

Unannounced Care Inspection Report 15 August 2017



Strule-Erne Day Care Centre

Type of Service: Day Care Setting

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

Tel No: 02882252162

Inspector: Suzanne Cunningham

www.rgia.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 that provides care and day time activities for people who have 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: 01 April 2011
Number of registered places: 25 - DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 15 August 2017 from 10.15 to 15.15.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and 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 staffing arrangements, knowledge of keeping adults safe, maintaining a safe environment, risk management, care records, reviews, communication between service users, listening to and valuing service users views and opinions, management of complaints and maintaining good working relationships.

Areas requiring improvement were identified regarding the staff training record, policies and procedures and regulation 28 monitoring visits.

Service users discussed the care they had received in the setting and gave positive comments about their experience of attending this day centre. They said the day care setting was a “lovely place, people come here and we get on well with each other and staff”; “it’s quiet and safe”; “staff are very good, they look after us and do their best for us”; “staff are very good to us, helpful”.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Laura Kelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 31 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 January 2017.

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 registration details of the day centre
- Information and correspondence received from the registered manager and Strule Erne Day Care
- Incident notifications which revealed one incident had been notified to RQIA since the last care inspection in January 2017
- Unannounced care inspection report 31 January 2017.

During the inspection the inspector met with:

- The registered manager
- Two care staff
- Six service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Three were returned by service users, Four were returned by staff and two by relatives.

The following records were examined during the inspection:

- Two individual staff records
- Three service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to August 2017
- A sample of incidents and accidents records from January to August 2017
- The staff rota arrangements during July and August 2017
- The minutes of five service user meetings held in January, February, March, May and July 2017
- Records of staff meetings held in January, May and June 2017
- Staff supervision dates for 2017
- Six monthly monitoring reports from February 2017 to August 2017
- The staff training information for 2016 and 2017
- The statement of purpose.

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 January 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 31 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered provider should review and revise the format and content of care plans so that, where possible, clear, achievable and measureable goals are established with and for the service user, along with the actions to be implemented in order to achieve each goal, and a record of the outcome of this work within specified periods of time.	Met
	Action taken as confirmed during the inspection: The service users care plans were available and up to date at the time of inspection. The format had been revised and the content described measurable goals and actions in place to support the service users to achieve them where possible	

6.3 Inspection findings

6.4 Is care safe?

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

The inspection of the staff rota in this setting confirmed that at all times there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users attending day care, fire safety requirements and the statement of purpose

The records kept of staff working each day showed the capacity in which they worked and who was in charge of the centre. A competency and capability assessment was completed for the staff who had acted up in the manager's absence. The review of staff files also showed staff had a range of skills that would meet this service user group's needs; they had undertaken training and were being supported by this organisation to work together.

Staff discussed they had received mandatory training and other appropriate training relevant to their roles and responsibilities, this was verified when inspecting the staff training record however, records were not current for all staff. Discussion with staff confirmed they had received their training however this should be clearly recorded. An improvement was identified in this regard.

The settings incidents and accidents record were cross referenced with the notification forwarded to RQIA, this showed safety issues and risks had been identified, recorded and managed. The accidents/incidents/notifiable events had been effectively documented and including the action taken to prevent reoccurrence. One report received by RQIA was categorised incorrectly. This was discussed with the manager during the inspection to ensure they were fully informed regarding definitions and procedures in this regard. The discussion with the manager confirmed she had followed appropriate safeguarding procedures in this example and maintained communication with other professionals to ensure they were responding to the risks identified, furthermore actions were in place to prevent reoccurrence.

The discussion with the manager revealed there were no restrictive practices being used in this setting. During the inspection service users walked in and out of the setting freely. Discussion with service users revealed said they were "safe" in the setting, and if there was a fire they said they would "get out and call a member of staff", they described the staff would help them. They said they thought the environment was safe; staff keep them safe and gave the example of staff going with them if they want to go for a walk or taking care of them if they feel unwell. Discussion with staff revealed they were aware of the need to keep the environment and the individual service users safe when they are in day care. They also identified it was important for the environment to be comfortable, welcoming and meet each individuals needs in terms of accessibility, comfort, interest and preferences.

