

Inspection Report

Name of Service: Strabane and District Caring Service

Provider: Strabane and District Caring Services

Date of Inspection: 16 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Strabane and District Caring Services
Responsible Individual/Responsible Person:	Ms Jacqueline Timoney
Registered Manager:	Ms Jacqueline Timoney
Service Profile Strabane and District Caring Services is a day care setting that provides care, support and day time activities for service users who have physical health issues, sensory impairment or have an acquired brain injury. The day care setting is open three days per week on Monday, Wednesday and Friday.	

2.0 Inspection summary

An unannounced inspection took place on 16 April 2025, between 10.25 am and 5.10 pm. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 16 October 2023; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the day care setting, such as staff induction, supervision arrangements, service user meetings, care records, the storage of records, the monthly quality monitoring processes, completion of service user questionnaires and the safe storage of cleaning chemicals.

It was evident that staff promoted the dignity, independence and well-being of service users.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Service users said that they enjoyed coming to the day care setting. Refer to Section 3.2 for more details.

As a result of this inspection one of the areas for improvement previously identified was assessed as having been addressed by the provider and the other area for improvement is stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service and their quality of life

We spoke with a number of service users and staff to seek their views of attending and working within the day care setting.

Service users spoke positively about their experience of attending the day care setting; they said they enjoyed attending the day care setting and that the staff were great. Two comments included the following statements; "I really enjoy coming to the centre and I enjoy all the activities we do." and "The girls (Staff) always take time to talk to you and listen to you". Observations of staff interacting with service users was noted to be person centred, respectful and caring.

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively in relation to care delivery in the day care setting. One told us that they enjoyed working in the day care setting and that service users were involved in planning activities and were well looked after. Staff indicated that they were well supported by the manager.

One relative completed a questionnaire and indicated that they were very satisfied with the care and support provided. Comments included the following statements; “Staff are friendly and attentive to the needs of the service user.” and “Staff always contact family if any issues arise and this is very reassuring and gives confidence in service and care.”

The information provided indicated that there were no concerns in relation to the day care setting.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. The manager advised that there were no newly recruited staff to the day care setting since the previous inspection.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations, of staff employed by the day care setting, to be monitored by the manager.

Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

This day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Review identified that a bank care staff member had not completed a structured induction. An area for improvement has been identified.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. The review of a sample of staff training records concluded that staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid and moving and handling.

Review of the supervision matrix identified a staff member had not had supervision undertaken on a quarterly basis. An area for improvement has been identified.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users. Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a daily meeting at the beginning of each shift, which included the sharing of information about any changes to the service users' care, that the staff needed to assist them in their roles.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice; this included arts and crafts, boccia, bingo and games.

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Service users had good access to food and fluids throughout their day. The dining area was observed to be clean and warm. Service users were safely positioned for their meals and the mealtimes were observed to be well organised and supervised.

Staff communicated well to ensure that every service user received their meals in accordance with their assessed needs; it was positive to note that one staff member is responsible for checking all meals before they are provided to service users. Food provided was observed to be well presented and service users were offered a choice.

Service user meetings were held on a regular basis. The review of the minutes of these meetings lacked evidence that service users were involved in, and given opportunities to influence the running of the day care setting, nor did they evidence what they wanted to achieve from attending the day care setting and any activities they would like to become involved in. An area for improvement has been identified.

3.3.3 Management of Care Records

An area for improvement identified, in the previous inspection report, in relation to care plans had not been satisfactorily addressed. The manager advised that the care plan format had been reviewed and care plans were updated following the previous inspection. We reviewed two service users' care plans. These care plans did not fully reflect the service user's assessed need and lacked sufficient detail in respect of the management of continence and mobility. This area for improvement is stated for a second time.

The review of care records identified that an entry was not recorded in the service users' communication record at least every five attendances. An area for improvement has been identified.

Observation of the day care setting's environment identified staff information and a service user's assessment were stored on top of a filing cabinet. This was discussed with the manager who agreed to secure the records. An area for improvement has been identified.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Ms Jacqueline Timoney has been the manager in this day care setting since 16 October 2009. Those consulted with commented positively about the manager and described her as supportive and approachable.

