The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Magherafelt Adult Centre**

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

**Date of Inspection:** **12 August 2026**

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Northern Health and Social Care Trust (NHSCT) |
| **Responsible Individual/Responsible Person:** | Ms Suzanne Pullins |
| **Registered Manager:** | Mrs Orla McElhone |
| **Service Profile –**<br>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. The day care setting is managed by the NHSCT. | |

## 2.0 Inspection summary

An unannounced inspection took place on 12 August 2026, between 9.55 am and 5.50 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 26 February 2026; 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 safe, effective and compassionate care was delivered to service users and that the day care setting was well led.

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. 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 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 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 went to see the donkeys", "I am happy here" and "Staff are nice".

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; "Care and support very much person centred", "Detailed risk assessments and care plans are in place" and "Good relevant training is provided and the training is aimed at the service users' needs".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided. Comments included "I enjoy going to the centre and it gives me routine".

A returned relative questionnaire indicated that the respondent was satisfied with the care and support provided.

Returned staff questionnaires confirmed overall that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. A small number of comments were shared with the manager, post inspection, for review and consideration.

## 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.

An area for improvement identified during the previous inspection related to exploring gaps in employment as part of the recruitment process. Review of two staff recruitment records confirmed that gaps in employment were recorded. On this basis, the area for improvement was assessed as met.

An area for improvement identified during the previous inspection related to implementing a robust system for the monitoring of staffs' professional registrations. Review evidenced there was a system in place for professional registrations, to be monitored by the manager on a monthly basis and a record of checks retained. On this basis, the area for improvement was assessed as met.

Written records were retained by the day care setting of the person's capability and competency in relation to their job role. All staff received regular supervision and annual appraisal which supported their professional development and enabled them to discuss concerns and training needs.

A competency assessment was also undertaken for staff involved in the management and administration of medicines.

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. 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 last care inspection, including moving and handling, dysphagia and medicines management. The agency had also been provided training in regard to human rights, which strengthened staff competence in these areas.

Staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However, it was noted that a transport staff member had not received adult safeguarding training. An area for improvement has been made.

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, visits to cafes, circus skills, chair yoga and games.

Observations of service users taking part in activities showed participation was good. Furthermore those service users assessed to need staff support, received this in a timely manner so they were involved in the activity.

During the observation and discussions, staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

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. An observation of the lunch time meal confirmed that service users were given a choice in regards to food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices, staff offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely.

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 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.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were person centred and detailed.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty (DoLS), the care records contained details of assessments completed and agreed outcomes developed in conjunction with the Health and Social Care (HSC) Trust representative.

There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly.

A number of service users were assessed by a Speech and Language Therapist (SLT) 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

Mrs Orla McElhone has been the acting manager in this service since 15 June 2026 and is in the process of registering with RQIA as manager. Those consulted commented positively about the manager and described her as committed to providing high standards of care and achieving the best outcomes for service users.

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 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 confirmed that one complaint had been received since previous inspection. Review evidenced that this complaint had been 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.

### 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.

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.

During a tour of the environment it was noted that an electrical switch room cupboard was unlocked which service users could potentially have access to. This was discussed with the manager and before the conclusion of the inspection, the cupboard was secured. The Inspector observed combustible materials stored in the electrical switch room cupboard. Areas for improvement have been identified.

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

The Inspector visited the garden area. The garden area used by service users was observed to be in poor and unkempt condition. Areas of the garden were overgrown with weeds present, decaying wooden structures were observed and lacked appropriate maintenance. The environment did not present as a clean, well maintained area or welcoming outdoor space for service users to use and enjoy. This may negatively impact service users' access to a safe, pleasant and suitable outdoor environment. An area for improvement has been identified.

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.

An area for improvement identified during the previous inspection related to all staff participating in a fire evacuation drill at least annually. Review of fire drill records evidenced that a number of fire drills were undertaken since the previous inspection including on 3 March and 1 June 2026. On this basis, the area for improvement was assessed as met.

A fire risk assessment had been completed on 1 October 2025 and fire safety checks were undertaken on a regular basis.

## 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 |
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| **Total number of Areas for Improvement** | 3 | 1 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Orla McElhone, 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**

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| **Area for improvement 1**<br><br>**Ref:** Regulation 14 (1)(a)(c)<br><br>**Stated:** First time<br><br>**To be completed by:** Immediate and ongoing from the date of inspection | The Registered Person shall ensure as far as reasonably practicable that all parts of the day care setting to which service users have access are free from hazards to their safety and unnecessary risks to the health or safety of service users are identified and so far as possible eliminated. This refers specifically to an unlocked electrical switch room cupboard.<br><br>Ref: 3.3.5 |
| | **Response by Registered Person detailing the actions taken:** The electrical switch room cupboard has been secured, and the key remains within the manager's office, preventing unauthorised access by service users and staff. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 26 (4)(b)<br><br>**Stated:** First time<br><br>**To be completed by:** Immediate and ongoing from the date of inspection | The Registered Person shall take adequate precautions against the risk of fire. This refers specifically to combustible material being stored in an electrical switch room cupboard.<br><br>Ref: 3.3.5 |
| | **Response by Registered Person detailing the actions taken**: Immediate action was taken to remove all combustible items from the area to eliminate the identified fire risk. The electrical switch room cupboard has been inspected and designated as a restricted locked storage area, with staff reminded that combustible materials must not be stored within electrical rooms or cupboards under any circumstances. Weekly checks will be carried out to ensure compliance with fire safety requirements. |
| **Area for improvement 3**<br><br>**Ref:** Regulation 26 (2)(b)<br><br>**Stated:** First time<br><br>**To be completed by:** Immediate and ongoing from the date of inspection | The Registered Person shall ensure that the garden and outdoor areas are appropriately maintained and kept clean, safe and free from overgrowth and debris. A regular programme of inspection and maintenance should be implemented to ensure the outdoor environment remains suitable, welcoming and accessible for service users to use and enjoy.<br><br>Ref: 3.3.5 |
| | **Response by Registered Person detailing the actions taken**: The garden area has undergone a general tidy-up, with all debris and decaying wood removed to improve its overall appearance and safety.<br>The Centre is currently in Phase One of its garden development project. Discussions and planning meetings have taken place with service users, carers and estates personnel to explore how the |

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| | garden space can be transformed to create a welcoming, attractive, environment for service users to enjoy.<br>The Registered Manager is working alongside the Estates Department to ensure that regular maintenance of the garden area is carried out and that planned improvements are implemented effectively. |
| **Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 13.4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing from the date of inspection | The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.<br><br>This relates specifically to transport staff.<br><br>Ref: 3.3.1 |
| | **Response by Registered Person detailing the actions taken:**<br>All staff are scheduled to undertake Adult Safeguarding Level 2 training on 17th November 2026. Transport staff have achieved Safeguarding Level 1 and will complete Safeguarding Level 2 alongside the the wider staff team at the above planned training session. Training compliance is monitored, and oversight arrangements are in place for staff who are not directly managed by the Registered Person to ensure safeguarding training records are maintained and regularly reviewed. |

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