The Regulation and Quality Improvement Authority

Inspection Report

Name of Service:Woodlands Centre

Provider:Belfast HSC Trust

Date of Inspection:10 March 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:	Belfast HSC Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Ms Marie Quigley
Service Profile – Woodlands Centre is a day care setting that provides care and daytime activities for people with a wide range of health, physical disability, learning disability, sensory impairment, social isolation or mental health needs. The day care setting is open Monday to Friday and is managed by the BHSCT.	

2.0 Inspection summary

An unannounced inspection took place on 10 March 2026, between 9.20 am and 2.30pm.
A care inspector conducted the inspection. The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards. To assess progress with the area for improvement identified by RQIA during the last care inspection on 20 February 2025 and to determine if the day care setting 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. As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider.

Service users said that the care and support provided by the day care setting was a safe and happy experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

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

The inspector would like to thank the person in charge, service users, relatives and staff for their help and support in the completion of the 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 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 previous area 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 living, working and visiting the centre; and review/examine a sample of records to evidence how the centre 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 User Friendly questionnaires and an electronic survey.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

During and following the inspection we spoke with a number of service users, relatives and staff members.

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

Service users told us that they loved coming to Woodlands and meeting other people and staff. One told us that the service is "life changing" and another said staff were "brilliant". They also commended the meals and transport, and said they valued the company and the varied activities on offer in Woodlands. Relatives spoke very positively about the staff and said the centre was "amazing". They outlined how important the centre was to their family and how staff were always in communication with them.

Staff were very complimentary about the support offered by management. They described a happy strong team who love their work and were proud of the service offered to service users.

A HSC Trust representative described how staff create a welcoming inclusive space and said the centre was very much a lifeline for service users and their families.

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. It was noted that there was sufficient staff in the day care setting to respond to the needs of the service users in a timely way; and to provide service users with a choice on how they wished to spend their day.

Review of the agency'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.

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. There were regular supervision arrangements.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities. Competency assessments were undertaken on staff to ensure that they were competent in their roles and responsibilities.

Staff meetings were held regularly and minutes maintained of the meetings.

3.3.2 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, however the inspector advised the person in charge that pull cords in the bathrooms required washable safety covers. An order to maintenance staff was immediately requisitioned and this matter will be reviewed at a future inspection.

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. The inspector noted some household equipment stored too closely to a fire extinguisher. This was immediately removed and signs erected to alert staff to leave the area clear.

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.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol.
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. 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.

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.

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.

Some service users were assessed by Speech and Language Therapist (SALT) with recommendations made; 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. It was good to note that the organisation had developed a protocol of actions to consider after a choking episode.

3.3.3 Care Delivery.

A review of service users' care records identified that each service user had a detailed, person centred support plan 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 inspector noted an anomaly within the contact sheet for a service user; evidence of this being rectified was sent to the inspector following the inspection.

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 observed service users enjoying a very productive art activity and noted there were a variety of opportunities offered within Woodlands.

Interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. 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 being provided.

3.3.4 Quality of Management Systems

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 robust 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 manager 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.

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.

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

Service users care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

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 Leaonia Simpson, person in charge and Thomas Mc Corry Assistant Service Manager. The timescales for completion commence from the date of inspection.

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