



The Regulation and  
Quality Improvement  
Authority

Strabane and District Caring Services  
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**Unannounced Care Inspection  
of  
Strabane and District Caring Services**

**29 February 2016**

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

An unannounced care inspection took place on 29 February 2016 from 10.00 to 15.00. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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>	1	5

The details of the QIP within this report were discussed with the Jacqueline Timoney, registered manager and Gerard Harkin, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Strabane and District Caring Services/Gerard Mario Harkin	<b>Registered Manager:</b> Jacqueline Timoney
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Jacqueline Timoney	<b>Date Manager Registered:</b> 16 October 2009
<b>Number of Service Users Accommodated on Day of Inspection:</b> 6	<b>Number of Registered Places:</b> 10

### 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 standard and theme 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:

- Inspection of the following documents:
  - RQIA registration certificate
  - Statement of purpose
  - Accidents/Incidents records
  - Complaints records
  - Policies/procedures relating to standards 5 and 8
  - Monthly monitoring visits by the registered provider
  - Three care records provided by the manager
  - Service user meetings
  - Staff training records
- Discussions with 6 service users, 2 staff and registered persons
- Distribution of 5 staff and 5 service users' questionnaires
- Inspection of the environment

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day care setting was an announced estates inspection dated 28 January 2016. No requirements or recommendations were made as a result of the estates inspection.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 15 October 2014 and 7 November 2014.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 28 (1) (2) &(3)	<p>The registered person must ensure adequate arrangements are in place to monitor the quality of services in accordance with the day care setting's written procedures on a monthly basis. A report for each monthly visit must be available for inspection to evidence the visit is undertaken monthly.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Monthly reports from the previous inspection until July 2015 were available on file. Written monthly monitoring notes from August 2015 to January 2016 were examined and discussed with the registered manager and Gerald Harkin, registered provider, as reports were noted to be in hand written format which were illegible in various areas. Mr Harkin explained that he had planned to have these typed into the template as previously, and that he would forward typed copies to RQIA on or before 9 March 2016. Reports were received as agreed.</p>	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.4	<p>The registered manager should ensure the staff is made aware of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance and how this may impact on their practice and service user's needs.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The manager confirmed that staff awareness training in Deprivation of Liberty Safeguards was included within staff training on challenging behaviour. The dates and content of training were noted to be retained. Staff demonstrated awareness and the impact on service users' needs.</p>	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 21.8</p>	<p>The registered manager should have the content of staff training available for inspection.</p> <p>The registered manager should undertake a post training assessment with staff to assure the manager that staff is competent to undertake their role and responsibilities post training.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Staff training records were retained within individual staff files with certificates of attendance in place. Post assessment evaluation/assessments of training provided were in the form of question and answer format. In addition the manager also provided written evidence in the staff supervision record.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 6.8</p>	<p>The registered manager should evidence in service user assessment and planning documentation that any potential restrictions have been discussed with service users and or their representatives, evidence consent and evidence any restriction in place is the least restrictive practice or approach to meet the service users need. This is in reference to the use of a lap belt and decision regarding smoking.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The needs assessment and care plan of one service user was examined and discussed with the manager. The assessment and care plan examined provided recorded evidence that discussion had taken place with the service user and their representative; consent was sought with signatures recorded.</p>		

### **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 pertaining to assessment, care planning and review which were readily available to staff in the centre.

Three service users' care records were provided and discussed with the manager. Records contained needs assessments; complemented with risk assessments and care plans. One care plan examined did not fully reflect the continence needs of one resident. One recommendation was made in this regard.

A continence promotion policy was in place (October 2014). This policy defined personal care and gave guidance to staff involved with service users who had assessed continence needs.

Staff consulted 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 continence 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 who attend.

Staff had received training in continence management (2012). As some staff are no longer employed and new staff appointed, it is recommended that update training in continence management is provided.

On the day of inspection staff were observed to be confident in carrying out their duties which was carried out in an organised caring manner.

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

Staff confirmed they would consult with the district nursing staff in regard to the continence needs of service users as required. Review of care planned and provided is undertaken by the district nurse with records retained on file. Supplies of incontinence garments are prescribed by the district nurse and retained by the service user.

