



Inspection Report

Name of Service:	The Resource Centre Derry
Provider:	The Resource Centre Derry
Date of Inspection:	4 November 2024

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
Responsible Individual:	Mr Paddy McCarron
Registered Manager:	Mrs Ellen Doherty
Service Profile: The Resource Centre Derry is a registered Day Care Setting which provides care and day time activities for up to 30 service users, who are all over the age of 65 and may be frail and/or have dementia.	

2.0 Inspection summary

An unannounced inspection took place on 4 November 2024 from 10.00 a.m. to 4 p.m. by a care Inspector

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 September 2023; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the day care setting, including; recruitment practices, management of care records, fire evacuations and the reporting of potential safeguarding concerns. Areas for improvements also included the need for additional staff training, storage arrangements of incontinence products and medicines; and a number of governance/managerial reports.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 day care setting. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

3.2 What people told us about the day care setting

We spoke to a range of service users and staff to seek their views of attending and working within The Resource Centre Derry.

Through actively listening to of the service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users spoke positively about their experience of attending the day care setting; they said they liked attending the day centre and that the staff were great.

Staff spoke very positively in regard to the care delivery in the day care setting. One told us that they felt their job was 'not like a job at all' while another stated, that if they had any concerns 'they would be acted upon immediately'.

The information provided indicated that there were no concerns in relation to the day care setting.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

We did not receive any responses from the staff online survey.

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

Areas for improvement from the last inspection on 19 November 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (2)(b)	The registered person shall ensure that care reviews are undertaken in keeping with the policies and procedures.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the day care setting's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. There was evidence of physical and mental health assessments for all staff. However, improvements were identified regarding the staff references which were not consistently received from an appropriate person within the staff member's previous employment. References should also be relevant in terms of seeking a reference from the staff member's previous care related role, regardless of whether or not this was their last employment. It was also advised that the emails by which the references are received, are printed and attached to the references, to enable verification of same. Proof of the staff member's identity, including recent photographs were not retained in the recruitment records. There was no record of the staff member's date of birth in the records reviewed, therefore it was difficult to establish when the employment history should have started.

There was a number of volunteers working within the day care setting. Review of recruitment records of volunteers also noted that there was one reference received, rather than two references, as outlined in the minimum standards. An area for improvement has been identified.

These matters were discussed with the manager who agreed to resume use of the service's recruitment checklist. It was also agreed that the application form would be further developed to ensure applicants record the capacity in which their referees are known to them.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. However, training was required to be provided in relation to Diabetes Awareness and in relation to stoma care. An area for improvement has been identified.

There was evidence of robust systems in place to manage staffing. Sufficient staff were on duty to help the service users. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

3.4.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Staff were also observed offering service users in the activities they wanted to engage in.

There was also a communication book in place which staff were required to sign every day. The communication book included important information about the service users, especially changes to care, that they needed to assist them in their roles.

Where a service user was at risk of falling, measures to reduce this risk were put in place.

Services users were afforded privacy when being assisted to the bathroom.

Service users had good access to food and fluids throughout their day. Service users were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every service user received their meals in accordance with their assessed needs.

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. An activities planner was displayed in the communal area. Activities included games, chair exercises, music and movement, arts and crafts and relaxation sessions.

3.4.3 Management of Care Records

Service users' needs were assessed when they first attended the day care setting. Following this initial assessment, they were assessed again at a ten-day and six-week interval.

Care plans were developed to direct staff on how to meet the service users' needs. However, review of records identified that the care plans were not sufficiently detailed and they did not contain any person centred information, such as the service users' likes and dislikes. Additionally, they had not been updated following the service users' care reviews, which identified specific direction as to the service users' care and treatment. An area for improvement has been identified.

We were advised that service users sign a service user agreement when they first attend the day care setting. However, review of records identified that this had not been completed with the first five full days of attendance. The manager explained that this was due to the service users being provided with updated Service User Agreements. However, the previously signed agreements were not available for inspection. Additionally, the service user agreement reviewed did not specify the sessions/days of attendance. An area for improvement has been identified in this regard.

Service users, where possible, were involved in planning their own care and the details of care plans were shared with their relatives, if this was appropriate.

3.4.4 Quality and Management of the Environment

The day care setting was clean and tidy, suitably furnished, warm and comfortable.

A fire risk assessment had been completed on 20 June 2024. Whilst there was evidence of regular fire safety checks, the staff had not undertaken a fire evacuation. An area for improvement has been identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment. However, an area for improvement was identified in relation to the storage of incontinence wear in the bathroom.

3.4.5 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Ellen Doherty has been the Registered Manager since 8 January 2020. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

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; complaints; safeguarding matters; staff recruitment and training, and staffing arrangements.

Discussion with the manager and a review of records identified that all incidents had not been recorded in keeping with best practice. An identified incident had occurred in a service user's own home, prior to being collected by day care staff.

Whilst the manager described the action taken by the staff member as being appropriate, this had not been recorded in the incident/accident report book. The manager explained that this had not been completed, as the incident had not occurred within the day care setting. This is not in keeping with good practice. Incident reports should be completed and shared with the Trust keyworker, where there is involvement of the day care setting staff.

