The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glenmona Resource Centre

Provider: Northern Health and Social Care Trust

Date of Inspection: 14 April 2026

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 Care Trust
Responsible Individual/Responsible Person:	Mrs. Suzanne Pullins
Registered Manager:	Mrs. Anne Heggarty
Service Profile – Glenmona Resource Centre is a registered day care setting with a maximum of 25 places. It provides care and day time activities for people aged over 18 years of age with a range of care needs.	

2.0 Inspection summary

An unannounced inspection took place on 14 April 2026, from 9.50 am to 12.50 pm. It was carried out by a care Inspector.

The last care inspection of the day care setting was undertaken on 6 February 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; 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. No areas for improvement were identified during this inspection.

Service users said that the care and support provided by the day care setting was a positive 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.

It was established 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.

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 service. 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 will seek the views of those attending and working within 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 and their quality of life

Service users spoke positively about their experience of attending the day care setting; they said they enjoyed attending the day care setting and that 'all was good'.

Staff spoke very positively in regard to the care delivery in the day care setting. They described how they worked well together and 'played to each other's strengths'.

The information provided indicated that those we spoke with did not have any concerns in relation to the care and support provided within 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 effective systems in place to manage staffing. Sufficient staff were on duty to support the service users. Staff said that there were enough staff to meet the needs of the service users. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles. The records included the names and signatures of those attending the training event, the dates of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

3.3.2 Care Delivery

Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

There was evidence of a wide range of activities on offer to service users. This included arts and crafts, gardening, music and knitting. Items used for craft activities were stored in a safe and secure manner.

Service users had good access to food and fluids throughout the day. Food provided was observed to be well presented and service users were offered a choice.

The day care setting had facilitated service user meetings on a regular basis. This enabled the service users to discuss what they wanted to achieve from attending the day care setting and any activities that they would like to become involved in.

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

All staff had been provided with training in relation to medicines management. The manager advised that no service users currently required support from staff with their medication.

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

Equipment retained within the day care setting for use with service users in the event of an emergency e.g. a hoist was maintained in accordance with manufacturer's guidance.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting 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.

There was evidence that staff recorded regularly details of the care and support provided or any changes to the service users' needs.

Care records were person centred, and regularly reviewed and updated to ensure they continued to meet the service users' needs. Service users, where possible, were involved in planning their own care. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

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. Anne Heggarty has been the registered manager in this day care setting since 2013. Staff commented positively about the manager and described her as supportive, approachable and able 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, and 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. RQIA noted a comment from one service user's relative - 'An excellent service. Could not speak highly enough of it'.

RQIA had been notified of any incidents in keeping with the regulations. Incidents had been managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. There was a comprehensive Safeguarding Resource File in place that had been read by all staff. This ensured that policies and procedures were readily available and easily accessible for staff within the setting, along with clear guidance as to the process for escalating concerns and making a referral in regards to adult safeguarding in a timely manner. All staff, including ancillary staff, had received training in respect of adult safeguarding, in line with the day care setting's policy and procedures.

There was a process in place to manage any complaints; none had been received since the last care inspection. The manager had received training in the investigation of complaints. It was positive to note that a number of compliments had been received by the day care setting since the last inspection.

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.

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 23 September 2025. 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. It was positive to note that all care staff were trained as Fire Wardens. 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.

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 the 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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