

# Inspection Report

5 July 2024



## Strule-Erne Activity Centre

Type of service: Day Care Setting

Address: c/o Tennis Pavillion, Bawnacre Centre, Irvinestown, BT94 1EE

Telephone number: 028 6862 2403

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Strule-Erne Day Care	<b>Registered Manager:</b> Mrs Laura Kelly
<b>Responsible Individual:</b> Mrs Mary Sahrkey	<b>Date registered:</b> 1 April 2011
<b>Person in charge at the time of inspection:</b> Mrs Laura Kelly	
<b>Brief description of the accommodation/how the service operates:</b>  Strule-Erne Activity Centre is a day care setting with up to 24 places that provides care and day time activities to service users with a learning disability. The centre is open for service users Monday, Wednesday and Friday and is operated by Strule-Erne Day Care.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 5 July 2024 between 10.15 a.m. and 1.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement, the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and staff training. There were good governance and management arrangements in place.

## 3.0 How we inspect.

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

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

#### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

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

Comments received included:

##### **Service users' comments:**

- "I like coming here."
- "The staff are good to me."
- "We can choose what activities we do."
- "The food is good and we get a choice of different foods."
- "I am happy with the bus journey to get here and I like being on the bus."
- "If I was not happy with something, I would speak to the staff."
- "I have no complaints."

##### **Staff comments:**

- "The manager is very approachable and has an open door policy. If I have any concerns, I would share them with the manager and she would act on them immediately. The service users have a monthly meeting and we discuss what activities they want to do. I am up to date with all my mandatory training and I am aware to keep my NISCC registration up to date. This is a great place to work. I love my job. The service users I feel receive personalised care. We are like a big family. It is a fun place for the service users. I would have no qualms in sending my own family member here."

Returned questionnaires indicated that there were no concerns with the care and support provided. Written comments included:

- “Staff are good to everybody and I like coming to the centre.”
- “I like coming here. If I didn’t want to come, I wouldn’t come.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “Great place ,am very happy to work there.”
- “I am very satisfied with the service provided.”

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last care inspection of the day care setting was undertaken on 24 April 2023 by a care inspector. No areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Are there systems in place for identifying and addressing risks?**

The day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The day care setting’s annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting’s policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. No referrals had been made since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

All areas used by the service users were noted to be warm, fresh smelling and clean throughout.

Records examined identified that a number of safety checks and audits had been undertaken including weekly fire alarm testing. It was also identified that staff had completed fire safety training and participated in fire evacuation drills. The last full fire evacuation drill was undertaken on the 24 June 2024. The annual Fire Risk Assessment was completed on 1 July 2024 and no action were identified.

During the inspection fire exits were observed to be clear of clutter and obstruction.

### 5.2.2 What are the arrangements for promoting service user involvement?

The purpose of the LD NI Model is to outline what individuals with learning disabilities expect of services, how services will achieve this and how they will be measured to ensure high quality, cost effective care.

Learning Disability Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Learning Disability Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Activities
- Day centre closers

### 5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. Advice was given in relation to ensuring that future care plans reflect the date of the SALT assessment.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

#### **5.2.4 What systems are in place for staff recruitment and are they robust?**

The manager advised that there were no newly recruited staff to the day care setting since the last inspection. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the NISCC. There was a robust system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

#### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff are required to complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the day care setting's policies and procedures.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for recording those service users that attend.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Laura Kelly, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)