

Unannounced Care Inspection Report

22 October 2020



Strule-Erne Activity Centre

Type of Service: Day Care Setting

**Address: Dun Uladh Centre, Ballinamullen Road, Omagh
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Inspector: Angela Graham

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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.

3.0 Service details

Organisation/Registered Provider: Strule-erne Day Care Responsible Individual: Mrs Mark Sharkey	Registered Manager: Mrs Laura Kelly
Person in charge at the time of inspection: Mrs Laura Kelly	Date manager registered: Mrs Laura Kelly – 01 April 2011

4.0 Inspection summary

An unannounced inspection took place on 22 October 2020 from 10.40 to 15.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. Since the last inspection on 13 June 2019, RQIA was notified of two notifiable incidents, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

Five areas requiring improvement were identified in relation to recruitment records, staff registrations with their professional body, staff induction, staff appraisal and staff supervision.

Evidence of good practice was found in relation to compliance with Covid-19 guidance, staff training, care records and communication between service users, staff and other key stakeholders.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “Staff are very good to me and I like coming here”, “Staff are lovely”, “I am well cared for here”, “I feel safe here” and “I have no problems when I am in the centre.”

The findings of this report will provide the manager 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	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Laura Kelly, 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 13 June 2019

No further actions were required to be taken following the most recent inspection on 13 June 2019.

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 care setting
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that two incidents had been reported to RQIA since the care inspection on 13 June 2019
- unannounced care inspection report dated 13 June 2019.

During the inspection, we met with the manager, a care support worker, a senior care support worker and three service users.

Ten service user and/or relatives' questionnaires were provided for distribution; one response was received.

'Tell us' cards were provided to give service users and those who visit them the opportunity to contact RQIA after the inspection with views of the agency; no responses were received.

We requested that the manager display a poster within the day care setting. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received.

The following records were examined during the inspection:

- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- recruitment records specifically relating to Access NI
- a sample of staff training records
- elements of three service users' care records
- a sample of service users' progress records
- a sample of governance audits/records
- a sample of policies and procedures

- a sample of monthly monitoring reports
- Complaints and compliment records
- Covid-19 guidance
- RQIA registration certificate.

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

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

6.0 The inspection

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

6.1 Inspection findings

Staff recruitment records

The manager confirmed that staff employment records were held at the organisation's head office and that all staff appointments were made in compliance with relevant legislative requirements and the organisation's policy and procedures. We were unable to establish that the organisation's recruitment processes were undertaken in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 as a recruitment checklist was not available for the two most recently employed staff members. We spoke to the responsible individual, via telephone, during the inspection who confirmed that staff were recruited in line with relevant legislative requirements. Whilst we were assured that recruitment had been undertaken in line with relevant legislative requirements, we advised the responsible individual that evidence of recruitment practice should be retained within the day care setting. An area for improvement has been made in this regard.

The review of the NISCC registration records confirmed that one staff member was not registered within the timeframe agreed with NISCC. Whilst oversight of staff' registrations had been undertaken by the manager, the current system of oversight of staff registrations had not been effective.

This was discussed with the responsible individual, via telephone, during the inspection. The responsible individual confirmed that the staff member would be taken off duty until they were registered with NISCC. An area for improvement has been made in this regard.

Staff induction

We reviewed induction records for the two most recently recruited staff members. A basic induction record was available for the care staff members. However, this record did not reflect all aspects of the staff members' role and responsibilities such as infection prevention and control and adult safeguarding. An area for improvement has been made in this regard.

Staff appraisal

We reviewed three staff files. An annual appraisal was not available for one of the three staff members. Discussion with the manager confirmed that an annual appraisal had not been undertaken. An area for improvement has been made in this regard.

Staff supervision

Review of three staff supervision records identified that supervision had not been undertaken on a quarterly basis in line with Standard 22.2 of the Day Care Settings Minimum Standards (January 2012) for one of the three staff members. An area for improvement has been made in this regard.

Care records

We reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The manager described how service users were encouraged and supported to be fully involved in their annual care reviews; records which were examined verified that service users had access to an initial and annual care review. The sample of review records viewed evidenced positive feedback regarding attendance at the day centre.

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 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 preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Complaints and compliments

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Adult safeguarding

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. One adult safeguarding concern was appropriately referred to the adult safeguarding team since the previous inspection.

Stakeholders' Views

Discussion with service users and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Service users' comments:

- "Staff are always telling us to wash our hands to keep us safe."
- "Staff give me choice in everything that I do."
- "The dinner you get is always hot and tasty."
- "Staff are friendly and always listen to me."
- "Staff are always cleaning and that keeps us safe."

Staff comments:

- "Good training provided and I have done my mental capacity training. We also had training/update regarding Infection Prevention and Control and Covid-19."
- "I am aware of table 4 and the correct use of personal protective equipment."
- "Service users are well cared for and we do our best to meet their individual needs."
- "Enhanced cleaning is undertaken several times throughout the day."
- "Care good, person centred."
- "I am fully aware of donning and doffing procedures."

The staff questionnaire response received indicated that the staff member was very satisfied or satisfied that the care provided in the setting was safe, effective, compassionate and well led.

One completed service user/relative's questionnaire was returned to RQIA indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. Comments included: "Xxxx is very happy at Strule Erne, she said all the staff are very nice and helpful".

Areas of good practice

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

Areas for improvement

Five areas requiring improvement were identified in relation to recruitment records, staff registrations with their professional body, staff induction, staff appraisal and staff supervision.

	Regulations	Standards
Total number of areas for improvement	1	4

Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control 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. Hand sanitisers were strategically located throughout the day care setting.

Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

We spoke with the manager and to two staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the Public Health Agency and the Department of Health. Policies and guidance were available to all staff in hard copy within the staff office.

We reviewed monitoring records that indicated that service users and staff have their temperatures monitored in accordance with the guidance. Monitoring records also included a symptom check, such as fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to infection prevention and control including donning and doffing.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that she spot check the use of PPE by staff.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring service users for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the day centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to compliance with Covid-19 guidance.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Laura Kelly, 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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 via Web Portal for assessment by the inspector.

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 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall not employ a person to work in the day care setting unless registered on the relevant part of the register.</p> <p>This refers specifically to NISCC registrations</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All staff have been registered on NISCC when employment commenced at Strule Erne. One staff member who came to work on a student placement was in the process of getting NISCC registered at the time of inspection. There was an oversight due to his placement ending and employment commencing. This was delayed due to various reasons including Covid 19 resulting in the registration not being issued within the three months required.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012.	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Newly appointed staff, agency staff and students have completed full orientation and induction in our service. We have reviewed our documentation and updated it to include more detail of process completed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>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.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Recruitment records which have been previously kept in the main office have been added to each staff records in the centre evidencing that staff have been recruited in line with relevant legislative requirements.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2020</p>	<p>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.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have annual appraisals completed and are up to date.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2020</p>	<p>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.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have recorded formal supervision every three months in accordance with day care regulations.</p>



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