



The Regulation and  
Quality Improvement  
Authority

Inspector: Priscilla Clayton  
Inspection ID: IN023249

Strule-Erne Day Care Centre  
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**Unannounced Care Inspection  
of  
Strule-Erne Day Care Centre**

**24 March 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 24 March 2016 from 09.30 to 12.45. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Strule-Erne Day Care/Mary Sharkey	<b>Registered Manager:</b> Laura Kelly
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Laura Kelly	<b>Date Manager Registered:</b> 1 April 2011
<b>Number of Service Users Accommodated on Day of Inspection:</b> 16	<b>Number of Registered Places:</b> 25

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.****4. Methods/Process**

Specific methods/processes used in this inspection include the following:

- Previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted to RQIA since the previous care inspection

Discussion took place with the manager, two care workers and all service users. Service user and staff satisfaction questionnaires were provided for distribution, completion and return to RQIA.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service User Guide
- Staff duty rota
- Staff training records
- Four care records
- Accident and incident records
- Record of complaints
- Minutes of service user meetings
- Selected policies and procedures pertaining to Standards 5 and 8.
- RQIA Registration Certificate

Observation of care practice and inspection of the facility was undertaken.

**5. The Inspection****5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of Strule- Erne Day Care Centre was an unannounced care inspection dated 4 December 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 28 (4) (a)	The registered provider must ensure the monthly monitoring reports are improved to include review of staffing arrangements in place for the month being inspected and details a view regarding: the effectiveness of staffing arrangements; training, support and compliance with regulations and standards regarding the same.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Visits by the registered provider reflected details as required.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 5 (1) (c)	The registered manager must ensure service user agreements are written for each service user that attends the setting and the content must be consistent with Standard 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Service user agreements viewed showed that information required was included.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.8	The registered manager should make appropriate arrangements to improve the staff training records such as establishing an overall matrix of all staff training that identifies training completed and when training is due for renewal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of staff attendance at training were recorded within a matrix.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 22.5	The registered manager must ensure all staff receives an appraisal in line with the day care setting standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of appraisals showed these were provided annually.	

<b>Recommendation 3</b>  <b>Ref: Standard 17.15</b>	The responsible person should make appropriate arrangements for the managers training and development plan to include consideration of the manager completing the QCF level five.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that discussion in regard to training took place with the registered person. The manager confirmed that she had successfully completed ILM Level 5 qualification in Leadership and Management (February 2016).	

### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

#### Is Care Safe?

Discussion with the manager and staff confirmed that that they were aware of the policies and procedures pertaining to assessment, care planning and review which were readily available in the centre.

Inspection of four service users' care records confirmed that needs assessment, including continence; risk assessments and care plans were kept under continual review and amended as changes occurred. Records were up to date to accurately reflect the needs and preferences of the service user, and had been appropriately signed.

A continence promotion policy was in place. The policy defined personal and intimate care and gave guidance to staff involved with service users who had assessed continence needs.

The manager and staff confirmed that they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs based on their care plan.

Discussion with the manager, staff and service users confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of service users.

The manager stated that she continues to source training for staff in continence promotion. Staff had received training in moving and handling, and infection prevention and control.

Staff were observed interacting and supporting and assisting service users with various activities. This was undertaken in a friendly, respectful manner.

Service users consulted confirmed that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed personal care needs.

Staff confirmed they would consult with the district nursing staff in regard to the continence needs of service users as required. Service users bring their prescribed continence garments to the centre for use as required.

Staff satisfaction questionnaires returned to RQIA indicated satisfaction that care was safe and staff were satisfied with the training provided, including how to report poor practice.

Service users' satisfaction questionnaires returned to RQIA indicated they felt safe and secure and that staffing levels are appropriate at all times.

### **Is Care Effective?**

Discussion with the manager and care staff confirmed that they were satisfied that they had the necessary knowledge, skills and resources to meet the continence needs of service users.

The manager and staff confirmed that where applicable service users bring in their own continence garments to the centre. These were retained by the service users for use when needed.

Care records examined confirmed that continence needs are discussed as part of the core assessment which is completed on admission. Identified actual or potential need of continence care was recorded in care plans examined. Risks were identified and recorded.

Inspection of the environment confirmed that the centre was suitable, with appropriate facilities to meet the assessed needs of the service users. Staff confirmed that a sufficient supply of personal protection equipment was available to them.

Staff satisfaction questionnaires completed and returned to RQIA indicated staff were aware of the continence policy/procedure and were satisfied they had sufficient knowledge, skills and experience of how to assist and support a service user with their personal continence care needs.

Service users' satisfaction questionnaires completed and returned to RQIA indicated service users were very satisfied that staff knew how to care for them and to respond to their needs, and that there was access to continence products. No issues or concerns were raised.

