The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Beragh Day Centre**

Provider: **Western Health and Social Care**

Date of Inspection: **11 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/Registered Provider:	Western Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms Karen Hargan
Registered Manager:	Ms Kyra Crawford
Service Profile – Beragh Day Centre is a day care setting that is registered to provide care and day time activities for up to 20 service users who are over 65; service users may also have a physical disability and may be experiencing early signs of memory loss. The day care setting is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2026, between 10.30 am and 4.18 pm. A care Inspector conducted the inspection.

The last care inspection of the day care setting was undertaken on 9 December 2025 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. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the day care setting, such as care records.

Good practice was identified in relation to the provision of 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.

Full details, including the area 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 Head of Care and Accommodation, 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/examine 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 lovely and they are always kind and helpful" and "This is a great place and I have no suggestions to make things better".

A relative who spoke with the Inspector said they were very satisfied with the support provided to their loved one and had no concerns about the level of care provided. Some comments received included; "My relative is well looked after" and "I am happy with all".

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; "We have regular staff meetings and supervision", "The service users come first at all times and the care is of a high standard" and "The training provided is relevant to the Day Care Setting".

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 Head of Care and Accommodation 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 Head of Care and Accommodation 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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.

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 on a 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 fire safety.

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, bingo, boccia and games.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

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. The daily menu with choice was displayed.

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. Review of care records evidenced that a detailed care plan and risk assessment was in not in place for the management of an identified allergy and dementia diagnosis. A second care record did not fully address a service user's mobility and communication needs. An area for improvement has been identified.

Discussion with the Head of Care and Accommodation 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 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.

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

Ms Kyra Crawford has been the manager in this service since 21 December 2022. Those consulted commented positively about the manager and described her as approachable and supportive.

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.

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 Head of Care and Accommodation 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 Head of Care and Accommodation 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.

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.

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 was tastefully decorated and service users' artwork was displayed.

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 and participated in an annual fire evacuation drill.

A fire risk assessment had been completed on 26 June 2026 and fire safety checks were undertaken on a regular basis.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

An area for improvement and details of the Quality Improvement Plan were discussed with the Head of Care and Accommodation, 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 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 person centred and detailed care plans and risk assessment records. Ref: 3.3.3
	Response by Registered Person detailing the actions taken: Care Plans/ risk assessment have now been updated to contain all revelevant information for the file reviewed during inspection. The manager will continue to review and update all Service User Care Plans and risk assessments to reflect current needs as necessary. HOS will review during monthly provider visits.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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