The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Windsor Day Centre

**Provider:** Southern HSC Trust

**Date of Inspection:** 24 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:** | Southern Health and Social Care Trust |
| **Responsible Individual/Responsible Person:** | Mr Steve Spoerry |
| **Registered Manager:** | Mrs Geraldine Carragher (Acting) |
| **Service Profile:** This is a Day Care Setting that provides care and support to a maximum of 60 service users who have a range of complex care needs including Physical Disabilities, Learning Disabilities and Autism. The staff deliver a programme of day care and daytime activities from Monday to Friday. All care is commissioned by the Southern Health and Social Care (HSC) Trust. | |

## 2.0 Inspection summary

An unannounced inspection was conducted on 24 August 2026, between 10.15 am and 5 pm 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 4 September 2025. Additionally, the inspection sought 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. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the day care setting, such as transportation arrangements.

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, five areas for improvement previously identified were assessed as having been addressed by the provider. One previous area for improvement was not satisfactorily addressed by the provider and will be stated for a second time. No new areas for improvement were identified during this inspection. Full details 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 issued, registration information, and any other written or verbal information received from service users, their representatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those attending, working in, and visiting the day care setting, and 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 active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

It was positive to observe service users engaging in independent and group activities. Observations throughout the day saw positive interactions between service users and staff. . Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and whilst engaging with other service users and staff. Staff appeared respectful of service users and actively sought to promote their autonomy.

Feedback recorded by the day care setting from service user representatives was positive. One commented about how "wonderful" the support, care and staff were within Windsor Day Centre. Another described how Windsor Day Centre offered their loved one with meaningful day activities which they felt had improved their quality of life. They also advised how attendance at the day care setting had been "a lifeline" to the family.

Staff were highly complementary about their colleagues and the support of both peers and management. One staff member told us, "I thoroughly enjoy my role and feel supported by my management team". New staff described their mentors as patient, kind, supportive and encouraging, advising that they felt able to freely ask questions as needed. Staff told us that despite staffing challenges experienced within the day care setting they had worked effectively as a team to ensure the experience of service users was not impacted.

Feedback received from HSC representatives commented positively about the effective communication maintained by staff within the day care setting and the proactive approach taken following any changes in identified need.

They did express some concerns relating to staffing challenges and implications upon programme delivery, which were discussed with the manager. The HSC representative told us, "Staff in Windsor are extremely caring and supportive to their service users and provide a high quality of care".

## 3.4 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.

In discussion with staff, they described the operational impact associated with providing transport escorts for a number of different day care centres. Staff explained that these arrangements can affect the availability of staff at the start of the day and have the potential to impact safe staffing levels within Windsor Day Centre.

Staff also advised that Windsor Day Centre staff had been expected to provide transport escort duties during periods when the day care setting itself was closed. The cumulative impact of these arrangements on staffing capacity and the ability to maintain safe and effective service delivery was discussed with senior Trust representatives at feedback. We were advised that new positions had been created, yet responsibility for the management of these specific transport escort positions would remain with Windsor Day Centre.

Senior representatives were encouraged to review the current arrangements to ensure that transport escort responsibilities do not impede the safe staffing, effective operation or delivery of services at Windsor Day Centre. RQIA will continue to liaise with Trust representatives in respects of this matter.

In order to maintain safe staffing levels staff had been taking additional shifts, whilst service management were also found to be assisting in the delivery of direct care. Despite this the team stated that motivation and morale remained high. Staff were aware as to ongoing recruitment efforts to appoint to current vacancies. On the day of inspection it was observed that there were adequate staff in the day care setting to respond to the needs of the service users in a timely way, and to provide service users with a choice on how they wished to spend their day.

Review of the agency's staff recruitment records confirmed that pre-employment checks, such as criminal record checks (AccessNI), were completed. A previous area for improvement regarding employee's fitness to practice was assessed as having been satisfactorily addressed by the provider.

There was a process in place to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body.

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The day care setting had implemented changes to the system used to monitor staff training compliance. The revised system was found to be user-friendly and comprehensive, facilitating effective oversight and analysis of current training compliance across the service. Where training was identified as outstanding, there was evidence that dates had been secured to ensure this was addressed. A previous area for improvement was assessed as having been addressed by the provider.

