

Inspection Report

7 December 2021



Strule-Erne Activity Centre

Type of service: Day Care Setting

Address: Dun Uladh Centre, Ballinamullen Road, Omagh, BT79 0GZ

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Strule-Erne Day Care Responsible Individual: Mrs Mary Sharkey	Registered Manager: Mrs Laura Kelly Date registered: 1 April 2011
Person in charge at the time of inspection: Mrs Laura Kelly	
Brief description of the accommodation/how the service operates: Strule-Erne Activity Centre is a day care setting with up to 25 places that provides care and day time activities to service users with a learning disability. The centre is open for service users Tuesday, Wednesday and Thursday and is operated by Strule-Erne Day Care.	

2.0 Inspection summary

An unannounced care inspection took place on 7 December 2021 from 10.55 a.m. to 3.40 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), 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.

Evidence of good practice was found in relation to monitoring the professional registration of staff, the provision of person centred care, communication between service users and staff and other key stakeholders.

Three areas requiring improvement were identified in relation to adult safeguarding training for transport staff, fire risk assessment arrangements and health and safety.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

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 in relation to the day care setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with 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 care setting. This included service user/relative questionnaires and a staff poster. No service users/relatives' responses were received within the timescale requested. One staff response was received within the timescale requested. The respondent was very satisfied that care was safe, effective, compassionate and well led.

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 care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with six service users and four staff including the manager.

Comments received during the inspection process included:

Service users' comments:

- "I love coming to the centre."
- "Staff are lovely and good to me."
- "Laura should get the best manager award, she is very very good."
- "I like listening to country music and staff put music on for me."
- "The girls check my temperature before I come in to the centre."

- “I missed not coming to the centre when it was closed.”

Staff comments:

- “I am very well supported in my role and the manager is very supportive.”
- “No restrictive practice in the centre; service users are not restricted.”
- “Care plans are always updated if there are any changes in care and support.”
- “Speech and language therapist recommendations are very clear in service users’ care records and we are really diligent ensuring that everybody gets the right meal.”
- “I have done IPC training and know how to don and doff my PPE.”
- “I have had supervision every three months and I have an appraisal annually.”

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 Strule-Erne Activity Centre was undertaken on 20 October 2020 by a care inspector; five areas for improvement were 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 22 October 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall not employ a person to work in the day care setting unless registered on the relevant part of the register. This refers specifically to NISCC registrations	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the service’s NISCC Matrix confirmed all staff, working in the day care setting, were registered with NISCC.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for Improvement 1 Ref: Standard 21.1 Stated: First time	The registered person shall ensure that staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The manager advised that the induction programme had been reviewed and revised since the last care inspection and will be completed with all new staff. We reviewed the induction programme and found it to be satisfactory.	
Area for improvement 2 Ref: Standard 20.2 Stated: First time	The registered person shall ensure that evidence is available in the day care setting to conclude that staff are recruited in line with relevant legislative requirements.	
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The manager provided a recruitment checklist that had been developed following the last inspection. The manager advised that this checklist will be completed following the recruitment of new staff members and will be retained in the day care setting.	
Area for Improvement 3 Ref: Standard 22.5 Stated: First time	The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed.	

	Review of a sample of staff appraisal records evidenced that this area for improvement had been satisfactorily addressed.	
Area for Improvement 4 Ref: Standard 21.1 Stated: First time	The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of a sample of staff supervision records 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 care setting'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).

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 care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However, it was noted that transport staff had not received training with regards to adult safeguarding. An area for improvement was made in this regard.

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 care setting's policy and procedure with regard to whistleblowing.

The day care setting 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 care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the manager that sufficiently competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff, the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

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 roles. Discussion with staff confirmed that mandatory staff training was up to date. 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 care setting.

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

The environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Hand sanitisers were strategically located throughout the day care setting.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users.

A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

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.

A review of the day care setting's fire risk assessment evidenced that the assessment had been undertaken in February 2019. Discussion with the manager confirmed that the fire risk assessment had not been reviewed since 2019. An area for improvement was made in this regard.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. We observed a damaged electrical switch operating a wall mounted hand dryer in a toilet. An area for improvement was made in this regard. The manager gave an assurance that the toilet would not be used until the matter regarding the electrical switch was satisfactorily addressed.

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

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. There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff had undertaken dysphagia training.

5.2.3 Are there robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day care setting since the last care inspection. 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 care setting were 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.

The manager told us that the centre does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

The Regulation 28 quality monitoring reports were available to be examined since the last inspection. The reports evidenced a review of the conduct of the day care setting, engagement with service users, service users' representatives and the development of action plans for follow up at subsequent visits. Reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting'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 respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

It was established during discussions with the manager that the day care setting 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 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.

Three areas requiring improvement were identified in relation to adult safeguarding training for transport staff, fire risk assessment arrangements and health and safety.

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

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Laura Kelly, 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 Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (4) (a) Stated: First time	<p>The registered person shall complete periodic reviews of the facility's fire risk assessment as recommended by the fire safety consultant.</p> <p>Ref: 5.2.1</p>
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: There is a risk assessment in place for the building. A fire risk assessment specific to the area used by Strule Erne has been completed 25/01/2022 and will be reviewed periodically.
Area for improvement 2 Ref: Regulation 14 (1) (a) Stated: First time	<p>The registered person shall ensure as far as reasonably practicable that all parts of the day care setting to which service users have access are free from hazards to their safety.</p> <p>Ref: 5.2.1</p>
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: The health and safety of our service users is taken very seriously at Strule Erne. The faulty switch identified was replaced the following day.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021	
Area for improvement 1 Ref: Standard 13.4 Stated: First time	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p> <p>This relates specifically to transport staff.</p> <p>Ref: 5.2.1</p>
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: We have been informed by the WHSCT Day Care Manager that she has completed Adult safeguarding training in January 2022 with all the drivers who transport Strule Erne service users. Drivers have signed that they have completed this training and it will be updated periodically.

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



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