

Inspection Report

6 September 2021



The Resource Centre Derry

Type of Service: Day Care Service
Address: Carnhill, Racecourse Road,
Derry. BT48 8DA.
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Assurance, Challenge and Improvement in Health and Social Care

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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: This 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 and is managed by The Resource Centre Derry.	

2.0 Inspection summary

An unannounced care inspection took place on 6 September 2021 between 10.15am and 1.15pm.

This inspection focused on staff recruitment and the day centre's governance and management arrangements as well as staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance. This inspection also sought to assess progress with issues raised in the last quality improvement plan (QIP).

Service users said that they were very satisfied with the standard of care and support provided.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day centre. This included the previous inspection report and QIP, written and verbal communication received since the last care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day centre's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

During the inspection, we discussed any complaints that had been received and any incidents which had occurred, with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day centre. This included service user/relative questionnaires and a staff poster.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day centre. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with a number of service users and staff, including the manager.

Service users' comments:

- "There would be no need ever to complain here."

A number of service users returned questionnaires. The respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led. Comments included:

Service users' comments:

- "Well looked after."
- "I would like more activities, music and dancing."

No staff responses were received within the timescale requested.

5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 27 March 2019; two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 31 May 2019	The registered person shall provide written confirmation that alteration to the buildings plumbing system has been carried out in accordance with best practice for the control of Legionella bacteria in the water system.	Met
	Action taken as confirmed during the inspection: Following the date of the last inspection, RQIA received written confirmation in relation to this matter.	
Area for improvement 2 Ref: Standard 22.2 Stated: First time To be completed by: 30 April 2019	The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.	Met
	Action taken as confirmed during the inspection: The review of records confirmed that supervisions had been undertaken with staff every three months.	

5.2 Inspection findings

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

The day centre's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and 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 a number of staff who had completed Designated Officer training in respect of Adult Safeguarding. However, they did not have an identified Adult Safeguarding Champion (ASC), in keeping with the regional policy. This was discussed with the manager who agreed to attend the appropriate training for this role. Discussion was also undertaken in relation to the need for the organisation to prepare an annual adult safeguarding position report. This will be reviewed at a future inspection.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

It was confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

The manager confirmed that no matters had been raised to her under the whistleblowing procedures.

The day centre has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regards to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their role. However, the manager was not aware of DoLS training. This training is required to ensure that staff understand that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager submitted evidence to RQIA on 8 September 2021, which confirmed that all staff had since completed the required training. The manager confirmed that no restrictive practices were used in the day centre.

On entering the day centre the inspector's temperature was obtained by the manager who advised that this is completed on all persons entering the day centre in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of Infection Prevention and Control (IPC) measures in place such as personal protective equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Hand sanitisers were strategically located throughout the day centre.

There were numerous laminated posters displayed throughout the day centre to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC practices.

5.2.2 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day centre and that the staff team had all worked in the day centre for a number of years. However, it was identified that one staff member, who had transferred roles within the day centre did not have the appropriate checks undertaken in accordance with the regulations and minimum standards. An area for improvement has been made in this regard.

Discussion with the manager confirmed that the last staff member employed as care staff had not been provided with an induction. An area for improvement has been made in this regard.

It was noted that one staff member, who was nearing the end of their six month registration period, had yet to submit an application to register with NISCC. The manager agreed that this staff member would be removed from caring duties until the application had been submitted. It was agreed that confirmation of this would be submitted to RQIA by email on 9 September 2021. RQIA was satisfied with this action.

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

The manager advised that none of the service users had been assessed by SALT in relation to dysphagia needs. The manager agreed to source training for staff on Dysphagia should this be required in the future.

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. Quality monitoring visits had been undertaken on a monthly basis. A sample of reports viewed from June to August 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day centre was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day centre's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day centres policies and procedures.

It was established during discussions with the manager that the day centre had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection finding, two areas for improvement relating to safe care were identified. These suggest that the management of the day centre needs to improve. Despite this RQIA are satisfied that the care is effective and compassionate.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ellen Doherty, 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 Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 21 (d) Stated: First time To be completed by: Immediate from the date of the inspection	The registered persons shall ensure that all newly appointed staff have the required pre-employment checks undertaken, before they commence working in the day care setting. Ref: 5.2.2 Response by registered person detailing the actions taken: .All staff have completed Access NI checks. We have also reviewed and updated all systems in our HR & Admin department in relation to current and new employees.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 21.1 Stated: First time To be completed by: Immediate from the date of the inspection	The registered persons shall ensure that newly appointed staff complete a structured orientation and induction. Ref: 5.2.2 Response by registered person detailing the actions taken: HR & Admin department have reviewed the induction process. All documentation has been updated in line with current legislation and guidelines

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



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