The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Dromore Day Centre

Provider: Western Health and Social Care Trust

Date of Inspection: 30 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:	Western Health and Social Care Trust (WHSCT)
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Ms Kyra Crawford
Service Profile – Dromore Day Centre is a day care setting that is registered to provide care and day time activities for service users over the age of 65, who may be frail and/or, living with dementia or a physical disability. The day care setting is open Monday and Thursday and is managed by the WHSCT.	

2.0 Inspection summary

An unannounced inspection took place on 30 March 2026, between 10.05 am and 3.30 pm. A care Inspector conducted the inspection.

The last care inspection of day care setting was undertaken on 22 July 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 established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the day care setting, such as diabetes awareness training, care records, care reviews and fire risk assessment.

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

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.

The Inspector would like to thank the manager, service users, relative 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 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 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, a relative 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; "Staff are very kind and treat you with respect", "Everything here is top class" and "Staff are always welcoming".

A relative who spoke with the Inspector indicated that they were happy with the care and support provided to their loved one and felt they could approach the staff with any concerns they had if needed. Comments included; "My mother is very well looked after here and she is treated with respect".

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; "I am offered good training and my training is up to date" and "We encourage service users to participate in activities but it is their choice".

Returned service users questionnaires confirmed that they were very satisfied with the care and support provided. Comments included "The service is excellent and good care is provided at all times along with music and health activities".

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.

The manager advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence 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 and a record of checks retained. 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. A review of records 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. Discussions with the manager and staff evidenced staff had not been provided with Diabetes awareness training. An area for improvement has been identified.

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 day, 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, bowling, bingo and games.

Staffs' approach and responses to services users were noted to be caring, cheerful and respectful. 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.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the Inspector. Service users were keen to share with the Inspector how much they enjoyed attending the day care setting and the positive relationships they have with staff.

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 generally the level of care and support they may require. Diabetes management was considered during the inspection. Review of care records pertaining to a service user with a diagnosis of Diabetes evidenced that a care plan and risk assessment was in not in place for the management of diabetes. An area for improvement has been identified.

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.

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.

A number of care reviews were outstanding. Discussion with the manager confirmed that staff had endeavoured to progress these care reviews with the relevant Trust staff. However, they were unsuccessful in securing dates for these reviews. An area for improvement has been identified.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Ms Kyra Crawford has been the manager in this day care setting since 13 June 2023. 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.

The annual quality report was reviewed and noted to include stakeholder feedback.

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 WHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately. Incidents were reviewed in detail as part of the monthly quality monitoring process.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 manager 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.

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 manager indicated that no complaints had been made since last inspection. 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 manager 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 regular update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

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 in place for signing in and out of the service users who attend and procedures for the staff to check the vehicle after each journey to ensure that no service users remain on the transport.

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

3.3.5 Quality and Management of the Environment

There were infection prevention and control measures in place such as personal protection equipment which was available for staff. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

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'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. Fire safety checks were undertaken on a regular basis. All staff had completed fire safety training and participated in an annual fire evacuation drill.

A fire risk assessment had been completed on 6 June 2024 and was available in the day care setting. Discussions with the manager confirmed that a further fire risk assessment had been completed in 2025. However, the manager had not received a copy of the report despite every effort to obtain a copy. This matter was discussed with RQIA's Estates Inspector who advised that the Fire Risk Assessment be reviewed without further delay, and any significant findings completed within the stipulated timescales. 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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Kyra Crawford, Manager, 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 16 (1) (2) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that robust and effective arrangements are in place in relation to the management of diabetes; this includes but is not necessarily limited to a person centred and detailed care plan and risk assessment record. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans/ risk assessment now update regarding mananaging client diabetes.
Area for improvement 2 **Ref:** Regulation 26 (4) (a) (b) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the Fire Risk Assessment, dated 6 June 2024, be reviewed without further delay, and any significant findings completed within the stipulated timescales. Ref: 3.3.5
	Response by registered person detailing the actions taken: Fire risk assessment now booked in to be completed 21st may 2026 by new fire officer in place for dromore day centre and email received to confirm.
Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 **Ref:** Standard 15.3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the initial care review should take place within four weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year. Ref: 3.3.3
	Response by registered person detailing the actions taken: Email response from sw manager to support to under take reviews and book provisional dates for review completeion over the next few days - 18/05/26 9.23

Area for improvement 2 **Ref:** Standard 21.4 **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure that staff have completed training on and can demonstrate knowledge of Diabetes. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff have now completed diabetes training and have received cerfication.

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