#### **Is Care Effective?**

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

The manager and staff confirmed that service users always had access to continence garments which they bring to the centre.

Care records examined confirmed that continence needs are discussed as part of the core assessment. One recommendation was made in regard to one service user's care plan which did not fully reflect the continence needs identified within the needs assessment.

A review of the environment confirmed that service users had direct access to toilets which were close to the main communal area. Staff confirmed that a sufficient supply of personal protection equipment was always available to them. Hand washing dispensers were positioned in several convenient locations in the centre. Resources such as hand rails and a mechanical hoist were observed.

One satisfaction questionnaire returned to RQIA from a service user indicated they felt safe and secure in the centre.

### **Is Care Compassionate?**

The centre's Service user guide reflects the core value of rights which each service user can expect to receive. Reference is made to service user group meetings where they can make proposals/suggestions regarding the running of the centre, including activities and social events.

Staff interaction with service users was observed throughout the inspection 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 in a respectful, dignified manner.

### **Areas for Improvement**

One recommendation was made in regard to ensuring the continence need of one service user is fully reflected.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</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, providing guidance to staff on how to promote service users' involvement in the day centre. Each policy set out the principles for involving service users to ensure they have an active role in the service delivery.

Service users confirmed they felt comfortable to raise any issues of concern with the manager or staff. They also confirmed that they felt that any issues raised would be appropriately addressed.

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.

There was evidence that randomly selected policies and procedures were being reviewed to ensure the most up to date information and current best practice was reflected. Policies and procedures were retained in hard copy and electronic format.

## Is Care Effective?

There was evidence to confirm that management and staff actively seek the views of service users. Methods used included:

- Service users' group meetings are held with minutes recorded. The manager explained that meetings take place to enable service users to be involved in and have the opportunity to influence the running of the service. Examples of discussions included social events and activity provision.
- Monthly monitoring visits were conducted by the registered provider. Reports examined reflected information; however, recent reports were hand written and illegible in places. The registered provider submitted typed reports to RQIA following the inspection.
- Plans were in place to recommence an annual service user satisfaction survey during 2016 with questionnaires in draft format. The manager confirmed that feedback on analysis of responses is to be shared with service users/representatives and with staff.
- Annual review of care is provided when service users / representatives are encouraged to share their views about the care provided at the centre. This was reflected within care review records retained on file.
- Daily discussions with service users during group interactions is utilised to seek their views on the activity provision and other aspects of care provided, including transport. This information is collated, and recorded with action taken to meet suggestions.
- Service users' care plans entitled "My Service Plan" reflected service users' likes, dislikes and preferences.

A record /report on the service user views and comments was developed from the aforementioned methods which are utilised to shape and continuously improve the quality of services and facilities provided in the centre.

The manager confirmed that no complaints were received within the time period 1 April 2014 to date. No complaints were recorded within records retained. Information on "How to Complain" was contained within the Statement of Purpose and Service User Guide.

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

Inspection of three service users' care records provided by the manager evidenced that service users or where necessary their representatives are encouraged to participate in decisions about the care and support they receive in the day centre. The care 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 understood the importance of consultation with service users and demonstrated knowledge and understanding of service users' preferences and needs.

Inspection of the last three monthly monitoring reports completed by the registered person incorporated the views and opinions of service users.



## Is Care Compassionate?

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

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

One completed satisfaction questionnaire was returned to RQIA from a service user who indicated they were very satisfied that their views and opinions are sought about the quality of the service.

## 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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## 5.5 Additional Areas Examined

### 5.5.1. Care Records

Individual care records were being retained within the day care setting. Three care records were discussed with the manager and staff. Files contained needs assessments which were complemented with risk assessments; My Service Plan (service user) reflected likes, dislikes and preferences in the daily life of the service user; care plans and evaluations were in place. One recommendation made related to ensuring that full details on the management of lap strap for one service user were reflected within the care plan. Details such as: release times; staff supervision at all times when the lap strap is in use; and review of the associated risk discussed at the commissioning trust care management review should be included.

