The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **New Way**

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

**Date of Inspection:** **21 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. Linda Montgomery |
| **Service Profile –**<br>New Way is a day care setting located in the grounds of Whiteabbey Hospital. It is registered for up to 30 places and provides care and day time activities to service users living with a learning disability.<br><br>The setting is open for service users from Monday to Friday and is operated by the NHSCT. | |

## 2.0 Inspection summary

An unannounced inspection took place on 21 August 2026 between 10.15 am and 4.15 pm. It was carried out by a care Inspector.

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 1 July 2025; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Service users said that the care and support provided by New Way was a positive experience.

It was established 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.

As a result of this inspection both areas for improvement previously identified 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.

## 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 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 information held by RQIA about this day care setting was reviewed. This included the previous QIP, 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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they loved attending the day care setting and described the staff as 'great'.

A service user's relative discussed how the staff were very good at communicating with them and that they had 'no issues' with New Way.

Staff fed back that the care and support offered was safe, effective and compassionate. One told us that they 'loved' working in New Way.

### 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.

A review of the day care setting's staff recruitment records indicated that an Enhanced Access NI check had not been satisfactorily completed prior to a member of staff commencing employment. Whilst, in this instance, this omission did not place any service users at risk, this is a clear breach of regulations. An area for improvement was identified.

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.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies. Staff confirmed they received sufficient training for their roles.

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.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the day care setting's policy and procedures.

There were no volunteers deployed within the day care setting.

### 3.3.2 Care Delivery

Regular staff meetings were held, with minutes recorded and circulated to ensure staff unable to attend remained informed.

Staff were observed to be prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Activities for service users were provided incorporating both group and one to one activities. Birthdays and annual holidays were celebrated. Planned activities included walking groups, bingo, pool, sensory activities, music and arts and crafts

Where service users demonstrated behaviours requiring specific support strategies, this was reflected in the support plan.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. The day care setting offered a range of dining options to the service users including supporting a group of service users to access the restaurant on the Whiteabbey Hospital site. A member of staff was designated daily as meal time coordinator to support those service users who chose to eat within the day care setting. It is the role of the coordinator to hold a safety pause to consider those service users who require a modified diet and that service users were safely positioned for their meals and the mealtimes were appropriately supervised.

### 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.

Service users care records were held confidentially.

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.

A review of a sample to service users' transport risk assessments evidenced that these were lacking in detail in one particular aspect. The person in charge agreed to amend these immediately after the inspection and these will be reviewed at the next inspection.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge was not fully aware of the exact number of service users within the day care setting who were subject to a DoLS. There was a DoLS register in place. The register, however, was noted to be lacking in detail and not up to date. RQIA was not assured that the required level of oversight is in place. This opens up the potential for breaches in service users' Human Rights in that they may be subject to unnecessary restrictions. An area for improvement was identified.

### 3.3.4 Quality of Management Systems

Acting manager arrangements remain in place within the day care setting. RQIA is currently liaising with senior managers from the provider in regard to this matter. Staff told us that they were satisfied that the day care setting was well managed and that the management team was supportive.

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.

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 and were reviewed as part of the day care setting's monthly quality monitoring process.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. RQIA had been notified appropriately of any incidents that had been reported in keeping with the regulations. A previous area for improvement identified in this regard was assessed as met.

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. A specific individual was identified as the day care setting's ASC.

It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. An area for improvement previously identified in the regard was assessed as met.

### 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.

Externally the day care setting was well maintained. There was an enclosed garden area to the back where SUs could sit outside. The person in charge discussed some planned improvements to this area that RQIA welcome.

Some internal improvements are also planned to the day care setting. The person in charge is aware that a variation must be submitted to RQIA before these commence.

Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and had participated in a fire evacuation drill. Fire safety checks were regularly conducted. A fire risk assessment had been completed on 15 May 2026.

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

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

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 2 | 0 |

## 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 21(1)(b)(2)(b)(3)(b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing from date of inspection | The Registered Person shall ensure that Enhanced Access NI checks are satisfactorily completed for all staff before they commence employment in the day care setting<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>A review of recruitment records identified one instance where an employee commenced employment prior to the completion date of their Enhanced AccessNI check. The employee was undertaking induction activities and was not providing direct care to service users during this period. The matter was addressed immediately and management oversight arrangements have been reinforced to ensure all required pre-employment checks are satisfactorily completed and evidenced before any employee commences duties. An audit of personnel files has confirmed that, aside from this isolated occurrence, all required pre-employment checks are held on file and completed prior to commencement. Ongoing monitoring will be undertaken to ensure continued compliance. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 11.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing from date of inspection | The Registered Person shall ensure there is an up to date and accurate record within the day care setting of any service users who may be subject to a Deprivation of Liberty Safeguarding (DoLS) arrangement.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken**:<br>This issue has now been addressed. A review of service user records was completed and an up-to-date Deprivation of Liberty Safeguards (DoLS) register has been established. The service maintains the relevant documentation within the MCA file and a tracker is in place to record and monitor all service users subject to a DoLS arrangement.<br>The tracker reflects the current number of service users with DoLS arrangements in place and will be reviewed regularly to ensure records remain accurate, current and readily available for inspection. This will support ongoing compliance and ensure effective oversight of DoLS arrangements within the service. |

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