

# Inspection Report

5 July 2021



## Station Road Resource Centre

Type of service: Day Care  
Address: Station Road, Armagh, BT61 7NP  
Telephone number: 028 3741 2415

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern Health & Social Care Trust	<b>Registered Manager:</b> Mrs Margaret Murphy
<b>Responsible Individual:</b> Mr Shane Devlin	<b>Date registered:</b> 15/08/2019
<b>Person in charge at the time of inspection:</b> Mrs Margaret Murphy	
<b>Brief description of the accommodation/how the service operates:</b> This is a Day Care Setting with 30 places that provides care and day time activities for people. Physical disability [PD], sensory impairment [SI] and 2 people with a learning disability [LD]. With the exception of statutory holidays the day centre is open five days, Monday to Friday, each week.	

## 2.0 Inspection summary

An announced inspection took place on 5 July 2021, at 09-15 am to 11-45 am by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to systems in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service
- Reviewing a range of relevant documents, policies and procedures relating to the day care settings governance and management arrangements

## 4.0 What people told us about the service

We spoke to staff including the manager. We also spoke with three service users. We also provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. We noted lots of activities and good communication between staff and service users.

The returned questionnaires show good satisfaction levels. We noted some of the comments received:

- “The care at Station Road is of a very high standard and the staff are very friendly and professional.”
- “I am delighted that day care is available and I’m very grateful.”
- “A first class service.”
- “I am satisfied with the care I get.”

In addition we provided an electronic survey for staff to complete, no feedback was reviewed prior to the issue of this report.

Comments received during the inspection process:

### Service users:

- “I really look forward to coming here.”
- “Staff are excellent.”
- “It’s good to be back.”
- “I’m well supported here.”
- “It’s good for a change of environment and to meet other people.”

### Staff comments:

- “The staff are and have been very flexible.”
- “Good staff induction.”
- “All training completed.”
- “Staff communicate well with each other.”
- “Good management support.”
- “We do try to provide a wide range of activities.”
- “I feel safe and secure here with all the covid-19 guidance.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Station Road Resource Centre was undertaken on 7 June 2018 by a care inspector; no areas for improvement were identified.

### 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care settings provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Champion Position report was available for review and was satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All records reviewed were in place.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting has a system for recording referrals made to the SHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

The day care setting has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported since the last inspection.

All staff had completed DoLS training appropriate to their job roles. Records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions. The day care setting meets the requirements regarding the daily taking of temperatures of relevant individuals.

### 5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff, and HSC trust staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements.

We noted some of the comments made by service users; staff and HSC Staff during the monthly quality monitoring:

#### Service users:

- "Coming here gets me out of the house."
- "The staff are very good."
- "The staff are all fine."

#### Staff:

- "Good training updates."
- "No concerns."
- "I like the variety."

#### HSC Staff:

- "No problem with the centre."
- "More activities would be good."
- "Staff are approachable."

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection.

The manager confirmed that the centre had received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs to ensure the care received in the service was safe and effective. It was noted that staff had also completed relevant training.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

The annual provider report Regulation 17 was available for review and was forwarded to RQIA.

It was positive to note that a number of annual care reviews had been completed. We noted some of the comments from service user’s and carers during their review:

- “Activities are good and there is a good variety.”
- “I look forward to coming.”
- “Meals are perfect.”
- “I love it here and have made good friends.”

The centre completed an annual quality questionnaire survey that gave the service users and relatives an opportunity to comment on a number of quality related issues.

**A selection of the comments received:**

- “I feel safe”
- “Staff do the best they can under the circumstances”
- “The staff are very good to me”
- “I feel very secure here and safe”
- “I enjoy everything I do here and I’ve met some of the loveliest people”
- “The staff make sure everything is in order”
- “I respect the staff and management and everything they do for me.”

**6.0 Conclusion**

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

**7.0 Quality Improvement Plan/Areas for Improvement**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Mairead Murphy manager as part of the inspection process and can be found in the main body of the report.



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