

Inspection Report

5 May 2023



The Resource Centre Derry

Type of Service: Day Care Setting
Address: Carnhill, Racecourse Road,
Derry. BT48 8DA.
Telephone number: 028 7135 2832

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: The Resource Centre Derry	Registered Manager: Mrs Ellen Doherty
Responsible Individual: Mr Paddy McCarron	Date registered: 8 January 2020
Person in charge at the time of inspection: Mrs Ellen Doherty	
Brief description of the accommodation/how the service operates: The Resource Centre Derry is a Day Care Setting that is registered to provide care and day time activities for up to 20 service users for older people over the age of 65, who may also be frail and/or have dementia. The day care setting is open Monday to Friday. The service users care is commissioned by the Western Health and Social Care Trust (WHSCT); one service user pays for their care through the Direct Payments option.	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2023 between 9.30 a.m. to 1.40 p.m. This inspection was conducted by a care inspector.

During an inspection conducted on 10 March 2023, significant concerns were identified in relation to the governance and management oversight of the day care setting. Concerns were also identified in relation to the recruitment process and the quality monitoring processes. Following a meeting with the registered persons, three Failure to Comply (FTC) notices were issued on 23 March 2023; the date of compliance was 5 May 2023.

This inspection was planned to assess compliance with the actions detailed in the FTC notices. The outcome of this inspection evidenced that insufficient progress had been made to comply with the FTC notices. The date of compliance for the FTC notices was extended to 9 June 2023.

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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included: the three FTC Notices, the previous Quality Improvement Plan (QIP) issued, registration information, and any other written or verbal information received in respect of the day care setting.

A range of documents were examined to determine that effective systems were in place to manage the agency.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Due to the specific inspection focus, service users were not consulted with as part of the inspection process.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 10 March 2023 by a care inspector. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 10 March 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4)(a) Stated: First time	The registered person shall ensure that a current written risk assessment and fire management plan is in place at all times and which is revised and actioned when necessary or whenever the fire risk has changed	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Regulation 26 (4)(d)(f) Stated: First time	The registered person shall ensure that robust schedules for the service are implemented and effectively monitored by the manager in respect of fire safety checks and fire evacuation drills.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 14.10 Stated: First time	The registered person shall ensure that a formal complaints process in developed and implemented.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 12.8 Stated: First time	The registered person shall ensure that records are retained of the name of the bus escort who escorts the transport staff when calling to service users' homes.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

FTC Ref: FTC000208

Notice of failure to comply with *The Day Care Setting Regulations (Northern Ireland) 2007*

Registered person: general requirements

Regulation 11.—

(1) The registered provider and the registered manager shall, having regard to the size of the day care setting, the statement of purpose, and the number and needs of the service users, carry on or (as the case may be) manage the day care setting with sufficient care, competence and skill.

In relation to this notice the following five actions were required to comply with this regulation:

The registered person must ensure that:

1. a robust system is developed and implemented which enables the Registered Manager to effectively and proactively manage the NISCC registration of all relevant staff; this includes but is not limited to ensuring that records of NISCC fee renewal dates are accurately maintained in order to facilitate timely oversight by the Registered Manager
2. a robust system is developed and implemented which enables the Registered Manager to effectively and proactively manage the mandatory training needs of all staff; this includes but is not limited to ensuring that all relevant staff undertake adult safeguarding training on an ongoing basis
3. a robust system is developed and implemented which ensures that all new staff undergo a comprehensive induction process which is reflective of the NISCC induction standards and which gives due consideration to the role of the inductee; the system should also evidence effective oversight by the Registered Manager
4. a robust system is developed and implemented which enables the Registered Manager to quality assure service users' care plans in keeping with best practice standards; this system should also generate time bound action plans which address all identified deficiencies within each care plan
5. a robust system is developed and implemented which ensures that service users' agreements are signed by all relevant parties and retained within the service in a timely manner; this system should also enable the Registered Manager to maintain effective oversight of all service user agreements so as to take timely and effective action in the event that these are not signed and/or retained in keeping with best practice

Action taken by the registered persons:

Review of records evidenced the following in relation to each of the aforementioned actions:

