

Unannounced Care Inspection Report 21 June 2018



Strule-Erne Day Care Centre

Type of Service: Day Care Setting

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

Tel No: 02882252162

Inspector: Dermott Knox

www.rqia.org.uk

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 for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Strule-Erne Day Care Responsible Individual(s): Mrs Mary Sharkey	Registered Manager: Mrs Laura Kelly
Person in charge at the time of inspection: Mrs 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 21 June 2018 from 10.00 to 16.00.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to organisation, leadership, delegation, direct care provision, care records, staff training, staff supervision, safety, activity programmes and use of the premises.

No areas requiring improvement were identified at this inspection.

Service users said: "I like everybody here. Staff are good fun and they help me a lot."

"I come here three days a week and I love doing the drama and the arts and crafts. Have you seen the things we made last week?"

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.

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, 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 15 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 August 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:

- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 15 August 2017
- The RQIA log of contacts with, or regarding Strula-Erne Day Centre

During the inspection the inspector met with:

- six service users in group settings
- two care staff in individual discussions
- the registered manager throughout the inspection

Questionnaires were distributed by the registered manager to service users and/or their carers. Two completed questionnaires were returned within two weeks of the inspection.

The following records were examined during the inspection:

- file records for three service users, including assessments and review reports
- progress records for three service users
- activity programmes and timetables
- monitoring reports for the months of March, April and May 2018
- records of two service users' meetings, dated 3 November 17 and 5 March 2018
- selected training records for staff, including staffs' qualifications
- records of staff supervision dates in a written schedule
- the Statement of Purpose
- records of complaints, including outcomes
- records of incidents and accidents

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 15 August 2017

The most recent inspection of the day care setting 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 11 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 28</p> <p>Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Monthly monitoring reports were available on</p>	

	file for all of the months since the previous inspection. Reports were comprehensive, addressing all of the matters identified in the previous inspection report as areas for improvement.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.8 Stated: First time	The registered person shall improve the staff training record to evidence staff have received adequate training for their role and responsibility. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The registered manager provided evidence of compliance with this standard in the form of a matrix of staff's training and a sample of individual staff training records.	
Area for improvement 2 Ref: Standard 18 Stated: First time	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. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The registered manager described the process by which she and the registered person have been working to update all written policies and procedures. A sample of policy documents provided evidence of this updating.	

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 Strule-Erne Day Care Centre premises were in good condition with no obvious hazards for service users or staff. There is adequate space available for group activities and for individual work with service users, when necessary. The centre has access to extensive grounds, owned by the community sports club from whom Strule-Erne rents its premises. Two service users spoke about their enjoyment of activities out on the football field. Staff rotas, daily records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users.

The registered manager and two staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Both staff members had worked in other care settings prior to their employment in Strule-Erne day care and expressed strong commitment to their work with service users, which, they said, is enjoyable and rewarding. The registered manager shared information about the stage of the current recruitment process for a new staff member and indicated that staff selection methods were standardised and professional. The centre uses temporary staff cover while there is a vacant post and one of those on duty, who was interviewed at this inspection, was working in that capacity. All new staff undertake a detailed induction programme.

Safeguarding procedures were understood by staff who were interviewed. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer. One identified safeguarding matter, since the previous inspection, had been managed appropriately, in accordance with the provider's procedures and with the Trust's requirements. This matter had been reported to the WHSCT's Gateway Team and, after initial investigation, it was concluded with enhanced safeguarding measures being implemented in the day centre, with particular attention given to one service user. RQIA was notified appropriately of this matter. Risk assessments with regard to transport, diet and swallowing and moving and handling, were present where relevant and each one had been signed as agreed, either by the service user or a representative.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. An evacuation drill had been completed on 29 March 2018, with everyone evacuated to the agreed area. The daily register of service users and staff provides an accurate checklist for fire safety purposes. Other safety and premises records showed that thermostatic mixing valves for hot water supplies had been serviced and valve seats replaced on 04 April 2018. The registered manager confirmed that the landlord is very supportive of the day centre and works to ensure that the premises are maintained in the best interests of service users.