Similarly, discussion took place regarding the incidents which are required to be notified to RQIA. Whilst RQIA had been notified appropriately on all incidents which occurred within the day care setting, the registered person agreed to notify RQIA of other incidents that may occur outside the day care setting where they may involve the day centre staff, in keeping with best practice.

The day care setting's provision for the welfare, care and protection of service users was reviewed. There was a procedure in place for staff to report concerns; however, it was identified that where a concern had been raised by a service user, this had not been recognised as a potential safeguarding incident and had not been communicated to the Adult Protection Gateway Service. An area for improvement has been identified.

Additionally, an area for improvement has been identified in relation to the Adult Safeguarding Position report which had not been formulated.

An area for improvement has also been identified in relation to the Annual Quality Report which had not been completed.

All staff had been provided with training in relation to medicines management. Whilst the staff did not administer medicine to any of the service users, it was identified that a service users' prescription was delivered to the day care setting on a specific day of the week. There was no system in place for recording the receipt of the medicine, nor was there a safe storage area for the medicine, before it was given to the service user to take home. Additionally, there was a service user who administered their own medicine, which was stored on their person. This posed a risk to other service users, given that there was no record of the medicine the service user was taking. An area for improvement has been identified to ensure that arrangements are made for the safe storage of medicines for service users who self-administer and medicines that are delivered to the day care setting.

Discussion with the manager and review of records identified that the volunteers' duties included assisting staff with the serving of refreshments/meals. This increases risk to service users given that the volunteers had not completed training in respect of Dysphagia. Following the inspection, the policy on the use of volunteers was amended to include that volunteers should not be involved in the serving of refreshments/meals until they have received training in respect of Dysphagia awareness. Advice was also given regarding the system of communicating to volunteers, the service users who require modified/diabetic diets or those that may have allergies.

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and immediately implemented a system to record these checks.

The manager described the system in place for managing instances where a service user did not attend the day centre as planned; however, there was no formalised protocol in place, to

ensure that all staff are aware of the procedure to follow should this occur. Following the inspection, the protocol on non-attendance at day care was submitted to RQIA.

The day care setting's registration certificate was displayed appropriately. Following the inspection, evidence of insurance was submitted to RQIA. The manager agreed to display these certificates in future.

Whilst we were assured that all staff were registered with the Northern Ireland Social Care Council (NISCC), the manager was advised to undertake monthly checks of the NISCC register to ensure that all staff remained registered.

Staff told us that they would have no issue in raising any concerns regarding service users' safety, care practices or the environment and that they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ellen Doherty, 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 Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 21 (3)(d) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that references are received from an appropriate person within any staff member's previous employment and that references are sought from a care related employer, as appropriate; and two references must be sought for any volunteers. Ref: 3.4.1
	Response by registered person detailing the actions taken: H.R. have been informed not to accept any references unless from a manager in a care environment, all correspondence will be kept also. Two references will be sought for all volunteers.
Area for improvement 2 Ref: Regulation 16(1) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that care plans are comprehensive, person centred; and are updated following any care reviews. Ref: 3.4.3
	Response by registered person detailing the actions taken: All care plans will be comprehensive, person centred and will be updated following all care reviews.
Area for improvement 3 Ref: Regulation 26 (4)(f) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that all staff attend a fire evacuation and that records are retained for inspection purposes. Ref: 3.4.4
	Response by registered person detailing the actions taken: Fire evacuation drill took place on 7 th of November 2024.

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that potential safeguarding concerns are notified, without delay, to the Adult Protection Gateway Service.</p> <p>Ref: 3.4.5</p> <p>Response by registered person detailing the actions taken: All potential safeguarding concerns will be reported immediately to the Adult Protection Gateway Service.</p>
<p>Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that staff are provided with training, by whatever means, in relation to Diabetes Awareness and in relation to stoma care.</p> <p>Ref: 3.4.1</p> <p>Response by registered person detailing the actions taken: Diabetes and Stoma training for staff will be booked as soon as possible.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all previously signed Service User Agreements are retained; and that the Service User Agreement contains all the relevant information as stipulated in 3.1 of the Minimum Standards.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: All service users previously signed documents will be kept at the back of their files.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that incontinence products are stored within their original plastic wrapping, in keeping with best practice in infection prevention and control.</p> <p>Ref: 3.4.4</p> <p>Response by registered person detailing the actions taken: Incontinence products are now kept in their original plastic wrapping.</p>

Area for improvement 4 Ref: Standard 13.1 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall complete the Adult Safeguarding Position report. Ref: 3.4.5 Response by registered person detailing the actions taken: Adult Safeguarding Position Report completed on 6 th of November 2024
Area for improvement 5 Ref: Standard 17.11 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the Annual Quality Report is completed. Ref: 3.4.5 Response by registered person detailing the actions taken: Annual Quality Report will be completed as soon as possible.
Area for improvement 6 Ref: Standard 31 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that arrangements are made for the safe storage of medicines for service users who self-administer and medicines that are delivered to the day care setting. Ref: 3.4.5 Response by registered person detailing the actions taken: Families contacted waiting on their consent.

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



The Regulation and
Quality Improvement
Authority

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



Twitter: @RQIANews