1. Review of records confirmed that a robust system had been developed and implemented to enable the manager to effectively and proactively manage the NISCC registration of all relevant staff. This action has been assessed as met.
2. There were significant improvements in the manager's oversight of care worker compliance with mandatory training requirements; however, there was no evidence that bus drivers and kitchen staff had undertaken training in relation to adult safeguarding. Kitchen staff had not undertaken training in relation to Dysphagia and there were also two care workers who still had not completed training in relation to Dysphagia. In addition, it was identified that the moving and handling training only consisted of theoretical training; i.e. there was no practical element to the training. This action has been assessed as partially met.
3. Whilst the induction form for the role of deputy manager had been developed, improvements continued to be identified. For example, neither the care worker nor the deputy manager inductions were reflective of the NISCC Induction Standards. The section on the deputy manager's induction form required the section on the responsibilities of the role to be expanded upon. This action has been assessed as partially met.

4. Whilst there had been efforts made to develop a care record audit tool, this was not sufficiently robust. For example, it did not identify the specific information which required to be rectified and there was no evidence that identified actions were reviewed in a timely manner. This action has been assessed as partially met.
5. A robust system had been put in place to ensure that service users' agreements are signed in a timely manner. This action has been assessed as met.

Not all actions have been assessed as met, therefore RQIA determined to update the FTC Notice and amend elements of the actions taking account of the progress made by the agency and evidenced during this inspection. The date of compliance with the actions outlined in the FTC Notice (FTC Ref: FTC000208E1) has been extended to 9 June 2023.

FTC Ref: FTC000209

Notice of failure to comply with *The Day Care Setting Regulations (Northern Ireland) 2007*

Fitness of workers

Regulation 21.—

(1) The registered person shall not employ a person to work in the day care setting unless—

- (a) the person is fit to work in the day care setting;***
- (b) subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2;***
- (c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.***

(2) The registered person shall not allow a person who is employed by a person (“the employer”) other than the registered person to work in a position where he may have regular contact with service users in the day care setting, unless—

- (a) he is fit to work in the day care setting;***
- (b) the employer has obtained in respect of that person the information and documents specified in Schedule 2; and has confirmed in writing to the registered person that he has done so; and***
- (c) the employer is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person, and has confirmed in writing to the registered person that he is so satisfied;***

(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless—

- (a) he is of integrity and good character;***
- (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work;***
- (c) he is physically and mentally fit for the purposes of the work he is to perform in the day care setting;***
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2;***

In relation to this notice the following eight actions were required to comply with this regulation:

The registered person must ensure that:

1. a robust system is developed and implemented which ensures that all staff and volunteers are recruited and/or employed at all times in accordance with statutory legislation; this includes but is not limited to ensuring that enhanced AccessNI checks are carried out prior to an offer of employment being made and the staff member/volunteer commencing work
2. two satisfactory written references are obtained for all new staff in accordance with statutory legislation, one of which being are provided from from the person's present or most recent employer, (if any)
3. selection and recruitment records are maintained in keeping with best practice and made available for inspection in regard to both staff and volunteers at all times
4. a robust system is developed and implemented so as to ensure that the Registered Manager has effective oversight of the selection and recruitment of all staff and volunteers; this includes but is not limited to the accurate and timely completion of relevant selection and recruitment checklists
5. all staff involved in the selection and recruitment of staff / volunteers have received training in selection and recruitment commensurate with their role and responsibilities and that such training is periodically reviewed in keeping with best practice
6. anyone involved in the selection and recruitment process of staff and/or volunteers can clearly articulate their role and responsibilities in relation to that process
7. the selection and recruitment policy and procedure is reviewed and updated in keeping with best practice and that these clearly define the roles and responsibilities of those involved in the selection and recruitment process
8. robust arrangements are in place to ensure that effective communication of identified selection and recruitment issues are effectively addressed in a timely manner by the Registered Manager and/or Responsible Individual

Action taken by the registered persons:

Review of records evidenced the following in relation to each of the aforementioned actions:

1. Whilst there was evidence that AccessNI checks had been undertaken before staff started employment, deficits were identified in relation to other recruitment practices, such as months not being recorded in the employment histories (therefore we were not assured as to whether gaps in employment existed); and reasons for leaving previous posts had not been recorded. This action has been assessed as partially met.
2. Whilst two references were in place, they did not include one from the staff member's current or last employer. Additionally, there was no evidence retained to verify the source of the reference. This action has been assessed as not met.
3. Whilst a matrix had been developed to retain information pertaining to AccessNI information, there were a number of blank fields on the matrix, which require to be completed. This action has been assessed as partially met.
4. Review of records and discussion with the manager identified that the manger's oversight of the selection and recruitment of staff and volunteers was not effective. The selection and recruitment checklist was inadequate. This action has been assessed as not met.
5. There had been no training provided in respect of recruitment and selection. This action has been assessed as not met.
6. The manager did not articulate their role sufficiently in relation to the recruitment process. This action has been assessed as not met.

