

Unannounced Care Inspection Report

13 June 2019



Strule-Erne Day Care Centre

Type of Service: Day Care Setting

Address: DunUladh Centre, Ballinamullen Road, Omagh, BT79 0GZ

Tel No: 02882252162

Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 25 places which provides care and day time activities for people living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Strule-Erne Day Care	Registered Manager: Mrs Laura Kelly
Responsible Individual(s): Mrs Mary Sharkey	
Person in charge at the time of inspection: Laura Kelly	Date manager registered: 1 April 2011
Number of registered places: 25 - DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 13 June 2019 from 09.10 to 14.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to monitoring and governance arrangements, staff training and the involvement of the service users in the provision of care.

Service users said they were happy to come to the centre and that staff were caring and attentive.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Laura Kelly, registered manager and Mary Sharkey, responsible person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 June 2018

No further actions were required to be taken following the most recent inspection on 21 June 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: The report of the last inspection on 21 June 2018 and any notifications of accidents/incidents received at RQIA from the service since that date.

During the inspection the inspector observed and engaged with service users and staff in group activities and met individually with 13 service users and 5 staff.

The following records were examined during the inspection: staff duty rosters, staff training records, service users' care files (four), record of activities, staff supervision, minutes of service users' and staff meetings, accidents/incidents and fire records and the annual quality report. The statement of purpose and the service users' guide were also reviewed.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 June 2018

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The centre rents and uses part of a community building to provide day care on 3 days each week.

On the day of the inspection the premises were well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

The manager is based in the day centre on the three days it is open and also manages the sister centre on the other days. The manager is supported by a senior day care worker and care workers.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the manager, staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include structured induction, training, supervision and appraisals. The manager stated that any new staff would receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. Staff recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role, most recently on 5 February 2019. There was evidence, in discussion with staff that they were aware of how to identify and report concerns. The manager has been designated the role of safeguarding champion. Staff interviewed confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. The manager confirmed that the landlord is supportive and works with the centre's requirements to ensure the premises are properly maintained in the best interests of the service users. A fire risk assessment dated November 2017 was in place. Records showed that a fire evacuation had taken place on 20 March 2019. Fire training had taken place in November 2018.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff consulted were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. For example in how they empower service users to make decisions and choices. The manager stated that restrictive practice is not used in the centre and on the day none was observed.

Discussion with service users and staff in regards to the provision of safe care included the following comments:

Service users' comments

- "I really like it here .I wouldn't miss one of my days"
- "I love the painting"
- "All the staff are good and they look after us".

Staff comments

- "This is a lovely wee homely centre. We know all the service users and their families really well"
- "For some people this is the only time they get out of the house. We want to make sure they enjoy their time here"
- "I had thorough induction when I started here and was supernumerary to the rota for a week"
- "The ethos is good here.I can tell you that a high standard is expected by management and anything less would not be tolerated".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

When a new referral is made to the setting, potential service users are assessed to ensure the centre can meet their identified needs. The potential service user and /or their representative undertake several visits to the centre and are provided with a service user's guide. The service user's guide provides information of the service user's right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending.

Four care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, moving and handling, falls risk, swallowing and choking and transport. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. Care planning documentation contained regular progress notes. Also evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file examined. This included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users’ needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users comments

- “I’m happy with everything here.”
- “I’d be lost if I didn’t come here”
- “There’s always something to do and someone to talk to”.

Staff comments

- “It’s important to ask service users what they want to do”
- “I think this is a good service, and effective in helping people remain in their own homes for longer”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with service users and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests.

Observation of activities during the inspection found service users were encouraged to be comfortable, communicate and have fun. Staff used eye contact and non-verbal cues with service users who had limited communication to ensure what they were doing was consistent with the service users' preferences. Service users were observed undertaking craft activities, in discussion groups and undertaking physical activities. They were observed being fully assisted by staff who provided encouragement and support. Overall observations of staff consulting with service users during the inspection showed staff seeking opportunities to involve service users in their care and support and empowering service users to achieve their full potential. A tutor from the local further education college was undertaking a craft class in the morning. Service users said that they enjoyed the session.

Consultation with service users and, where appropriate their relatives, was evidenced in the records relating to the assessment, care planning and review process. The views of service users and relatives were sought in preparation for the annual quality review report being prepared for 2019. Review of the returned questionnaires showed that all comments were very positive in regard to the attitude of staff and the care provided. Governance arrangements to promote effective communication with service users and/or their relatives included service user meetings. Examination of the minutes of service user meetings on 17 April and 23 May 2019 provided evidence that service users had been consulted about a range of matters including, activities, outings and staffing.

Discussion with staff and service users with regards to the provision of compassionate care included the following comments:

Service user's comments

- "We meet up with staff to tell them what we want"
- "They are all good but that one (indicating a staff member) is my darlin'
- "You wouldn't get better anywhere"

Staff comments

- "Service users come first and staff work well together to make sure they enjoy their days here".
- "If we see that a service user doesn't want to join in we offer something else or just sit quietly with them".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection was initially facilitated by the registered manager. The responsible person joined the inspection and remained until the conclusion.

The Statement of Purpose for the day care service was reviewed. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports of March, April and May 2019, were inspected and found to be satisfactory. The responsible person stated that she or the person jointly responsible were in the centre on a daily basis to monitor and observe the provision of the care.

These records and the high level of presence by the responsible persons ensured that the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Staff who spoke with the inspector knew the location of the policies and gave examples of when they would use these.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records

showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details held in the centre.

Discussion with staff revealed they felt well supported by the manager. They stated that service users are central to the service and they need to ensure care and support was safe, effective and compassionate. They stated they were well supported by management through staff meetings, supervision and the manager and the responsible person make themselves available as required.

Review of the 2018 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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