The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Strule-Erne Activity Centre**

Provider: **Strule-Erne Day Care**

Date of Inspection: **16 December 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:	Strule-Erne Day Care
Responsible Individual/Responsible Person:	Mrs Mary Sharkey
Registered Manager:	Mrs Laura Kelly
Service Profile – 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 Tuesday, Wednesday and Thursday and is operated by Strule-Erne Day Care.	

2.0 Inspection summary

An unannounced inspection was undertaken on 16 December 2025, between 11.00 am and 4.15 pm 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 17 December 2024. It also sought to determine if the agency is delivering safe, effective and compassionate care and if the service is well led. The last inspection of this day care setting identified four areas for improvement relating to recruitment practices, staff induction, staffing rota and record keeping.

During this inspection, service users were observed to be enjoying their experience. Those who spoke with the Inspector said that they enjoyed attending Strule Erne Activity Centre.

Overall, the inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. All areas for improvement identified at the previous inspection, were assessed as having been addressed by the provider, however, three new areas for improvement were identified as a result of this inspection. Details of these can be found in the main body of this report.

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 service 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 Quality Improvement Plan 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, working and visiting the day care setting and review/examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

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

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

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.

During the inspection we spoke with a number of service users and staff members to seek their views of attending, visiting and working within the day care setting. HSC staff were also asked to provide feedback on the service.

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

Service users were observed to be enjoying their seasonal Christmas celebrations and performing a dance to live music. A good rapport was noted between service users and staff who were enthusiastic and encouraging in their approach.

Service users we spoke with said that they enjoyed coming to Strule Erne Activity Centre and that the support provided by staff was good. Comments received included: "I enjoy it here" and "I like it and come on the bus here".

Completed service user/ relative questionnaires indicated that the respondents were satisfied with the care and support provided and that the staff were helpful however some comments indicated that the bus times were not early enough in the mornings. This was relayed to the manager to action as necessary.

One relative who spoke with the inspector expressed high levels of satisfaction with the care and support provided by staff at Strule Erne Activity Centre. They said their relative looked forward to attending.

Staff who spoke with the Inspector said that they felt the care and support provided to service users was good and that the service users had an enjoyable experience when they attended the day care setting. Staff indicated that the service was well- led by the manager who was approachable and provided good support to them. Staff said the training provided for their role was useful.

A HSC staff member who provided feedback on the day care setting said that service users enjoy attending the day care setting and there is a good range of activities to avail of.

3.3 Inspection findings

3.3.1 Adult Safeguarding and Incident Reporting

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 however the policy document required to be dated. The day care setting had two identified Adult Safeguarding Champions (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the reporting and management of adult safeguarding concerns. Further clarity and guidance was needed with regards to the documentation that staff are required to complete in response to any safeguarding concerns. The manager confirmed after the inspection that further training will be arranged to support staff on how to complete this documentation. This will be reviewed at a future inspection.

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. 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 HSC Trust in relation to adult safeguarding. A review of records pertaining to adult safeguarding concerns raised since the last inspection confirmed that these had been managed in line with the adult safeguarding policy and procedures. It was recommended that a centralised tracking system be developed to record all adult safeguarding concerns arising within the service and actions taken. This should be reviewed regularly to aid in identifying any potential trends and to confirm all appropriate actions have been taken in line with adult safeguarding policy and procedures. This will be reviewed at a future inspection.

The day care setting's governance arrangements for the management of accidents/incidents was examined and confirmed that there was an incident/accident reporting policy and system in place. Any accidents/incidents that arose within the day care setting had been managed appropriately. Advice was provided to the manager in respect to developing a method to keep track of incidents / accidents to ensure the appropriate management of same and to assist in identifying any trends. This will be reviewed at a future inspection.

On review of the policies index, it was identified that some listed policies such as the accidents/incident policy, did not match the title as stated on the policy document and some documents required to be streamlined so staff can clearly identify which policy to reference as needed. An area for improvement has been identified.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

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

3.3.2 Mental Capacity and Restrictive Practice

The Mental Capacity Act (MCA) 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 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. Where a service user was experiencing a deprivation of liberty, care records contained the appropriate documentation. The day care setting maintained a register of those service users who have a DoL in place.

The manager advised that there are no other restrictive practices that are applied within the day care setting.

3.3.3 Staffing Arrangements (recruitment and selection and induction)

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. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Staff said they felt well supported in their role.

An area for improvement arising from the previous inspection related to the recording of the activity therapist's hours of work on the duty roster. A review of the rota confirmed that these

details had been added and were now consistently recorded. On this basis the area for improvement was assessed as met.

An area for improvement identified at the previous inspection related to recruitment practices. A review of the day care setting's staff recruitment records of employees recruited since the last inspection evidenced that all recruitment checks including enhanced AccessNI checks had been completed for all staff prior to the commencement of direct work with service users.

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 the monitoring of professional registrations by the manager. Staff who spoke with the Inspector confirmed that they were aware of their responsibilities to keep their registrations up to date.

An area for improvement identified during the previous inspection related to the induction process for one staff member. A review of this and of the induction of appointed staff since the last inspection evidenced that a structured orientation and induction had been completed, having regard to NISCC's Induction Standards for new workers in social care. Written records were retained by the manager who signed off each staff's competency in relation to their job role. On this basis, the area for improvement was deemed to have been addressed by the provider.

