The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: City Way Day Centre

Provider: Belfast Health and Social Care Trust

Date of Inspection: 27 April 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 Health and Social Care Trust (BHSCT)
Responsible Individual/Responsible Person:	Mrs. Jennifer Welsh
Registered Manager:	Mrs. Jennie McClearn
Service Profile: City Way Day Centre is a day care setting that is registered to provide care and support for up to 50 service users over 65 years and younger physically disabled adults. The day care setting is open Monday to Friday and is managed by BHSCT.	

2.0 Inspection summary

An unannounced inspection took place on 27 April 2026, between 9.20 am and 3.00 pm. It was carried out by a care Inspector.

The last care inspection of the day care setting was undertaken on 19 November 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 found that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report. No areas for improvement were identified during this inspection.

Service users said that the care and support provided by the day care setting was a positive experience.

It was evident that 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 manager, service users 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 information held by RQIA about this day care setting was reviewed. 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, attending and visiting 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.

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

Service users described the staff as fantastic and that they 'knew their job'. They also commended the food on offer and the transport service.

A relative told us that they were '100% happy with the care'. They also praised the 'great communication from staff'.

Staff fed back that they enjoyed their job and highlighted the holistic, in-depth nature of the care and support offered.

3.3.1 Inspection findings

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.

Review of the 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.

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 induction programme which also included shadowing of a more experienced staff member.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. 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.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities. Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

3.3.2 Care Delivery

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. The activities records were reviewed on a monthly basis by the manager. Service users' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts, curling, choir and circus skills.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included staff changes, activities, meals and transport.

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.

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.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that Service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' 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.

Service users care records were held confidentially.

A review of care records identified that moving and handling risk assessments, transport risk assessments and Personal Emergency Evacuation Plans were up to date.

Where a service user was experiencing a deprivation of liberty (DoL), the care records contained the relevant authorisation documents. A central register was in place to enable tracking of any DoL due for review. Arrangements were in place to ensure that the capacity of service users who required higher levels of supervision, monitoring, or restriction was considered and, where appropriate, formally assessed in line with relevant legislation.

There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly. Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

3.3.4 Quality of Management Systems

There has been a change in the management of the day care setting since the last inspection. Mrs. Jenny McClearn has been the registered manager in this day care setting since 8 August 2025. Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance. One staff member highlighted that the day care setting was 'well run'.

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.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. There was a system in place that enabled effective analysis and oversight by the manager of all incidents that occur in the day care setting. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. The manager was identified as the appointed ASC for the agency. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed. It was positive to note that the manager had completed training in regards to complaints investigation and management training.

It was positive to note that a range of compliments had been received by the day care setting since the last inspection. Two from service users' relatives were noted; 'staff are fantastic and (my relative) really benefits from attending' and 'care and attention, acts of kindness, diverse activities, safe, very able and cheerful staff. We are indebted to you'.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided within the day care setting. This included a comprehensive audit schedule across a range of practices within the day care setting.

3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter. Art and craft work undertaken by service users as part of the activity programme were on display throughout the day care setting.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A fire risk assessment had been completed on 6 June 2024. 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.

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 the manager as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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