around meals or drinks. This will be reviewed at a future inspection.

3.3.6 Quality and Management of the Environment

The day care setting was observed to be clean and tidy and suitably furnished, warm and comfortable and free of clutter. 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. 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.

3.3.7 Governance and Managerial Oversight

There were monthly monitoring arrangements in place in compliance with the regulations and standards. 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 accident/incidents and safeguarding matters; however they did not include a review of any service user records. A review of the staffing arrangements inaccurately reported that staff rotas had been reviewed when there is no formal staffing roster in place. The reports did not reference the previous areas for improvement arising from the last inspection nor identify deficits and actions to be progressed in the following month. An area for improvement has been identified.

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 on display.

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 were 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. This included a system for signing in and out the service users who attend.

There has been a change in the management of the day care setting since the last inspection. Mrs Olivia Young has been the manager in this day care setting since 19 November 2025.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Olive Young Manager and Mr Martin Duffy Responsible Person 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 Setting Regulations (Northern Ireland) 2007	
Area for Improvement 1 **Ref**: Regulation 21 (1) (b) Schedule 2 **Stated**: First time **To be completed by**: Immediately and ongoing from the date of inspection.	The Registered Person shall not employ any person to work in the day care setting unless he has obtained information as outlined in Schedule 2 including two written references relating to the person, one from their most recent employer and obtained a full employment history together with a satisfactory explanation for any gaps in staff's employment. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Person will ensure that a minimum of two written references are obtained for all prospective employees, one of which must be from the individual's current or most recent employer, in line with Schedule 2 and DVC recruitment and safeguarding requirements. Interviewers will also clearly record, as part of the interview process, the reasons provided by prospective employees for any gaps in their employment history.
Area for Improvement 2 **Ref**: Regulation 20 (1)(c) (i) **Stated**: First time **To be completed by**: Immediately and ongoing	The Registered Person shall ensure that the persons employed to work in the day care setting receive appraisal, mandatory training, and other training appropriate to the work they are to perform. This should include a competency assessment for those staff left in charge. A centralised record should be maintained of all staff training for monitoring purposes. Ref: 3.3.4

from the date of inspection.	**Response by registered person detailing the actions taken:** The Registered Manager will continue to ensure that appraisals are undertaken in line with regulations and that all staff attend mandatory training on an annual basis. A central training recording system is in place; however, it was not updated following the October training. The Registered Person will ensure that this is updated following all future training sessions. While competency assessment is not a statutory requirement, the Registered Manager has introduced a system for Deputy Managers and Officers-in-Charge to ensure they are competent in their roles. This system includes: ● Observation of practice – assessing day-to-day performance and adherence to policies. ● Scenario-based exercises – evaluating decision-making in realistic situations. ● Knowledge checks – testing understanding of key procedures, regulations, and standards ● Ongoing CPD (Continuing Professional Development) – supporting continuous learning and professional growth. All assessments will be recorded and documented
Area for improvement 3 **Ref**: Regulation 17 (1) (a) Schedule 3 **Stated**: First time	The Registered Person shall establish and maintain a system for monitoring the matters set out in Schedule 3 not less than annually. This includes daily roster of persons working in the day care setting, managerial presence and the roster actually worked. Ref: 3.3.4
To be completed by: Immediately from day of inspection	**Response by registered person detailing the actions taken:** The Registered Manager has implemented the following process **Purpose:** To ensure that all staff, service users, and stakeholders are aware of managerial staff on duty and that oversight of staff deployment is clearly documented. **Procedure;** 1. **Display of Names** ○ The names of all managerial staff on duty, including the officer in charge, will be clearly displayed on the door at the entrance to the Day Care hall each day. 2. **Duty Roster Completion**

	○ The Registered Manager will prepare a weekly duty roster detailing all staff on duty, their roles, and responsibilities. ○ Rosters will include clear identification of the officer in charge for each day. 3. **Oversight and Review** ○ The Registered Person will carry out ad-hoc reviews of the duty roster. ○ Any review will be documented by signing and dating the roster, confirming that staff deployment aligns with operational and regulatory requirements. 4. **Staff Accountability** ○ Staff are responsible for checking the roster and adhering to assigned roles and duties. ○ Any changes to the roster must be communicated to the Registered Manager and recorded. **Records:** Completed duty rosters, with reviews and signatures, will be retained for inspection and reference. **Review:** ● This procedure will be reviewed annually or following any changes to staffing structures
Area for improvement 4 **Ref:** Regulation 16 (2) (b) **Stated:** Second Time First time **To be completed by:** Immediately from day of inspection	The Registered Person shall ensure that service users' care plans and risk assessments are reviewed and updated in accordance with legislation. Care plans should be reviewed on an annual basis, following any incidents or if the needs of a service user changes. This relates to ensuring all manual handling risk assessments and care plans of service users are kept up to date within their care records. Ref:3.3.5
	Response by registered person detailing the actions taken: The Registered Manager has implemented a robust process to update care plans and risk assessments in line with regulations. This will include timely updates following any incidents or changes in service users' needs. The Registered Person will review and sign records on a regular basis as evidence this has been undertaken and noted.

Area for improvement 5 **Ref:** Regulation 28 (2) (a) (3) & (4) (c) **Stated:** First time **To be completed by:** Immediately from day of inspection	The Registered Person shall ensure that the day care setting is visited monthly to monitor the quality of the care and support provided; a report of the visit is prepared that accurately reports on findings and includes reference to the previous area for improvement and progress made to ensure compliance with the regulations and standards.
	Response by registered person detailing the actions taken: The Registered Person will continue to undertake monthly monitoring visits to ensure that the quality of care provided to service users remains of a high standard. Monitoring reports will be completed accurately and in a timely manner, clearly identifying any new areas for improvement, as well as providing updates on progress against all previously identified actions. All reports will be signed and dated accordingly.

Action required to ensure compliance with the Day Care Settings Minimum Standards (revised) August 2021	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** Immediately from day of inspection	The Registered Person shall ensure that policies are centrally indexed, dated when issued reviewed or revised and subject to a systematic three yearly review Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Person will ensure that all policies and procedures are readily available as required. While there is currently a central index of all policies, one of the folders was not available on the day of inspection. The Registered Person will ensure that all policies and procedures are readily available as required. While there is currently a central index of all policies, one of the folders was not available on the day of inspection. The Registered Person will ensure that policies are reviewed on a rolling basis and at least every three years. The Registered Manager will implement a system to record when policies are removed from the office. This will include a record of the staff member borrowing the policies, supported by their signature.
Area for improvement 2 **Ref:** Standard 7.4 **Stated:** First time **To be completed by:** Immediately from day of inspection	The Registered Person shall ensure that records are maintained in relation to all incidents, accidents or near misses occurring and actions taken. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager has implemented a robust system to ensure that all staff comply with the required procedures for managing incidents, accidents, and near misses, including the completion of any mandatory reporting.
Area for improvement 3 **Ref:** Standard 5.7 **Stated:** First time **To be completed by:** Immediately from day of inspection	The Registered Person shall ensure that specific management or supervisory arrangements or restrictions on liberty are highlighted within the service users care plan. This relates to the need to obtain and share with staff all pertaining documentation relating to authorised DoLS restrictions. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager has instructed the Administration Support Officer to establish and maintain a register of all service users to whom DoLS apply. This register will be reviewed regularly to ensure all relevant documentation has been received,

	staff have been appropriately updated, and any changes are recorded and retained on file. DoLS service users will be included as a standing agenda item at staff meetings. The Registered Person will be notified if the requisite Form 4 has not been received within five working days.

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

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews