

# Inspection Report

2 August 2021



## Rathmoyle Resource Centre

Type of service: Day Care  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern HSC Trust	<b>Registered Manager:</b> Ms Patricia Brown
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date registered:</b> 3/10/2017
<b>Person in charge at the time of inspection:</b>	
<b>Brief description of the accommodation/how the service operates:</b> This is a Day Care Setting with maximum provision for 55 people per day. Services are provided in a number of groups, for people with dementia, for those with a learning difficulty, physical disability or mental ill health.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 August 2021, at 09.00am to 12.00 am by the care inspector. This inspection focused on 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 inspection report will provide the setting 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 a group of service users completing their individual activities.

We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision.

We noted a variety of one to one activities and good communication between staff and service users.

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

##### Questionnaire comments:

- “I enjoy coming to Rathmoyle, staff are very friendly and helpful.”

In addition we provided an electronic survey feedback form for staff no comments were received prior to the issue of this report.

Comments received during the inspection process:

Service users:

- “It’s good to be back.”
- “I enjoy the activities here.”
- “Good support.”
- “Good to get out and about.”
- “Staff are good.”
- “No complaints.”

Staff comments:

- “The manager has an open door policy.”
- “I feel safe and secure with Covid guidance and PPE.”
- “Supervision is one to one and is confidential.”
- “Staff communicate well with each other.”
- “All training is up to date.”
- “Good supportive manager.”

## 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 Rathmoyle Resource Centre was undertaken on 5 December 2019 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).

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 NHSCT 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 four incidents had been reported since the last inspection. These were actioned in line with the settings policy and procedures.

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

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.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs, in partnership with Speech and language Therapist (SALT)?**

The manager confirmed that the setting had received 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. A number of assessments were reviewed and were satisfactory. It was noted that staff had completed relevant training.

A number of service users required supervision when eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids.

### **5.2.3 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) and Nursing Midwifery Council. (NMC) 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.

We noted that the setting do employ outside agency staff. Records reviewed show clear evidence and details of:

- NISCC
- Access NI
- Induction
- Training
- Supervision

### **5.2.4 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, relatives, 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; relatives, staff and HSC staff during the monthly quality monitoring:

**Service users:**

- “The staff are good.”
- “I feel safe here.”
- “We enjoy the choice of food at the centre.”

**Staff:**

- “We receive regular supervision.”
- “A good induction.”
- “Good team and good care offered.”

**Relatives:**

- “Staff go over and beyond.”
- “\*\*\*\* is well supported here.”
- “I’m happy with the day care provision.”

**HSC Staff:**

- “I’m well supported and informed by the manager.”
- “I work well with the staff team.”
- “Staff are friendly and welcoming.”

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.

Staff described their role in relation to reporting poor practice and their understanding of the centres policy and procedure on whistleblowing.

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. The report was comprehensive and gave a good overview of the service provided in the past year.

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

- “I’m delighted to be back.”
- “I’m very happy with everyone.”
- “I’m well treated.”
- “I’m well looked after here.”

- “I’m happy with the PPE.”
- “Good activities.”

## 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 Ms Patricia Brown manager as part of the inspection process and can be found in the main body of the report.



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