Observations of the environment provided assurance infection prevention and control measures were in place, the environment presented as safe, clean & tidy, furniture, aids & appliances presented as fit for purpose and there was adequate space for the number of

service users in the setting, however it should be noted during the inspection a large number of service users were on an outing.

Fire safety precautions records were inspected and the environment was observed, this found the fire exits were unobstructed, discussion with service users revealed they knew where to go if the fire alarm sounded. The last fire drill was undertaken in May 2017 which did not reveal any concerns; the fire risk assessment had been reviewed and updated in November 2016.

Four staff returned questionnaires to RQIA post inspection, three identified they were “Very Satisfied” and one “satisfied” regarding is care safe in this setting. They identified service users are safe and protected from harm in the setting; there was plans in place to receive safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they received supervision and appraisal.

Three service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care safe in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care safe in this setting. Both questionnaires identified their relative was safe and protected from harm, they can talk to staff about a range of matters, the environment is suitable and they would report bad treatment to the staff or manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff arrangements, knowledge of keeping adults safe, maintaining a safe environment, and risk management.

Areas for improvement

One area of improvement was identified regarding the staff training record

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The centre’s statement of purpose described the service that was being delivered and the content sampled was consistent with the day care settings Regulations and Standards.

Three service user’s care files were inspected. Individual assessments and care plans were in place for each service user and the content described their physical, social, emotional, and psychological needs. Each service user had an individual written agreement which set out their terms of their day care placement. The inspection of records found they were maintained

in line with the legislation, there were current assessments of needs and risk, care plans had been updated and the annual review and regular recording of the health and well-being of the service users were recorded which described the service user’s progress and general presentation in the setting. The service users plans, whilst improved could be further improved by clearly recording what service users say they hope to do or achieve in day care, i.e. their personal outcomes or what they want to do in Strule Erne. Discussion with service users confirmed they felt their views and preferences were being sought and met by staff therefore advice was given regarding recording in this regard. Records were stored safely and securely in the office.

Discussion with the service users revealed they could speak to the staff or the manager if they had a concern about day care or wanted advice. Discussion with the staff and service users assured the staff in this setting had responded to service users’ wishes, feelings, opinion and concerns with the aim of ensuring the service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their choices and preferences regarding activities and food and staff encouraged them to develop their social skills through discussion and activities.

Four staff returned questionnaires to RQIA post inspection, three identified they were “Very Satisfied” and one “Satisfied” regarding is care effective in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner.

Three service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care effective in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care effective in this setting and they get the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and are involved in their relatives day care review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, and communication between 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 care compassionate?

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

Staff were observed engaging service users in activities and discussions, they encouraged service users to recall events, and give their opinion, promote and encourage service users independence. Discussion with service users revealed they are asked what they want to do for example one service user said they like to “listen to music, read papers and help in the kitchen”, which were activities supported by staff on the day of the inspection. Service users discussed they can talk openly to staff and staff will “listen to us” and staff will “sort any problems out”.

Service users were enabled and supported by staff to engage and participate in meaningful activities during the inspection. They discussed the range of activities they could take part in from craft, to fitness activities to outings. The activity programme was noted as developing social opportunities for service users as well as expanding their hobbies and interests.

The setting had in place systems that aimed to promote effective communication between service users and staff such as monthly service user meetings, and the annual service users’ quality assurance survey which was reviewed for this inspection in draft form. The records revealed service users were asked for their opinion and plans were in place to respond to service user’s preferences and interests.

Four staff returned questionnaires to RQIA post inspection, three identified they were “Very Satisfied” and one was “Satisfied” regarding is care compassionate in this setting. They identified service users are treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

Three Service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care compassionate in this setting. They identified they were treated with dignity and respect, staff were kind and caring, their privacy was respected, they can choose activities and they were included in decisions and support they receive in the setting.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care compassionate in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocate for their relative.

