The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Magherafelt Adult Centre**

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

Date of Inspection: **26 February 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:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual/Responsible Person:	Ms Suzanne Pullins
Registered Manager:	Ms Catherine McConnell (Acting)
Service Profile – Magherafelt Adult Centre is a day care setting with a maximum of 65 places that provides care and day time activities for people aged over 18 years of age who have learning disabilities, physical disabilities and/or sensory impairments.	

2.0 Inspection summary

An unannounced inspection took place on 26 February 2026, between 10.20 am and 5.20 pm. 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; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 December 2024; 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. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the day care setting, such as recruitment practices, the monitoring of staffs professional registrations and fire drills.

Good practice was identified in relation to the provision of activities, service user involvement and staff training. There were good governance and management arrangements in place. Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We would like to thank the person in charge, service users and staff team for their support and co-operation during 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 the previous QIP 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 seek the views of those working in and attending 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.

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 and their quality of life

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

Service users spoke very positively about their experience of attending the day care setting; they said they liked attending and staff were respectful and always took time to listen to their views. Discussion with service users confirmed that they were able to choose how they spent their day including the provision of social activities. Service users' comments included; "I like coming here and I see my friends", "Staff are nice" and "Everything is good".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the day care setting. Staff comments included; "Service users are encouraged to participate in a variety of activities such as drama and arts and crafts", "We work hard to ensure service users have a good day at day care" and "I get regular supervision and appraisal".

The information provided indicated that those who engaged with us had no concerns in relation to the day care setting.

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.

Areas for improvement identified during the previous inspection related to ensuring references are received and AccessNI checks are completed prior to staff members commencing employment. A review of two staff members' recruitment records established that these checks had been completed and verified before staff members' commenced employment. These areas for improvement were deemed to have been addressed by the provider.

However, review of one staff member's recruitment record identified that gaps in employment had not been explored. An area for improvement has been identified.

Checks were not consistently undertaken, on a monthly basis, to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). An area for improvement has been identified. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, fire awareness and infection prevention and control. The day care setting had also provided training in regard to risk management and falls awareness, which strengthened staff competence in these areas.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staff also reported staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a daily 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.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users. Service users confirmed they were asked their opinion regarding what they would like to do in the day care setting and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as arts and crafts, circus skills, fun with drums, drama group and chair yoga.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staffs' approach and responses to services users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in an unobtrusive manner. We observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities.

Service users had good access to food and fluids throughout their day. The dining area was observed to be clean and warm. Service users were safely positioned for their meals and the mealtimes were observed to be well organised and supervised.

Staff communicated well to ensure that every service user received their meals in accordance with their assessed needs; it was positive to note that one staff member is responsible for checking all meals before they are provided to service users. Food provided was observed to be well presented and service users were offered a choice.

It was also positive to note that the day care setting had service users' meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in.

3.3.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences and the level of care and support they may require. Care staff recorded regular evaluations about the delivery of care and support.

Care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

A number of service users were assessed by a Speech and Language Therapist (SALT) and the documentation in place was satisfactory. A review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

3.3.4 Quality of Management Systems

We discussed the acting management arrangements which have been ongoing since 27 October 2025; RQIA will keep this matter under review. Those consulted with commented positively about the manager and described her as supportive and approachable.

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were completed in detail.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the day care setting.

The person in charge and staff confirmed that there was an established pathway for staff to follow in regard to raising any safeguarding concerns. They were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the NHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

Staff confirmed they had access to a range of policies and procedures, which they used to guide and inform their practice. Staff spoken with also confirmed that the manager would advise them of any updates to the relevant policies and procedures.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the person in charge indicated that complaints were managed appropriately. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the person in charge and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

3.3.5 Quality and Management of the Environment

The environment was observed during a tour of the day care setting and there was evidence of Infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE), which was available for staff. Other IPC measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting was found to be warm, fresh smelling and clean throughout. The day care setting was tastefully decorated and service users' artwork was displayed.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. All staff had completed fire safety training. However, a small number of staff had not participated in an annual fire evacuation drill. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge 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) (2)(b) (3)(d) **Stated:** First time **To be completed by:** Immediate and ongoing from the date or inspection	The registered person shall not employ a person to work in the day care setting unless full and satisfactory information is available in relation to him/her in respect of each of the matters specified in Schedule 2. This specially relates to obtaining a satisfactory written explanation of any gaps in employment for all staff. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager will ensure that all gaps in employment are explored and an explanation is recorded in relation to these,this information will then be collated within the staff members file. The Registered Manager will use HR systems and processes to support this. Candidates will only proceed once a satisfactory explanation has been obtained in accordance with regulatory standards. We will continue to work alongside HR to strengthen our recruitment procedures.
Area for improvement 2 **Ref:** Regulation 26 (4) (f) **Stated:** First time **To be completed by:** Immediate and ongoing from the date or inspection	The registered person shall ensure that all staff participate in a fire evacuation drill at least annually. Ref: 3.3.5
	Response by registered person detailing the actions taken: A fire evacuation drill was carried out on 03.03.2026. The Registered Manager has now implemented quarterly fire drills throughout the year to ensure all staff participate in fire evacuation drill. This will be monitored and recorded as part of monthly auditing processes with a training and drill log now located in the Fire Log File. Staff who are absent during drills will

	be identified through this tool. These staff will be required to attend a subsequent fire drill within the next quarter. The Registered Manager will also report fire drills through monthly governance meetings to ensure compliance. The Senior Day Care Worker has been identified as the responsible lead.

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 **Ref:** Standard 21.6 **Stated:** First time	The registered person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations. Ref: 3.3.1
To be completed by: Immediate and ongoing from the date or inspection	**Response by registered person detailing the actions taken:** The Registered Manager has reviewed these processes and a centralised registration monitoring system that will record all staff's professional registration details, including registration numbers and expiry dates is now in place. Before commencing supervisions line managers will be expected to check the registeration as noted on the supervision tool which is now embeded in practice. This will be audited monthly by management to review registration status and identify and upcoming expiries.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

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