

# Inspection Report

9 June 2023



## The Resource Centre Derry

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

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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> The Resource Centre Derry	<b>Registered Manager:</b> Mrs. Ellen Doherty
<b>Responsible Individual:</b> Mr. Paddy McCarron	<b>Date registered:</b> 8 January 2020
<b>Person in charge at the time of inspection:</b> Mrs. Ellen Doherty	
<b>Brief description of the accommodation/how the service operates:</b> 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 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 (WH SCT); one service user pays for their care through the Direct Payments option.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 June 2023 between 9.45 a.m. to 10.45 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.

An inspection of The Resource Centre Derry by Aveen Donnelly, Inspector, on 5 May 2023 found that there was evidence of progress to comply with the Failure to Comply Notices and it was agreed that an extension would be granted to ensure full compliance was achieved. FTC000208E1, FTC000209E1 and FTC000210E1 were issued with a compliance date of 9 June 2023.

This inspection was planned to assess compliance with the actions detailed in the FTC notices. The outcome of this inspection evidenced that the necessary improvements to comply with the regulations set out in the notices listed above had been made.

### 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 was 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 5 May 2023 by a care inspector. No areas for improvement were identified.

#### 5.2 Inspection findings

**FTC Ref: FTC000208E1**

**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 deficits 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. Review of records confirmed compliance with training requirements. This action has been assessed as met.
3. Review of the induction forms identified that they had been further developed to address the deficits. This action has been assessed as met.
4. A care record audit tool had been developed and was satisfactory. This action has been assessed as 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.

Evidence was available to validate compliance with the Failure to Comply Notice.

**FTC Ref: FTC000209E1**

**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 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 were no new staff employed since the last inspection, examination of the recruitment processes identified that the recruitment processes were now robust. This action has been assessed as met.
2. Whilst there were no new staff employed since the last inspection, examination of the recruitment processes identified that the recruitment processes were now robust. This action has been assessed as met.
3. Review of the recruitment matrix identified that it had been fully completed in terms of the AccessNI checks. This action has been assessed as met.
4. A robust selection and recruitment checklist was in place. This action has been assessed as met.
5. Training had been provided to relevant staff in relation to recruitment and selection. This action has been assessed as met.
6. The manager articulated their role in relation to the recruitment process. This action has been assessed as met.
7. The selection and recruitment policy and procedure had been reviewed. This action has been assessed as met.
8. Discussion with the manager evidenced a robust system in place to ensure that any selection and recruitment issues are communicated in a timely manner. This action has been assessed as met.

Evidence was available to validate compliance with the Failure to Comply Notice.

**FTC Ref: FTC000210E1**

**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. Review of the monthly quality monitoring reports identified that they were sufficiently robust. There was evidence of timely follow up in relation to actions identified on the previous month's report. This action has been assessed as met.
2. There was evidence that the quality monitoring reports had been reviewed by the manager in a timely manner. This action has been assessed as met.
3. There was evidence of feedback from all stakeholders. This action has been assessed as met.
4. Monthly quality monitoring reports reviewed identified significant improvements in the level of detail recorded. This action has been assessed as met.
5. The manager had signed the monthly quality monitoring reports. This action has been assessed as met.
6. Copies of monthly monitoring reports were available for inspection. This action has been assessed as met.

Evidence was available to validate compliance with the Failure to Comply Notice.

## 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, 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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)