The manager confirmed that care management reviews take place annually and explained that the minutes of a review meeting held September 2015 had not been received. Following a telephone call by the manager to the commissioning trust social worker during the inspection, minutes were received. Recommendations, as shown in the minutes, were not reflected within the care plan of one service user. One requirement was made in regard to ensuring that any changes agreed as a result of review are reflected within the care plan, and that any restrictive practice, actual or potential are discussed and reviewed at care management meetings.

### 5.5.2 Policies/Procedures

A range of policies and procedures were in place and available to staff. One policy on restrictive practice and seclusion was examined and discussed with the manager. It was recommended that review of this policy is undertaken to ensure current best practice is reflected, for example multi-professional needs assessment which is complemented with risk assessment; multi-professional agreed risk management plan which is signed as by all in attendance including service user/representative; staff training, degree of supervision and regular review.

### **5.5.3 Staff Training.**

Staff mandatory training and associated training matrix was discussed with the manager as First Aid and challenging behaviour was not reflected. The staff and manager confirmed that training had been provided. One recommendation was made in regard to retaining a dated record of this training within the matrix.

### **5.5.4 Staff and Service User Satisfaction Questionnaires**

Five staff and five service user questionnaires were given to the manager for distribution. One questionnaire from a service user was returned to RQIA within the timescale.

### **5.5.5 Complaints**

The manager confirmed that no complaints had been received during the period 1 January 2014 to 31 March 2015. Examination of complaints records evidenced that none had been received.

### **5.5.6 Environment**

On the day of inspection the centre was observed to be clean, organised, comfortably heated and fresh smelling throughout. There were a range of resources to enhance the care and support the independence of service users.

Fire doors were closed and fire exits unobstructed.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jacqueline Timoney, registered manager and Gerald Harkin, registered provider as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 February 2016</p>	<p>The manager shall ensure that any changes agreed as a result of the commissioning trust review of care are reflected within the identified service user's care plan.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>All changes agreed as a result of the commissioning trust review of care are reflected within the identified service user's care plan upon receipt of review minutes. The registered manager will request receipt of minutes from the commissioning trust within 4 weeks at care review.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>Ensure care staff are provided with update training in continence management.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The registered manager is actively seeking training in continence management and will ensure all staff receive same in timescale stated.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b></p>	<p>Ensure full details on the management of lap strap for one service user are reflected within the care plan and ongoing review conducted. Details such as release times, and staff supervision at all times when the lap strap is in use and review frequency should be included. Review of the associated risk should also be discussed at the commissioning trust care management review.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The care plan of said service user has been updated to include full details of the use of lap strap, i.e. supervision requirements, release times and frequency. This will be included in all future reviews and discussed at the commissioning trust care review.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 18.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 April 2016</p>	<p>Ensure review of the policy on restrictive practice and seclusion (November 2014) to include current best practice is reflected in regard to restrictive practice including lap strap use. For example: multi-professional needs assessment which is complemented with risk assessment; multi-professional risk management plan which is signed as by all in attendance including service user/representative; staff training; degree of staff supervision required; and regular review.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The policy on restrictive practice and seclusion has been updated to include guidance on the use of lap strap and the degree of staff supervision required. Also included is the requirement for a multi professional needs assessment and risk assessment which must be</p>

	signed off by all in attendance including the service user and/or their representative.		
<b>Recommendation 4</b> <b>Ref:</b> Standard 21.8 <b>Stated:</b> First time <b>To be Completed by:</b> 31 March 2015	First Aid and challenging behaviour training provided should be recorded alongside all mandatory training within the training matrix.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> First Aid and challenging behaviour training has been included in the staff training matrix.		
<b>Recommendation 5</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time <b>To be Completed by:</b> 30 February 2016	Ensure the assessed continence need of one service user is reflected within the care plan.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The continence need of said service user has been included in the care plan.		
<b>Registered Manager Completing QIP</b>	Jacqui Timoney	<b>Date Completed</b>	01/04/2016
<b>Registered Person Approving QIP</b>	Gerard Harkin	<b>Date Approved</b>	01/04/2016
<b>RQIA Inspector Assessing Response</b>	Priscilla Clayton	<b>Date Approved</b>	02/04/2016

*\*Please ensure this document is completed in full and returned 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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.