During the inspection visit, six service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre, in the transport bus and in all organised activities. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users’ rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user’s guide.

Four complaints had been recorded since the previous care inspection. All four had been managed appropriately and resolved locally. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users’ needs were being met safely by the staff on duty. Staff members were observed being attentive to each person’s needs throughout their time in the centre.

Two service users returned questionnaires to RQIA post inspection. The service users confirmed they were “very satisfied” regarding questions on “is care safe” in this setting.

The evidence presented supports the conclusion that safe care is provided consistently in Strule Erne Day Centre.

Areas of good practice

Examples of good practice found throughout the inspection included: staffing, staff training, supervision and appraisal, adult safeguarding, infection prevention and control, fire safety, risk management and the home’s environment.

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 effective?

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

The centre’s Statement of Purpose and the Service User’s Guide provide the information required by regulations and minimum standards. Information was provided verbally during the inspection by six service users who each gave positive reports of their involvement with Strule-Erne Day Centre. Progress records and observations of events throughout the day of the inspection noted a good emphasis on both purposeful and fun activities and confirmed staffs’ abilities to engage people in a constructive, creative and respectful manner.

Strule Erne Day Centre has quality assurance systems in place, through which operations are monitored and staffs’ practice is evaluated. There was evidence from discussions with staff to confirm that team members were supportive of one another and motivated to provide effective care. Staff confirmed that they have good working relationships with community based professionals who also provide services to those who attend the centre. Evidence from discussions, observations and in written records indicated that staff regularly seek the views of

service users and/or their relatives regarding their care preferences and the activity programmes in which they participate.

Three service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Assessments identified service users' needs and care plans set out the objectives for each person's care and the actions required by staff and by the service user, in order to meet these objectives. It was good to see a range of specific, achievable and measureable objectives in most care plans and, in discussion of these with the registered manager, further developmental advice was shared. Staff who were interviewed demonstrated positive approaches to care planning and commitment to achieving the most effective methods of identifying and using clear and measureable objectives with each service user. There was evidence that this work is progressing positively. An agreement form, signed by the service user, or a representative and the registered manager, was present in each file. Well-detailed review reports provided evidence that an evaluation of the overall suitability of each placement had been discussed in detail and agreed. There was evidence of support being provided for service users in preparation for their review meetings.

The enjoyment and value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports of service users, their representatives and a range of community based health and social care workers being satisfied with the outcomes of the day care service in terms of benefits for service users. Staff were deployed in a manner that made good use of their skills and experience. Staff members spoke of supportive and positive working relationships within the team. The evidence indicates that Strule-Erne Day Care Centre is providing effective care that the registered manager and the staff team work continually to improve. Progress notes, recording each service user's involvement and activity at the centre were completed at least weekly to a good standard, providing a clear description of the service user's involvement in the centre's programmes. Six service users discussed their experiences of participation in the centre's activities and presented positive views of the support and care that staff provided. On the afternoon of this inspection, service users were engaged in one of a series of drama sessions about which they spoke enthusiastically.

Two service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care effective" in this setting.

Overall, there was a wide range of evidence to support the conclusion that effective care is provided in Strule Erne Day Centre.

Areas of good practice

Examples of good practice found throughout the inspection included: activities, care records, assessments, care plans, reviews, progress notes, communication between staff and service users 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
--	---	---

6.6 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.

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Service users sat around tables on arrival at the centre and enjoyed tea or coffee. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each one in a personalised manner. There was evidence from service users' discussions to show that the centre's staff successfully motivate people to participate in a range of programmes that have positive outcomes for service users' learning, health and wellbeing. In all of the practice observed, interactions between staff and service users were warm, respectful and encouraging. Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Two people were keen to show the outputs of their efforts in craft sessions, all of which are displayed around the main activity area for some time after they are completed.

