

# Inspection Report

28 January 2022



## Strabane and District Caring Services

Type of service: Day Care Setting  
Address: 32-36 Bridge Street, Strabane, BT82 9AE  
Telephone number: 028 7188 4986

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Strabane and District Caring Services	<b>Registered Manager:</b> Jacqueline Timoney
<b>Responsible Individual:</b> Jacqueline Timoney (registration pending)	<b>Date registered:</b> 16 October 2009
<b>Person in charge at the time of inspection:</b> Jacqueline Timoney	
<b>Brief description of the accommodation/how the service operates:</b>  Strabane and District Caring Services is a day care centre that provides care, support and day time activities for up to ten service users who have physical health, sensory impairment or have an acquired brain injury. The day care setting is open three days per week on Monday, Wednesday and Friday.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 28 January 2022 between 10.00 a.m. and 16.00 p.m. by the care inspector.

This inspection focused on safeguarding, whistleblowing, notifications, complaints, staff registration with the Northern Ireland Social Care Council (NISCC), recruitment, Deprivation of Liberty Safeguards (DoLS), dysphagia arrangements, care/support records, recruitment, monthly monitoring and Covid-19 guidance.

This inspection also sought to assess progress with issues raised in the last quality improvement plan (QIP).

Good practice was identified in relation to systems in place for disseminating Covid-19 related information to staff, person-centred practice and the level of support provided to service users engaging in activities within the wider community. In addition, good practice was identified in relation to NISCC registration.

One area for improvement was identified in relation to the management of records.

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

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Questionnaires and electronic survey was provided for service users/ relatives and other stakeholders to request feedback on the quality of service provision

### 4.0 What people told us about the service

We spoke with one service user and three staff members on the day of inspection. All spoke positively about the care and service provided by the day service. No service users/relative questionnaires were received and no staff responded to the electronic survey.

#### Service users' comments

- "Happy here."
- "Like playing basketball games."
- "Like going out for lunch."

#### Staff comments

- "During Covid I have felt safe, as the place is well ventilated and there is loads of PPE."
- "My training is always kept up to date and we do extra training, for example brain injury training."
- "I had a very, very good induction."
- "I have completed my NISCC workbook."
- "I love my job."
- "I feel supported by the manager."

## 5.0 The inspection

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

The last inspection to Strabane and District Caring Services Day Care Setting was undertaken on 15 January 2020; areas for improvement were identified.

Areas for improvement from the last inspection on 15 January 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 26 (4) (a)  <b>Stated:</b> First time	The registered person shall ensure the fire risk assessment for the day care setting is reviewed in a timely manner.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed a current fire risk assessment, dated 2 March 2021, was available to review.	
<b>Area for Improvement 2</b>  <b>Ref:</b> 31(e) (iii)  <b>Stated:</b> First time	The registered person shall inform RQIA in writing of the change of Responsible Individual.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the registered person had made contact with RQIA with regard to the change of Responsible Person within the specified timeframe.  Progression for a new application deadline has been identified. New application to be submitted to RQIA by 25 February 2022.	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered person shall ensure a competency and capability assessment for persons left in charge of the centre in the absence of the manager is completed.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a competency assessment for the person left in charge was available and up to date at the time of inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time	The registered person shall ensure a record of all service users' meetings is maintained.  Ref: 6.6	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that service user meetings have taken place with records maintained.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.7  <b>Stated:</b> First time	The registered person shall amend the statement of purpose in regard to the change of responsible individual and forward the revised copy to RQIA.  Ref: 6.7	<b>Met</b>
	<b>Action required to ensure compliance with this standard was reviewed as part of this inspection.</b> Inspector confirmed that a revised copy of the statement of purpose was sent to RQIA.	

## 5.2 Inspection findings

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

Following review of the registration process for the registered individual (RI), it is identified that the current pending RI would not be suitable for registration. The manager has given assurances that an RI would be identified and an application would be submitted to RQIA before 25 February 2022. Recent communication with the manager on the 14 February 2022 confirmed that a new RI has been identified and this application is being progressed.

The agency'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 an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and reviewed thereafter. The adult safeguarding training data reviewed evidenced that all staff had completed adult safeguarding training.

Staff spoken with indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the person in charge indicated that no adult safeguarding referrals had been made since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had reported since the last inspection.

Review of the training records identified that staff required Dysphagia training and Deprivation of Liberty Safeguards (DoLS) training. The manager confirmed that Dysphagia training would be offered to all staff, with a deadline for completion by 14 February 2022. In addition, all staff would be offered (DoLS) training with a deadline for completion by 28 February 2022. Written confirmation was received from the manager on 15 February 2022 outlining the schedule for completion of this training. These areas will be examined at the next inspection.

Staff spoken with demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Staff spoken with also had knowledge of restrictive practices.

The manager advised that no service users currently attending the day care service were subject to DoLs.

A review of support/care plans identified that some assessment had not been signed or dated by the appropriate persons, hence it was difficult to identify the most up to date assessments. An Area for improvement was identified in respect of this. The manager gave assurances that an audit of these files would take place as a matter of priority and all support/care plans and assessments would be signed by the appropriately persons and dated.

The manager reported that the service does not handle service user money.

It was noted that an alcove off the activity room contained a number of boxes and chairs. The manager advised that this area was not used by service users. It was discussed with the manager that these items should be more appropriately stored. The manager gave assurances that these items would be removed and stored appropriately.

The environment was warm and welcoming. There were a number of different activities for the service users to avail of, including video games and a service user was seen to be playing a video game with the staff present. The service user spoke with the inspector and advised of their enjoyment playing video games.

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

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting.

The manger advised that there are no current service users attending the day care service who have difficulty swallowing requiring a SALT assessment.

### **5.2.3 Are their robust systems in place for staff recruitment?**

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of the staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

The manager confirmed that there are no volunteers working within the day care service.

#### 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. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of accident/incidents; safeguarding matters; complaints; staff recruitment, training and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints were managed in accordance with the organisation's policy and procedures and reviewed as part of the agency's monthly quality monitoring process.

### 6.0 Conclusion

Based on the inspection findings and discussions held, RQIA was satisfied that the service was providing safe and effective care in a caring and compassionate manner; and that the service is well led.

One area for improvement was identified in relation the management of records.

### 6.1 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline Timoney (Registered 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 Settings Minimum Standards, 2021	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5: 5.6  <b>Stated:</b> First time	The registered person shall ensure that all current service user care/support plans and assessments are signed and dated by the appropriate persons.  Ref: 5.2.1
<b>To be completed by:</b> Immediately and on-going.	<b>Response by registered person detailing the actions taken:</b> The Registered Person will ensure all current and updated care/support plans and assessments are signed and dated by the appropriate persons.

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



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