Areas of good practice

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

6.7 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 registration certificate was up to date and displayed appropriately. Staff discussion confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice. However sampling of the vulnerable adult, complaints and whistleblowing policies revealed the policy records should be reviewed to ensure they were current. Discussion with the manager revealed this had been commenced but not completed. Specific issues regarding the content of the policies sampled were reported to the manager such as the whistleblowing policy should detail other organisations staff can whistleblow to; the safeguarding policy should reference the most recent departmental procedures; and the complaints policy should not refer complaints to RQIA. Policies and procedures should continue to be reviewed and an improvement is detailed in the QIP for this inspection to monitor the improvement in this regard to ensure staff are following the most up to date information and guidance.

Supervision records detailed the staff had not received recorded individual, formal supervision at least every three months and a total of four in 12 months. An improvement was identified in this regard and is recorded in the QIP.

Inspection of staff meeting minutes revealed they were held at least quarterly with minutes and attendance recorded. The content recorded detailed discussions and staff being informed regarding changes to service users' needs, best practice examples, training opportunities and potential to improve practice.

The complaints record was inspected and this showed no complaints had been recorded since the last inspection.

Staff discussion revealed they felt well supported by the manager who they described as having an open door policy which supported the delivery of effective care, the manager was described as available and accessible in the setting and is often "on the floor" assisting them. The discussion with service users confirmed they knew who the manager was however, they described they would go to any staff if they had a concern or a complaint because they all listen to them.

The Regulation 28 monthly quality monitoring visits had been undertaken for 11 months and July 2017 was missed by the monitoring officer/responsible person, the monthly frequency should not be varied unless RQIA have agreed to this thus there should have been 12 visits undertaken from September 2016 to August 2017. The reports showed the visits included discussion with service users and some were unannounced. The quality of the monitoring was identified for improvement because the monitoring did not identify the staff supervision arrangements were not compliant with the day care settings standards and the effectiveness of them in terms of reporting on the day care settings conduct was not clear. An improvement

was identified to improve the frequency and quality of the monitoring which is recorded in the QIP.

Four staff returned questionnaires to RQIA post inspection, three identified they were “Very Satisfied” and one “Satisfied” regarding is care well led in this setting. They identified the service is managed well; quality monitoring is undertaken regularly; management respond and act regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication is effective.

Three service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care well led in this setting. They identified they feel the setting is managed well; they know who the manager was; the staff respond well to concerns, issues or suggestions and they were asked about what they want to do.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Satisfied” regarding is care well led in this setting. They identified they feel the setting was managed well; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection regarding policies and procedures and regulation 28 monitoring visits.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Laura Kelly, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2017</p>	<p>The registered person shall improve the regulation 28 monthly quality monitoring visits. The following issues should be improved:</p> <ul style="list-style-type: none"> • The frequency of the visits should be at least monthly. If the responsible person wishes to vary this arrangement they should inform RQIA in advance of their proposal and detail how they can assure RQIA the setting will maintain safe, effective, compassionate and well led care; • The monitoring visit and report should in addition to seeking views report on the conduct of the day care setting; • Monitoring of staff supervision arrangements should cross reference the information being monitored with the day care settings standards and day care setting regulations. <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Proprietors/registered person have reviewed the monthly visits and will ensure that these take place at least monthly. RQIA will be informed if different.</p> <p>Staff supervision has been reviewed and a clear record is in place to ensure each staff member receives supervision quarterly and appraisal annually. Monitoring will cross reference the information being monitored with the day care settings standards and regulations. Monitoring visits will seek views and will be enhanced to give an evaluation of the conduct of the setting as set out in regulation 28 and schedule 3 of the day care standards.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2017</p>	<p>The registered person shall improve the staff training record to evidence staff have received adequate training for their role and responsibility.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff training records have now been updated. A new staff and a staff who had several periods of sick leave missed out on 2016/17 training. Some training has now been completed by them and further dates are in place to ensure they meet the minimum standards for their role and responsibility. All other staffs mandatory training continues to be updated as required.</p> <p>A clear record is also now in place showing what training is planned and has been completed.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall improve the policies and procedures that are accessed by staff to inform their practice. All policies should be reviewed to ensure they are consistent with statutory requirements and have been reviewed in the last three years.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The vulnerable adults, complaints and whistleblowing policies have been updated following the inspection. All other policies and procedures have been reviewed and will continue to be reviewed annually to ensure they are consistent with statutory requirements .</p>
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