The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Donard Day Centre (Kilkeel)**

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

Date of Inspection: **14 August 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Southern Health and Social Care Trust (SHSCT)
Responsible Person:	Mr. Steve Spoerry
Registered Manager:	Mrs. Sharon Weir
Service Profile – Donard Day Centre is a day care setting located in Kilkeel. The day care setting provides care and daytime activities for older people over 65 years of age, some of whom are living with memory loss. The service is run by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 14 August 2026 between 8.00 am and 12.30 pm

The last care inspection of the day care setting was undertaken on 13 November 2025 by a care Inspector. The Inspector identified one area for improvement during this inspection.

This inspection was undertaken to evidence how Donard Day Centre 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 managed.

To that end, the inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The Inspector also examined the processes for reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

The Inspector identified good practice in relation to monthly quality monitoring, quality and service user survey, monthly audits as well as feedback from service users, staff and relatives. There were good governance and management arrangements in place.

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector assessed the existing Quality Improvement Plan (QIP) as having been met.

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 Donard Day Centre 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.

Throughout the inspection process, inspectors seek the views of those working for or receiving support from 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 day care setting?

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

The service users who spoke with the Inspector gave very positive feedback. One service user stated that that 'I wouldn't miss my days here for the world. It's great'. Another service user commented 'I love it. We're all like one big happy family'.

Staff on duty gave very positive feedback about the day care setting, the support provided by the manager and how much they enjoyed the training provided for them. One stated that 'I had a very good induction. I've been here two years and love working here'. Another commented that 'the team are excellent, as is the manager'.

One relative of a service user stated that 'it's a wonderful service and provides a great respite for myself'. Another commented that 'I couldn't manage without it'.

One visiting professional who spoke with the Inspector commented that 'this is a great service. All the service users are so happy'. Another commented that 'my experiences with Donard are overwhelmingly positive'.

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.

Recruitment for the day care setting is managed regionally through Recruitment Shared Services (RSS) which is part of the Business Services Organisation (BSO). The Inspector confirmed that all pre-employment checks, including criminal records checks (AccessNI), were

completed before members of staff commenced employment and had direct engagement with service users. The person in charge was knowledgeable in this area.

The person in charge confirmed that one new member of staff had been recruited since the last inspection.

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 day care setting'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). 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 the person in charge reported that the manager and assistant manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia , at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge. The Inspector reviewed the training matrix and confirmed that the majority of training was up to date. Where training was about to expire, the day care setting had booked updates.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told the Inspector they felt supported and involved in discussions about their personal development. Records evidenced that appraisals had been completed on an annual basis.

The day care setting held staff meetings every month and retained the minutes.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

Staff met the needs of service users' through a range of support activities. Staff promote the independence of the service users. It was reassuring to note that service users reported that staff consulted them about the activities they preferred, ensuring their views informed and shaped day care activities. The Inspector viewed the extensive programme of day care activities for service users.

The Inspector viewed records of regular service user meetings which were held by the day care setting.

3.3.3 Management of Care Records

The Inspector reviewed care records on the Epic system and found them to be person-centred, well maintained, regularly reviewed, and updated to ensure they continued to meet the service users' needs. Where service users required dietary modification, care plans reflected the Speech and Language Therapy assessment.

The person in charge confirmed that one of the service users was subject to Deprivation of Liberty Standards (DoLS). The Inspector viewed the DoLs register and confirmed that all forms were up to date. The day care setting kept a DoLS folder for staff to reference.

There was a policy in place for the use of restrictive interventions. However the person in charge reported that there were no current service users who were subject to restrictive practices.

3.3.4 Quality of Management Systems

The Inspector reviewed of a sample of monthly monitoring reports, which evidenced that a robust system for reviewing the quality of care and staff practices was in place. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Inspector reviewed the day care setting's process for the management of complaints and noted that the day care setting had not received any complaints since the last inspection. The person in charge reported that all staff receive complaints training. The manager and deputy manager have undertaken further complaints training in the model for complaints handling, which has been developed by the Office of the Northern Ireland Public Services Ombudsman.

Review of incident records, which are completed via the SHSCT datix system, identified that the manager had managed these appropriately. There was evidence that the manager audited incidents on a regular basis, to establish any patterns/trends. The day care setting also reviewed incidents as part of the monthly quality monitoring process

The Inspector viewed the annual quality report, which included excellent stakeholder feedback.

The Inspector confirmed that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The day care setting had not managed any safeguarding incidents since the last inspection. The Inspector confirmed that the person in charge was aware of the need to notify RQIA of any incidents which involve the Police Service of Northern Ireland (PSNI).

The Inspector viewed the current fire risk assessment for the day care setting, which was within date and not due to be reassessed until 2029. There was evidence that staff completed fire safety checks as required. Staff had completed training in fire safety and had participated in a fire evacuation drill.

4.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Michaela McComb (Senior Day Care Worker and person in charge, Mrs. Claire Sloan (Senior Day Care Worker) and Mrs. Andrea Greene (Registered Manager Slieve Roe House Supported Living Service) as part of the inspection process. These can be found in the main body of the report.

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