

Inspection Report

21 November 2023



Rathmoyle Resource Centre

Type of service: Day Care Setting
Address: 6 Mary Street, Ballycastle, BT54 6QH
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Trust	Registered Manager: Mrs Patricia Brown
Responsible Individual: Ms. Jennifer Welsh	Date registered: 03 October 2017
Person in charge at the time of inspection: Mrs Patricia Brown	
Brief description of the accommodation/how the service operates: Rathmoyle Resource Centre is a Day Care Setting with a maximum of 55 places that provides care and day time activities for people aged over 18 years of age with a range of needs including dementia, learning disability, physical disability or mental ill health. The day care setting is open Monday to Friday and is operated by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 21 November 2023 between 9.45 a.m. and 1.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, and Dysphagia management was also reviewed.

There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. There were excellent systems in place in relation to dysphagia management and in relation to the care planning process.

Areas for improvement identified related to the need for staff medicine competencies to be developed and in relation to the duration of the bus journey to and from the day care setting.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires indicated that the service users felt the day care setting was providing safe, effective and compassionate care; and that the service was well-led. Written comments included:

- “It’s special., it’s good, I liked it when Santa came.”
- “I like going shopping at the centre.”
- “Staff listen when I need to communicate. I like the Zumba and the Bus Runs.”
- “It’s good and I am happy here.”
- “It’s great coming here because it gets me out and meeting new friends.”
- “I like my centre.”
- “Some rooms can be too warm or too cold at times.”
- “I love everything about the centre.”

During the inspection we observed care delivery. Service users appeared relaxed and comfortable in their interactions with staff. Staff spoken with stated that they had no concerns regarding the care and support provided within the day care setting.

No responses were received to the electronic survey.

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 care inspection of the day care setting was undertaken on 28 July 2022 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 setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC).

Review of records established that they were clear processes in place for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The manager advised that there had been no concerns raised under the whistleblowing procedures.

Review of records identified that RQIA had been notified of all incidents in keeping with the regulations.

Staff were provided with training appropriate to the requirements of their role. No service users required the use of specialised equipment to assist them with moving.

All staff had been provided with training in relation to medicines management. However, there was no evidence that competency assessments were used to ensure that the training was embedded into practice. An area for improvement has been identified.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. We noted a number of DoLS extension periods which had expired. The manager was encouraged to ensure these are reviewed during the service users' next annual review.

A Fire Risk Assessment had been undertaken on 21 September 2023.

During the inspection fire exits were observed to be clear of clutter and obstructions.

There were systems in place relating to safety checks. These included fire safety checks and fire evacuations.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read information which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. The care records were person-centred and included a good system of communication between the day care setting and the service users' family members. This is good practice and is commended.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some of the activities included:

- Utilising the green house
- Going to Tropical World and Wild Ireland
- Pool and darts
- Horse riding
- Shopping trips
- Choir

- Sensory garden
- Crazy golf
- Cookery class in the North Regional College
- Musical facilitators/story tellers
- Beach walking and beach art
- Participating in the pantomime 'Spiderella', which was supported by the Friends of Rathmoyle group and the local community, including the local school and parish.

The service users also participated in an Advocacy Group, whereby they engaged with Artscore to improve the exterior of the building. The service users were able to choose the paint colours and designs painted on the perimeter fence. Plans were also in place for service users to participate in the Duke of Edinburgh programme.

There was a newsletter published on a quarterly basis. This celebrated all of the service users' achievements and also included recipes and colouring exercises which the service users could enjoy. It was also good to note that service users enjoyed baking on a regular basis and they were able to bring their baking home, to share with their family members. Service users also helped prepare chutney for sale at The Lamas Fair.

Review of records identified that an easy read booklet had been developed to support service users following a bereavement.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17).

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Staff also had competency assessments undertaken in relation to Dysphagia management. There was also an excellent system in place in the dining room to ensure service users received the correct diet. This is commended.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

The day care setting's staff recruitment records were reviewed. The records viewed identified that AccessNI checks had been undertaken for all staff before they commenced 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.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was a system in place to ensure that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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 day care setting's policies and procedures.

The day care setting had maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

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.

It was identified that improvements were required regarding the bus timetable. An area for improvement has been identified to ensure that the duration of the journey to and from the day centre is not unduly protracted. This related particularly to, but not exclusively to, service users whose physical wellbeing would be impacted upon by an unnecessarily long journey to the day care setting. An area for improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately. There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend. Advice was given in relation to the need for the transport staff to check the bus at the end of each trip to ensure that there are no service users remaining on the bus.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the QIP were discussed with Mrs Patricia Brown, Registered 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 1 Ref: Standard 21.9 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that medicine competency assessments are undertaken with all staff who administer medicines. Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 12.4 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the journey times of service users are reviewed; where the journey to and from the day care setting normally exceeds 45 minutes, proactive measures should put in place to reduce such journey times, where possible; this related particularly to, but not exclusively to, service users whose physical wellbeing could be impacted upon by an unnecessarily long journey to and from the day care setting. Ref: 5.2.6
	Response by registered person detailing the actions taken:

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



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