It was positive to note that medicines competency assessments specifically evaluated practice skills relating to administration of fluid thickener, buccal midazolam and oxygen. Furthermore, applicable staff had also completed transcribing training and had their competency assessed on a regular basis.

It was noted staff did receive regular professional and were appropriate, clinical supervision. Records evidenced that staff had participated in annual appraisals.

### 3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care. Safety briefings were also scheduled prior to mealtimes, ensuring good communication across the team regarding service users assessed dietary needs.

There was evidence of regular staff meetings occurring with minutes maintained of the meetings for staff, unable to attend, to read for information sharing. It was also positive to find robust review of staff meeting minutes was undertaken as part of the quality monitoring process. This ensured that organisational information was appropriately disseminated, provided early awareness as to staff feedback whilst enabling emerging issues, themes or areas requiring further action to be identified and addressed in a timely manner.

Staff practice observed was found to be compassionate and considerate of the needs of service users. Staff demonstrated awareness as to the environment and how this may impact upon individuals. When distressed behaviours were displayed staff responded with patience and understanding, deploying bespoke interventions detailed within service users' plans.

Service users' needs were met through a range of individual and group activities which were devised to be inclusive, engaging and meaningful. The day care setting were found to have delivered music therapy, arts and crafts sessions, gardening and baking. Photographs were also evident illustrating service users engagement in events organised for key calendar dates such as Easter.

One to one support provided was person-centred, based on knowledge held of each individuals' own areas of interest, with their Positive Behavioural Support and Communication plans used to inform practice. Observation of staff engagement with service users found them to be respectful, understanding and sensitive to individual need.

### 3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Review of records identified that service users had agreements in place between themselves and the day care setting which was kept under regular review. There was evidence that service user consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf. Additionally, service users consent was sought in relation to the use of photography and/or videography.

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. Speech and Language Therapy (SALT) Care Plans, Epilepsy Management Plans, Positive Behavioural Support Plans and/or Manual Handling Assessments were available and referenced in detail within service user plans.

A previous area for improvement relating to transportation assessments had not been satisfactorily addressed by the provider. The required documentation had not been completed consistently for all service users availing of Trust transportation. Records failed to stipulate maximum journey time, determined on an individual basis based upon service user needs and presenting risks.

Furthermore, inconsistencies were identified within the risk assessments reviewed, with some containing contradictory directions regarding the support and assistance required by individual service users. Gaps in the information available were also identified, resulting in staff responsible for service users not always having access to the necessary information to safely support service users or to inform a timely appropriate and robust response in the event of an emergency. An area for improvement will be stated for a second time.

There was evidence that service user records were reviewed on a regular basis. It was positive to find that service users and/or their representatives actively engaged in the review process.

There were arrangements in place to ensure that service users who required high levels of supervision, monitoring and restriction had their capacity considered and, where appropriate, assessed. Robust systems were in place to ensure restrictive practice interventions deployed by the day care setting were necessary, proportionate and just whilst reviewed by the multidisciplinary team regularly aligning with expectations set within the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary.

#Any changes to the DoLS were communicated and updated documents shared and stored within the service users care records. A system was in place to enable monitoring of DoLS; this permitted timely communication regarding DoLS applications and scheduled reviews.

### 3.3.4 Quality and Management of the Environment

Windsor Day Centre was found to be bright and spacious, with a large and welcoming foyer naturally leading to each bespoke area. The day care setting was found to be suitably furnished, warm and comfortable and free of clutter.

Rooms were tailored to the needs of the individuals, with visual aids evident throughout the day care setting to support service users understanding and aid communication.

Infection protection and control procedures were found to be of a high standard with all areas of the day care setting found to be exceptionally clean. This was inclusive of bathrooms and equipment/aids used for manual handling tasks. Staff practice observed evidenced appropriate use of personal protective equipment (PPE).

The most recent fire risk assessment in respects to Windsor Day Centre was completed on 2 August 2023 with a separate fire risk assessment completed for the bungalow on 19 October 2023. Fire safety checks were undertaken on a regular basis. There was evidence of regular fire evacuation drills with future dates secured for staff requiring this training. A previous area for improvement was assessed as having been addressed.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Geraldine Carragher has been acting manager in this day care setting since 8 November 2022. She is also acting manager for four other registered day care settings. Mrs Geraldine Carragher has submitted an application to RQIA for registration as manager for Windsor Day Centre.

Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was a process in place to manage any complaints received by the day care setting. It was positive to find that the day care setting maintained a record of compliments received. A number of those reviewed received from service user and HSC representatives centred upon the high quality of care and support provided by Windsor Day Centre as well as the attitude of staff.

Review of incident records identified that these were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends.

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. An area of good practice was identified regarding the standard of records maintained by Windsor Day Centre relating to safeguarding concerns.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Review of systems relating to the day care settings management of finances found that a previous area for improvement had been addressed. Discussion did occur regarding further action needed to strengthen elements of the current system, such as recording of receipts for which the manager agreed to taken forward. This will be reviewed again at a future inspection.

A previous area for improvement relating to medication audits was assessed as having been met by the day care setting. It was apparent that medication audits were being undertaken on a regular basis and driving improvements. The inspector made suggestions regarding the template being utilised for medication audits for which the manager agreed to take under consideration.

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 and permitted ease of review of progress with actions stated.

## 4.0 Quality Improvement Plan/Areas for Improvement

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

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 0 | 1* |

* One area for improvement has been stated for a second time

The area for improvement and details of the Quality Improvement Plan were discussed with Geraldine Carragher, Acting 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 Settings Minimum Standards August (revised) 2021**

| | |
|---|---|
| **Area for improvement 3**<br><br>**Ref:** Standard 12.1, 12.3, 12.4, 12.7<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>21 November 2026 | The Registered Person shall ensure transport is provided in line with expectations outlined within the Standards. This specifically relates to;<br><br>- Completion of transport assessments for all service users;<br>- Maximum journey time determined on an individual basis based upon service user needs and presenting risks;<br>- Compatibility assessments are completed for persons utilising transportation;<br>- Reports and records are retained where maximum assessed journey time is exceeded;<br>- Adequate information and training is provided to staff supporting service users whilst using transportation.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Trust representatives met with RQIA representatives on Friday 9th October 2026 to discuss RQIA expectations in relation to transport assessments, compatability assessments and journey times. This QIP response is based on the discussion and clarification provided during this meeting.<br><br>The Registered Person has implemented a comprehensive action plan to ensure full compliance with the Day Care Settings Minimum Standards in relation to transportation arrangements. Actions undertaken and planned include:<br><br>1. Transport Assessments:<br><br>A transport assessment is completed for all service users referred for Trust transport.<br><br>A generic transport risk assessment is being developed for all shared transport arrangments on each Trust bus.<br><br>Service users attending Windsor day centre who require guide help support will have an individual guide help risk assessment completed, this will be held on file and will be reviewed where there is a change in their circumstances e.g. change of needs, health status, mobility requirements. |

| | |
|---|---|
| | 2. Maximum Journey Times:<br><br>The generic transport risk assessment will include consideration of journey times. The risk assessment will consider any risks and actions put in place to minimise risks associated with journey times.<br><br>Where it has been identified during assessment that a service user cannot tollerate lengthy periods of time on a bus then alternative arrangements will be made for these individuals. This will be done following discussion with transport, day care, relevant memebers of the MDT and the family.<br><br>Transport routes are kept under review by the transport team to minimise journey times wherever possible.<br><br>3. Compatibility Assessments<br><br>The generic transport risk assessment referenced above will include consideration of compatability of service users on the buses. The risk assessment will consider risks associated with compatability and any actions put in place to minimise risks identified.<br><br>Where incompatibility issues are identified, appropriate alternative transport arrangements will be discussed and considered by the MDT.<br><br>4. Monitoring and Record Keeping<br><br>All journey start and finish times for each individual are recorded by the guide help on the bus. These records are retained by the service.<br><br>5. Staff Information and Training<br><br>Guide Help staff supporting service users during transportation will be familiar with and have knowledge of any individual assessed needs and risks to the service users on transport. This will include training on epilepsy and emergency response requirements.<br><br>There are plans to implement an electronic rover device as part of encompass implementation on Trust transport which will enable all guide help staff to have access to encompassheld information whilst in transit. The rover device will also incorporate length of journey time for each individual service user. |

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

The Regulation and Quality Improvement Authority

**The Regulation and Quality Improvement Authority**

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews