The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Resource Centre Derry

Provider: The Resource Centre Derry

Date of Inspection: 4 December 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:	The Resource Centre Derry
Responsible Individual:	Mr Paddy McCarron
Registered Manager:	Mrs Ellen Doherty
Service Profile: The Resource Centre Derry is a Day Care Setting that is registered to provide care and day time activities to service users over the age of 65, who may also be frail and\or, have dementia. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection took place on 4 December 2025, between 10.30 am and 4.30 pm by a care Inspector.

The inspection was undertaken to evidence how the service 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 4 November 2024; and to determine if the service 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.

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.

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 agency 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 the previous Quality Improvement Plan 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 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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

3.2 What people told us about the service and their quality of life

Through active listening, 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 enjoy attending and that the staff were good. One told us that the food is good and that they enjoy taking part in the activities provided.

Staff told us they loved their job, they had no concerns about the Day Centre, and that the manager was approachable. They also shared that they felt confident to raise any concerns and found the training provided very good.

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

3.3 Inspection findings

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

Review of the day care settings staff recruitment records confirmed that all pre-employment checks, including references and criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There was evidence that newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included stoma care, Diabetes Awareness, Medication Management, Deprivation of Liberties Safeguards (DoLS), Adult Safeguarding, and Dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role.

Procedures were in place for appraising staff performance and staff confirmed that supervisions and appraisals had taken place.

Observation during the inspection evidenced that there was enough staff present to respond to the needs of the service users in a timely manner.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There were no volunteers deployed in the day care setting.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles.

Staff were knowledgeable of individual service user's daily routine, wishes and preferences. There was a system in place that the activities offered to service users were tailored towards their individual needs and preferences.

Staff were observed to be prompt in recognising service users' needs. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to the needs of the service users.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency, and before care delivery commenced. 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.

Service user agreements were retained and contained the relevant information as stipulated in the Minimum Standards.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care reviews had been undertaken in keeping with the agencies policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

Service users care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

3.3.4 Quality of Management Systems and Management of the Environment

There has been no change in the management of the agency since the last inspection. Mrs Ellen Doherty has been the manager in this agency since 8 January 2020.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's 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; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints have been received since the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Day Centres are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's safeguarding policy. The manager was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The annual safeguarding position report had been completed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice.

There was evidence that systems and processes were in place to manage infection and control, which included regular monitoring of the environment. It was evidenced that incontinence

products were stored in their original packaging in keeping with best practice in infection prevention and control.

There was a system in place for the safe storage of medicines for service users who self-administer, and medicines that are delivered to the day setting.

There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection fire doors were observed to be unobstructed.

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

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

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

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 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

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