### **Is Care Compassionate?**

The centre's service user guide reflects the core value of rights which each service user can expect to receive in the centre.

Staff interaction with service users was observed as polite, friendly, warm and supportive. Service users confirmed that there was always an adequate supply of staff and they were always treated with dignity and respect.

Staff discussed with the inspector the importance of meeting service users' continence care needs in a respectful, dignified manner.

Staff questionnaires completed and returned to RQIA indicated that staff were satisfied that service users are afforded privacy, dignity and respect at all times and that they had always time to listen and talk to them. Overall staff indicated that the care provided within Strule -Erne Day Care Centre was compassionate.

## Areas for Improvement

There were no areas identified for improvement from Standard 5.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting.

#### Is Care Safe?

A range of policies were available (October 2015), providing guidance to staff on how to promote service users' involvement in the day to day running of the centre. Policies set out the principles for involving service users to ensure they have an active role in the service delivery. There was evidence that selected policies and procedures were reviewed to ensure the most up to date information and current best practice was reflected. Policies and procedures were retained in hard copy format and were readily available to staff.

Service users confirmed that they felt comfortable to raise any issues of concern with the registered manager or staff. They also confirmed that they felt that any issues raised would be appropriately dealt with. Service users confirmed that they were consulted at meetings, including review, in regard to their views about the services provided in the centre.

Care plans inspected provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their annual care reviews.

Observation of care practice evidenced that the care provided by staff was safe and conducted in accordance with planned care.

Staff satisfaction questionnaires completed and returned to RQIA indicated that staff felt the care was safe with a range of training and support provided to them to ensure the needs of service users were met.

Service users' satisfaction questionnaires completed and returned to RQIA indicated they were very satisfied that the care provided by staff was safe with appropriate staffing levels provided.

#### Is Care Effective?

**5.5** There was a good range of evidence to confirm that management and staff actively seek the views of service users on the quality of services and facilities provided by the day care setting. Methods used included:

- Service users' meetings are held monthly with minutes recorded. The manager explained that meetings are a platform where service users are enabled to be involved in and given opportunities to influence the running of the service. Examples of discussions included activity provision and menu.
- Settling in reviews held with service users to ensure that the service and facilities meet their needs.

- Monthly monitoring visits were conducted by the registered provider. Reports examined reflected information as required, seeking the views of service users, representatives and staff on the quality of the service provided.
- Annual service user satisfaction survey (April 2015) with feedback given to service users at their monthly meeting and to staff at their meeting.
- Reviews of care. The manager confirmed that service users had annual reviews of care where they/representatives are encouraged to share their opinion about the care provided at the centre.
- Complaints monitoring
- Accident monitoring

The manager confirmed that no complaints were received within the time period 1 April 2014 to date. No complaints were recorded within records retained.

Discussions with service users confirmed that they were consulted on a daily basis regarding their preferred activities and routines.

Inspection of four service users' care records provided evidence that service users and their representatives are encouraged to participate in decisions about the care and support service users receive in the day centre. The records inspected and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

It was evident from discussion with staff that they had knowledge and understanding of service users' preferences and needs and the importance of continuously seeking their views about the service and facility.

Service user satisfaction questionnaires completed and returned to RQIA indicated they were very satisfied that their views and opinions are sought about the quality of the service. No issues or concerns were recorded.

Staff satisfaction questionnaires completed and returned to RQIA indicated staff were satisfied that service users are involved in and given opportunities to influence the running of the service and provision of care. Respondents indicated they were satisfied that the care provided was effective.

### **Is Care Compassionate?**

Discussion with staff demonstrated that they were knowledgeable about service users' needs and a person centred approach was adopted. Staff confirmed that service users were listened and responded to in a timely, respectful manner.

Care practices observed that service users were consulted, their preferences listened to and care provided in a dignified and respectful manner.

Completed satisfaction questionnaires returned to RQIA from service users and staff indicated that care provided was compassionate, with service users' views and opinions continuously sought about the quality of the service and facilities provided by the day care setting.



## Areas for Improvement

There were no areas identified for improvement from Standard 8.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.6 Additional Areas Examined:

#### 5.6.1 Accidents/Incidents

Records of accidents/incidents were being recorded as required. Discussion was held with the manager regarding notifications submitted to RQIA and one safeguarding issue reported to the commissioning trust. The importance of immediate referral to the designated officer was acknowledged by the manager.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Laura Kelly	<b>Date Completed</b>	20-04-16
<b>Registered Person</b>	Mary Sharkey	<b>Date Approved</b>	20-04-16
<b>RQIA Inspector Assessing Response</b>	Priscilla Cayton	<b>Date Approved</b>	20-04-45

Please provide any additional comments or observations you may wish to make below:

*\*Please complete this document in full and return to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.