



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Rathmoyle Resource Centre
Provider: Northern Health and Social Trust
Date of Inspection: 27 May 2025

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:	Northern Health and Social Trust
Responsible Individual:	Ms. Jennifer Welsh
Registered Manager:	Mrs Patricia Brown
Service Profile: 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.	

2.0 Inspection summary

An unannounced inspection took place on 27 May 2025, between 9.30 am and 1.30 pm 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 27 November 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 safe, effective and compassionate care was delivered to service users and that the day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Rathmoyle Resource Centre was an excellent experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 day care setting 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, 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 working in, attending 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 service

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

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The service users were laughing and smiling with the staff and it was evident that they were very happy. The service users said that the staff were 'kind' 'very helpful' and 'funny' and that there was 'lots of craic' there. Staff told us that they all 'pulled together' to make sure the needs of the service users were met. One staff member described coming into the day care setting as being 'like a breath of fresh air'; they described how the staff put the service users first and that they feel like each staff member has a 'genuine commitment to the service users'. A relative told us that their loved one 'loves' attending the day care setting and they had no issues whatsoever. A HSC Trust representative spoken with described the staff as being 'knowledgeable, motivated and interested in making the day care setting the best it can be for the service users'. Further detail is provided in section 3.3.4.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

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. There was evidence of robust systems in place to manage staffing.

Whilst the day care setting had temporarily been short staffed, it was evident that there was good team work and staff felt well supported in their role. The staff knew the service users' needs well and knew them well and knew how best to help them.

Review of the agency's staff recruitment records confirmed that all 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 that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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 agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

There was a system in place for monitoring staff compliance with mandatory training requirements. It was good to note that staff training was also reviewed as part of the monthly quality monitoring process.

Service user specific training had also been provided to staff. For example, where a service user required a specialist pump the management of a medical condition, staff had been provided with the required training. It was good to note that all staff had completed this training, despite some of the staff not administering medicines as part of their roles and responsibilities. It was evident that the staff had volunteered to undertake this training, to ensure the service user could be supported safely with this aspect of their care, whilst on day outings. This is commended.

All staff received regular supervision and procedures were in place for appraising staff performance. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Care Delivery

There was a daily staff briefing at the beginning of each shift, which included information about staff allocations; daily tasks and duties; and any changes to the service users' care, that the staff needed to assist them in their roles. During this meeting a Meal-time coordinator was identified for the day.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff interactions with service users were observed to be friendly and supportive and they were observed being respectful, understanding and sensitive to service users' needs.

Service users were well informed of the activities planned in advance and of their opportunity to be involved and looked forward to attending the planned events. Service users' needs were met through a range of individual and group activities such as zumba, boccia, crazy golf, puzzles and horse riding. Service users attended cookery and art classes and they were also offered the opportunity to attend dance lessons.

Plans were in place for the service users to attend the Learning Disability Pride Parade and to perform Makaton songs at an event in the Marine Hotel. A number of service users were also supported to achieve the Duke of Edinburgh / Gaisce – The President's Award.

These awards challenge young people to set and pursue personal goals in relation to community involvement, personal skills, physical recreation and their adventure journey. Supporting service users to attain this qualification is commended.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Observation of the lunch time meal evidenced that there were robust systems in place to manage service users' nutrition and mealtime experience. It was observed that service users were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those service users who required a modified diet. It was evident that staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed.

3.3.3 Management of Care Records

There was a process in place to ensure that service users' needs were assessed when they were first referred to the day care setting and before they first attended. These assessments comprised of assessments that had been completed as part of the referral process and also assessments that were undertaken in the day care setting.

Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

The service users care was reviewed on a regular basis and at least on an annual basis, where the aligned Trust' representative attended. It was good to note that the manager tracked the dates the annual reviews were undertaken.

Additionally, there was a Speech and Language Therapy (SALT) folder available to staff, which contained each service users' SALT care plan. This ensured that all staff were aware of any specific modified diet the service users required. There was also a visual prompt discretely displayed in the dining room, so that staff could see which service user required more direct supervision when eating.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the appropriate documentation was in place.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Patricia Brown has been the manager in this day care setting since 3 October 2017.

The staff consulted with commented positively about the manager and described her as 'fantastic' and 'great'. One Trust' representative spoken with praised the manager's leadership skills and gave examples of how the manager has always been 'very open to new ideas' and that she 'encourages the staff to develop their own skills'.

It was also noted that the manager embraced the inspection process; this was evident in the sharing of inspection reports with staff. The manager praised the collective attributes of the staff throughout the inspection process and stated that any good practice identified was due to the team effort.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

There was a process in place to manager complaints; none had been received since the date of the last inspection. It was good to note that the service users had been provided with information on how to make a complaint and this was provided to them in an easy read version.

Review of incident records identified that they were managed appropriately.

The annual quality report was due to be completed. Advice was given in relation to adding in more detail regarding the service users, relative, staff and visiting professional feedback. The manager welcomed this advice and agreed to include this in the next report.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. In the Trust, this person is called the Designated Adult Protection Officer (DAPO). A specific individual was identified as the day care setting's DAPO. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a system in place to ensure that the bus was checked every time it parked up; this ensured that all service users had safely left the bus.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the day care setting.

3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

The décor of the day care setting included photographs of the service users enjoying various activities. There was also a very large arrangement of trophies displayed which the service users had won at pool tournaments. It was evident that this was given pride of place with the day care setting, so that the service users and anyone visiting could see the achievements of the service users and the potential for any service user who may attend. The display of trophies conveyed a sense of ownership that was evident throughout the day care setting.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the day care setting was safe to attend.

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 and staff practice to ensure compliance.

A fire risk assessment had been completed on 19 September 2024; fire safety checks were undertaken on a regular basis; and fire evacuation drills had taken place. A small number of staff had been absent on the day of the fire evacuation drill; following the inspection, the manager confirmed to RQIA that this matter had been addressed.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Patricia Brown, Manager, as part of the inspection process and can be found in the main body of the report.



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