7. The selection and recruitment policy and procedure had not been reviewed. This action has been assessed as not met.
8. Given the deficits identified within the recruitment records, it was evident that communication of issues was not effective. This action has been assessed as not met.

Not all actions have been assessed as met, therefore RQIA determined to update the FTC Notice and amend elements of the actions taking account of the progress made by the agency and evidenced during this inspection. The date of compliance with the actions outlined in the FTC Notice (FTC Ref: FTC000209E1) has been extended to 9 June 2023.

FTC Ref: FTC000210

Notice of failure to comply with *The Day Care Setting Regulations (Northern Ireland) 2007*

The Day Care Setting Regulations (Northern Ireland) 2007

Visits by registered provider

Regulation 28.—

- (1) Where the registered provider is an individual who does not manage the day care setting himself, he shall visit the day care setting in accordance with this regulation.*
- (4) The person carrying out the visit shall—*
- (a) interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting; (b) inspect the premises of the day care setting, its record of events and records of any complaints; and (c) prepare a written report on the conduct of the day care setting.*

In relation to this notice the following six actions were required to comply with this regulation:

The registered person must ensure that:

1. quality monitoring visits and reports are robustly and comprehensively completed by the Responsible Individual in keeping with Regulation; the reports must contain a time bound action plan outlining how areas for improvement are to be addressed and/or kept under meaningful review by the Responsible Individual / Registered Manager
2. quality monitoring reports evidence meaningful and timely review by the Registered Manager
3. quality monitoring reports contain feedback from relevant stakeholders
4. monthly quality monitoring visits facilitate robust and meaningful quality assurance of service provision and care delivery; this includes but is not limited to a review of: staff / volunteer selection and recruitment arrangements, staff training records, staff Northern Ireland Social Care Council (NISCC) registrations and fire safety records; the quality monitoring report should include a system for identifying all records sampled during such visits; and action plans contained within such reports should be addressed on a monthly basis
5. the quality monitoring reports are reviewed and signed by the Responsible Individual and the Manager

6. a copy of monthly monitoring reports is maintained within the Day Care Service and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation

Action taken by the registered persons:

Review of records evidenced the following in relation to each of the aforementioned actions:

1. Whilst there were significant improvements with the standard of the quality monitoring visits and reports, these were not sufficiently robust. Whilst there was a time bound action plan, there was no evidence that these actions were followed up during the following months visit. Using the template on the RQIA website should lend itself towards compliance in this area. This action has been assessed as not met.
2. There was no evidence that the quality monitoring reports had been reviewed by the manager in a timely manner. This action has been assessed as not met.
3. Whilst there was a good level of detail recorded in relation to service user and staff feedback, no feedback had been sought or received from service users' relatives or Trust representatives. This action has been assessed as partially met.
4. Monthly quality monitoring visits reviewed a number of areas of service provision and care delivery. However, the person undertaking the visits had not identified the deficits within the training records. In addition, whilst we were able to identify the care records which had been reviewed, the reports did not clearly outline the specific information which required updating. The reports did not carry forward the action plan from the previous month. This action has been assessed as partially met.
5. There was no evidence that the manager had signed the monthly quality monitoring reports. This action has been assessed as not met.
6. Copies of monthly monitoring reports were available for inspection. This action has been assessed as met.

Not all actions have been assessed as met, therefore RQIA determined to update the FTC Notice and amend elements of the actions taking account of the progress made by the agency and evidenced during this inspection. The date of compliance with the actions outlined in the FTC Notice (FTC Ref: FTC000210E1) has been extended to 9 June 2023.

6.0 Quality improvement plan

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ellen Doherty, Registered Manager and Paddy McCarron, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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
 [@RQIANews](https://twitter.com/RQIANews)