The Regulation 28 quality monitoring visits had been undertaken monthly by a senior manager within the organisation who demonstrated a good understanding of the setting. A sample of reports viewed provided evidence that the visits included engagement with service users, staff and relatives and a review on the conduct of the day care setting. The inspector advised that a record of the service users, staff and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable. In addition, outstanding action(s) from previous visits should be included within the most recent monthly report to help drive improvement and ensure that agreed action plans are kept under effective review. An area for improvement has been identified.

The annual quality report was reviewed. The report did not include service user feedback. Discussion with the manager identified that the annual service user questionnaires had not been completed. An area for improvement has been identified.

Incidents were managed appropriately.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the day care setting.

The day care setting's annual position report was reviewed and found to be satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. A review of the complaints record and discussion with the manager, evidenced that no complaints had been recorded since the previous care inspection. Discussion with staff confirmed that they knew how to, receive and respond to complaints sensitively, and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager, and that they were confident that any concerns or suggestions made would be listened to and addressed.

3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and suitably furnished, warm and comfortable.

There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection fire doors were observed to be unobstructed.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment.

During a review of the environment it was noted that there was an area where service users could potentially have access to cleaning products. This was discussed with the manager and it was stressed that the internal environment of the day care setting must be managed to ensure Control of Substances Hazardous to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the manager prior to the conclusion of the inspection. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	6*

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jackie Timoney, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 19 (1) (b)</p> <p>Stated: First</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that care and staff records are kept securely in the day care setting.</p> <p>Ref: 3.3.3</p> <p>Response by Registered Person detailing the actions taken: The Registered Manager has ensured all care and staff records are kept securely within the locked cabinet at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 28 (4) (5)</p> <p>Stated: First</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure the arrangements for the quality monitoring visits are conducted in a manner that includes the following:</p> <ul style="list-style-type: none"> • a record of the service users, relatives and staff consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable • outstanding action(s) from previous visits should be included within the most recent monthly report to help drive improvement and ensure that agreed action plans are kept under effective review <p>Ref: 3.3.4</p> <p>Response by Registered Person detailing the actions taken: The Registered Manager will ensure a record of service users, representatives and staff consulted will be evidenced using a unique identifier. Also, outstanding actions from previous visits will be included in the report and agreed actions noted and kept under review.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (1) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>Ref: 3.3.4</p> <p>Response by Registered Person detailing the actions taken: The Registered Manager has secured all chemicals in line with COSHH regulation on the 16th of April 2025.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 5 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that each service user has an individual and up to date comprehensive care plan. Ref: 3.3.2
	Response by Registered Person detailing the actions taken: All service user care plans are being reviewed to ensure all areas of care are identified and recorded.
Area for improvement 2 Ref: Standard 21.1 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that staff who are newly appointed, agency staff and students complete a structured orientation and induction. Ref: 3.3.1
	Response by Registered Person detailing the actions taken: All new staff and students undergo a structured and comprehensive induction. Alongside this, new staff also receive an informal introduction to the organisation and individual service users. The Registered Manager will ensure that this induction process is formalised for all new staff, with immediate effect.
Area for improvement 3 Ref: Standard 22.2 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months. Ref: 3.3.1
	Response by Registered Person detailing the actions taken: All staff will receive formal supervision every three months or less, with immediate effect.
Area for improvement 4 Ref: Standard 8.2 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that service users meetings are meaningful and facilitate service users to be involved in and given opportunities to influence the running of the day care setting. Ref: 3.3.2
	Response by Registered Person detailing the actions taken: Service users at SDCS actively participate in the planning and delivery of activities within the day centre. While this involvement has previously been informal, the Registered Manager will ensure that these meetings are more structured, purposeful, and properly recorded.

<p>Area for improvement 5</p> <p>Ref: Standard 7.5</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 when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.</p> <p>Ref: 3.3.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.4, 8.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by Registered Person detailing the actions taken: The register manager will ensure there is an entry recorded at least every five attendances for each service user.</p> <hr/> <p>The Registered Person shall ensure that service users' views and opinions about the running of the service are sought on a formal basis at least once a year. A report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p>Ref: 3.3.4</p> <p>Response by Registered Person detailing the actions taken: Service User questionnaires will be issued annually and feedback will be included in the annual report.</p>

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