3.3.4 Staff Training

Staff were provided with training appropriate to the requirements of their role, which was recorded on a colour coded matrix. A review of the training matrix confirmed that staff had completed training appropriate to their roles including Adult Safeguarding, manual handling, medicines management, Dysphagia, basic life support, DoLS, Infection control, dementia awareness, epilepsy, autism and safety intervention.

Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date.

All day care staff had been provided with training in relation to medicines management and a competency assessment is undertaken for those identified staff who are required to assist with medication to ensure they are proficient to carry out this task.

3.4.5 Management of Dysphagia and Recommendations for Eating, Drinking and Swallowing Documents (REDS)

A number of service users had been assessed by a Speech and Language Therapist (SALT) with recommendations in place regarding the consistency of their food and fluids. Staff had completed training in Dysphagia and were familiar with how food and fluids should be modified and had completed training in Dysphagia and in relation to how to respond to choking incidents. Staff followed a clear programme for each service user with SALT requirements at meal times to ensure the care received in the setting was safe and effective.

3.4.6 Care Records and Service User Input

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.

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. Care records evidenced multi-disciplinary working and regular communication with relevant professionals from the commencement of the day care placement. Care plans contained details about their likes and dislikes and the level of support they may require. These 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, in keeping with the day care setting's policies and procedures. Advice was given to the manager in respect of ensuring care records contain the signatures of service users and/or their relatives or representatives in line with person centred planning. The manager provided assurances of plans to review all care records to ensure signatures are obtained on care records as appropriate. This will be reviewed at a future inspection.

It was good to note that the day care setting had service user meetings on a regular basis which supported service users to make choices around the activities they would like to participate in when at the day centre. Activities included outings in the local community, knit and natter, dancing, alternative therapies, Jabedego bag activities, seasonal arts and crafts, card-making, memory games and puzzles. It was evident that service users enjoyed the dancing performances and the live music entertainment provided at the time of the inspection.

3.4.7 Quality and Management of the Environment

The day care setting was observed to be clean, tidy and suitably furnished, decorated, warm and comfortable. All hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

A review of the most recent fire risk assessment indicated that all actions had been completed. There was evidence that fire safety checks had been completed as required and that staff had participated in a fire evacuation drill. Throughout the inspection fire doors were observed to be unobstructed.

3.4.8 Governance and Managerial Oversight

There were monthly monitoring arrangements in place in compliance with the Day Care Setting Regulations (Northern Ireland) 2007. A review of a sample of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users and staff and efforts were made to include the views of stakeholders and representatives. Reports included details of accident/incidents but did not quantify the number of safeguarding concerns or complaints that arose per month. An area for improvement has been identified.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. An examination of the management of complaints confirmed that any received since the last inspection, were managed appropriately. It was recommended that all staff complete complaints training and that any complaints arising should be recorded both in the centralised record that is reviewed by the manager to ensure the appropriate response with outcomes noted. Complaints should also be recorded on a complaints template. The manager welcomed this advice and confirmed plans to review the complaints policy and to seek appropriate training. This will be reviewed at a future inspection.

The Annual Quality Report was reviewed and was satisfactory.

The day care setting's registration certificate was up to date and on display.

The day care setting had a system in place for recording attendance and departures from the service and for managing unexpected non-attendance.

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	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Laura Kelly, 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	
Area for improvement 1 **Ref:** Regulation 28 (2) & (4) (a) (b) (c) **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall ensure the day care setting is visited monthly to monitor the quality of the care and support provided. Consultation should take place with service users, staff, representatives and stakeholders and a report of the visit should include a review of both safeguarding concerns and complaints arising in the service and outline actions that are required to ensure any deficit in the service is addressed. Ref: 3.4.8
	Response by registered person detailing the actions taken: The Registered Person visits the centre monthly and monitors the quality of the care and support provided.Consultation takes place with service users,staff and representatives. Consultation with stakeholders and a review of safeguarding concerns and complaints arising in this service and actions required will be included in future monitoring reports.
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised) August 2021	
Area for improvement 1 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall ensure staff have completed training on and can demonstrate knowledge of safeguarding, including how to respond appropriately to and report a safeguarding concern about suspected, alleged or actual abuse. This relates to the need for clarification on documentation staff are required to complete in respect of any adult safeguarding concerns raised within the service and referrals to the Adult safeguarding team. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff have completed training and can demonstrate knowledge of safeguarding, including how to respond appropriately to and report a safeguarding concern about suspected, alleged or actual abuse. All support staff will receive further training in completing AP11 documents when reporting safeguarding concerns.

Area for improvement 2 **Ref:** Standard 18.4 **Stated:** First time	The Registered Person shall ensure that policies and procedures to direct the quality of care and services provided are centrally indexed and dated when issued, reviewed or revised, Ref: 3.3.1
To be completed by: Immediately and ongoing	**Response by registered person detailing the actions taken:** The policies and procedures to direct the quality of care and services provided are centrally indexed and dated when issued, reviewed or advised.The policy folder will be updated to include date reviewed on each policy and procedure.

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

Web: www.rqia.org.uk

Twitter: @RQIANews