

# Inspection Report 6 August 2021



## Strule-Erne Activity Centre

Type of service: Day Care Setting  
Address: c/o Tennis Pavillion, Bawnacre Centre, Irvinestown, BT94 1EE  
Telephone number: 028 6862 2403

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Strule-Erne Day Care  <b>Responsible Individual:</b> Mrs Mary Sharkey	<b>Registered Manager:</b> Mrs Laura Kelly  <b>Date registered:</b> 1 April 2011
<b>Person in charge at the time of inspection:</b> Mrs Laura Kelly	
<b>Brief description of the accommodation/how the service operates:</b> Strule-Erne Activity Centre is a day care setting with up to 24 places that provides care and day time activities to service users with a learning disability. The centre is open for service users Monday, Wednesday and Friday and is operated by Strule-Erne Day Care.	

## 2.0 Inspection summary

An unannounced care inspection took place on 6 August 2021 between 10.35am and 2.10pm.

This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

## 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.

Prior to inspection we reviewed the information held by RQIA about this day centre. This included the previous inspection report and Quality Improvement Plan (QIP) written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day centre's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day centre. This included service user/relative questionnaires and a staff poster. Two service users' responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day centre. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with four service users and two staff including the manager.

##### Service users' comments:

- "Staff are always lovely."
- "I like coming here and I like knitting and planting flowers."
- "Staff always ask how I am and I can choose what I want to do and when."
- "I am safe here."
- "Staff always wear their masks and they do lots of extra cleaning."
- "Staff are good to me."
- "I enjoy coming to the centre and missed coming when the centre was closed."

##### Staff comments:

- "A lot of work has taken place since Covid-19 to ensure service users are safe in the centre."
- "Individual care and support provided."
- "Small team and we all work well together."
- "We are here for the service users to ensure that they have a good day at day care."
- "One service user attending today has dysphagia needs. Speech and Language Therapist recommendations and dysphagia placemat available to all staff."
- "I have done all my mandatory training including infection, prevention and control, fire safety, DoLS and dysphagia awareness. Lots of training given."
- "Good communication and support."

## 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 of the service was undertaken on 14 February 2020 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 14 February 2020		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.7  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	It is recommended that the staff duty roster should clearly indicate the time that each shift commences and concludes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the staff duty rosters, for a three week period, evidenced that this area for improvement had been satisfactorily addressed.	

## 5.2 Inspection findings

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

The day centre'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). It was positive to note that the adult safeguarding position report had been completed.

Discussions with the manager demonstrated 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 confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

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

The day centre has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regards to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager confirmed that no restrictive practices were used in the day centre.

On entering the day centre the inspector's temperature and contact tracing details were obtained by the manager who advised that this is completed on all persons entering the day centre in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of infection prevention and control (IPC) measures in place such as personal protective equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day centre. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose.

There were numerous laminated posters displayed throughout the day centre to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

### 5.2.2 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day centre and that the staff team had all worked in the day centre for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day centre are currently registered with 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 minimum standards. The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses.

Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

It was noted that a number of service users have been assessed by SALT in relation to dysphagia needs and specific recommendations made. Staff were implementing the recommendations to ensure the care received was safe and effective for each individual service user.

It was positive to note all staff had undertaken dysphagia awareness training. The discussions with staff and review of service user care records indicated that they had a good understanding of the needs of individual service users with regards to swallowing difficulties and any modifications to their food and fluid intake.

### 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. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed from May to July 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day centre was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day centre's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day centres policies and procedures.

It was established during discussions with the manager that the day centre had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

## **6.0 Conclusion**

Based on the inspection findings and discussions held with the manager, staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

This inspection resulted in no areas for improvement being identified.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care