There were measures in place to ensure that the views and opinions of service users were sought formally and taken into account in all matters affecting them. These included an annual survey and a report of the findings, most recently completed on 24 August 2017 and planned for similar completion timing this year. Two service users' questionnaires had been completed and returned to RQIA. Responses in the returned questionnaires showed that the two people were 'Very satisfied' with the day care service, in all four of the domains, Safety, Effectiveness, Compassion and Leadership.

Comments by service users, in discussion during the inspection, included:

- "I like meeting the others and have made good friends."
- "The centre helps me pass my day. The holidays are awful long"
- "I enjoy all the activities – my favourite is arts and crafts."
- "Staff are great, friendly and helpful."

Service users were seen to be encouraged by staff and reminded or re-focussed in constructive activities if they became distracted. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each person in activities of their choice. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. The registered manager and staff members demonstrated a thorough knowledge of the home circumstances of each service user and confirmed that the communications with families and carers were well developed and positive.

The monitoring officer, one or other of the joint proprietors of Strule-Erne Day Care services, identified confidentially those service users who were interviewed at each visit, ensuring that a wide range of views would be sought over the period of each year. In each of the monitoring reports examined, service users' comments were entirely positive about the quality of care provided for them and about the staff who worked with them. Staff confirmed that there were always opportunities for service users to have their views listened to. The evidence indicates that Strule-Erne Day Care consistently provides compassionate care to its service users.

Two service users returned questionnaires to RQIA post inspection. The service users confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting.

Areas of good practice

Examples of good practice were found throughout the inspection in relation to: the culture and ethos of the day care setting, listening to and valuing service users’ views, encouraging service users’ involvement in activities, building positive relationships with carers, recording each service user’s involvement and wishes.

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 and the employer’s liability insurance certificate were up to date and displayed appropriately.

There was a clear organisational structure, set out in detail in the statement of purpose and staff demonstrated awareness of their roles, responsibility and accountability. Information on these matters was outlined in the printed Service User Guide. Discussion with the manager identified that she has a well-informed understanding of her role and responsibilities under the legislation. Staff confirmed they had access to a range of policies and procedures in place that they use to guide them and inform their practice. Policies on ‘Adult safeguarding’, Risk Assessment’, and ‘Whistleblowing’ were reviewed and were found to be generally satisfactory. Advice was shared with the registered manager on the content of the ‘Risk assessment’ policy.

Staff have individual, formal supervision at least every three months which considers current practice, training and development and personal issues. Staff members confirmed that they also have frequent contact with the registered manager and can raise issues as necessary. Staff gave positive feedback in respect of leadership and good team working, stating, for example, “It’s a pleasure to come to work”, I really enjoy it”. There was evidence of good staff support, including the open door style provided by the registered manager and the regular contacts maintained by the registered person.

Discussion with the manager and review of records elicited evidence of systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The records of one safeguarding investigation (Ref: 6.4) were a demonstration of this. The Manager reported that there were no restrictive practices in place within the setting other than the use of lap belts for specific service users who use wheelchairs. There

was written and verbal evidence to support the conclusion that the use of the lap belts does not infringe on the service user's human rights or cause deprivation of liberty.

A complaints file is available within the service to record management of complaints. There have been four complaints since the last inspection and the records provided evidence of an effective complaints management process within the setting which is guided by the WHSCT Complaints Department. The Service User Guide advises people of what they can do if they are not happy with the service. The day care service also has a fold-out card titled 'How Can I Complain?' which provides information for service users and their carers on the process to follow and gives assurance that complaints will be dealt with in a positive and supportive manner.

Monthly monitoring visits were being carried out consistently since the previous inspection. A review of a sample of the records, for the months of March, April and May 2018 was examined. These reports addressed all of the matters required by Regulation 28 and were written in a style and with content that evidenced qualitative engagement with service users, relatives and other professionals to measure the quality of the service. The service's Annual Quality Review report was completed in August 2017 and was forwarded to RQIA, on request, in June 2018. This report addressed all of the matters required by Regulation 17.

Two service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care well led/managed" in this setting.

Areas of good practice

Examples of good practice found throughout the inspection included: Planning, organising, leadership, governance arrangements, supervision, information sharing 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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews