

Announced Primary Care Inspection

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| Name of Establishment: | The Hillside Centre |
| RQIA Number: | 11236 |
| Date of Inspection: | 24 February 2015 |
| Inspector's Name: | Suzanne Cunningham |
| Inspection ID: | IN020547 |

The Regulation And Quality Improvement Authority
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1.0 General Information

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| Name of Establishment: | The Hillside Centre |
| Address: | Dillon Court Church Street Strabane BT82 8BN |
| Telephone Number: | (028) 7188 6603 |
| E mail Address: | brenda.oneill@westerntrust.hscni.net |
| Registered Organisation/ Registered Provider: | Western Health and Social Care Trust Mrs Elaine Way CBE |
| Registered Manager: | Ms Brenda O'Neill (Acting) |
| Person in Charge of the Centre at the Time of Inspection: | Ms Brenda O'Neill (Acting) |
| Categories of Care: | Day Care Settings Mental Health (DCS-MP) |
| Number of Registered Places: | 15 |
| Number of Service Users Accommodated on Day of Inspection: | 12 |
| Date and Type of Previous Inspection: | 28 February 2014 |
| Date and Time of Inspection: | 24 February 2015 11:00 to 15:30 |
| Name of Inspector: | Suzanne Cunningham |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods / processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

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| Service users | 6 |
| Staff | 3 |
| Relatives | 0 |
| Visiting Professionals | 0 |

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 2 | 1 |

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance Statements | | |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report. |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

7.0 Profile of Service

The Hillside Centre is located in a two storey building within a Supported Housing development, at Dillon Court, located close to Strabane town centre.

The centre is managed by the Western Health and Social Care Trust and offers a daily service Monday to Friday to a maximum of fifteen people aged between 18 to 65 years, with a focus on promoting positive mental health.

Ms Benda O'Neill is the Acting Manager and has been in this role for over two years, she has previously worked in a similar role as a mental health nurse for over 10 years. Brenda reports to the Manager for Mental Health Day Care Services.

Facilities at the centre include: a toilet/shower and a small interview room on the ground floor and two activity rooms, small kitchen, male and female toilets, offices and store room on the first floor. There are stairs to the first floor therefore the facility cannot cater for anyone who cannot mobilise up and down stairs.

8.0 Summary of Inspection

A primary inspection was undertaken in The Hillside Centre on 24 February 2015 from 11:00 to 15:30, this was a total inspection time of four hours and thirty minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke a group of three staff regarding the standards inspected and their views about working in the centre, this generated sound feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. Staff described the processes for recording and key working in this setting, service users each have a key worker however staff will work with any service users on a daily basis and record in their record. Staff described good communication between staff and the mental health team to ensure needs are met and service user's outcomes are improved. The staff discussed using person centred approaches in this day care setting by involving service users in their plan and planning for activities in the setting.

Staff were clear regarding their role and responsibility to keep service users information confidential and secure, the inspector was satisfied with arrangements in this regard. Staff gave an appropriate explanation of the meaning of exceptional circumstances however they were also clear regarding staff do not use restraint or restrictive practice in this setting with any service users and it is not currently part of anyone's care plan. Staff described they focus on good communication, diversion, distraction, clear planning and offering one to one time with a cup of tea. Finally staff discussed the management arrangements in the setting, they said they were satisfied the current acting manager is supportive and the day care worker will act up in the managers absence which staff described they were satisfied with. The staff confirmed they were receiving supervision at least once every three months, an annual appraisal and mandatory training.

One questionnaire was returned by a staff member that reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; mandatory staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member praised the quality of care provided within the returned questionnaires and the following comment was made: "Excellent care in Hillside. Clients are given support and advice when necessary, staff are approachable and get on well with each other".

The inspector talked to six service users during the inspection regarding the standards inspected and their views about attending the day centre. The inspector also walked around the setting and spoke informally with all of the service users. The service users told the inspector they were aware of their records being kept by staff and saw these when preparing for a review. Service users said they would speak to staff if they wanted to access the records and were confident they could speak to staff regarding a range of matters. Service users discussed what the setting gives them and this ranges from support, motivation, social opportunities, improved physical health and increased confidence. All of the service users described their time in the day care setting as life changing and were able to provide the inspector with examples of how their outcomes had improved by attending this setting. The service users identified Brenda is the manager and a day care worker acts up when she is not here, however service users said they would go to the staff they are working with if they needed support.

The previous unannounced inspection carried out on 28 February 2014 had resulted in two requirements; the first regarding regulation 28 visits which had been improved and one regarding the staffing arrangements which had been addressed but not resolved in compliance with the regulation, therefore this is restated.

Four recommendations were made regarding the review report; safeguarding procedures; the quality of reporting in the regulation 28 reports and the settings policies and procedures. Three of these matters had been improved and the improvement regarding the quality of reporting in the regulation 28 visits is restated for further improvement.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

The six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant. No requirements or recommendations are made.

Discussions with service users and staff and review of three service users' individual files provided evidence that the centre had sound processes in place to record assessment, planning and review information with service users and involve other professionals when appropriate. The inspector noted the quality of information recorded enabled the inspector to identify where outcomes have improved for service users.

The discussions with service users confirmed service users are aware a record is kept about them and they had seen their records as well as contributed to the recording. Service users said they were satisfied they are accessing their information and if they wanted to see other documents they would ask staff.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations have been made regarding the examination of this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting does not use restraint or restrictions to manage behaviour in this setting. No requirements or recommendations are made.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre without using restraint and restrictions. The staff reported they were knowledgeable regarding exceptional circumstances and they use clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities when responding to service user behaviours to calm and support service users and ensure behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no requirements or recommendations are made regarding this theme.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. One of the criteria was assessed as moving towards compliance and the remaining criteria were assessed as substantially compliant. One requirement is made regarding a manager registering with RQIA for this day care setting. Two recommendations are made regarding completing a competency assessment with the day care worker and improving the frequency of supervision for all staff in compliance with standard 22.2.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme; one requirement and two recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined three service users individual files, validated the registered manager's pre inspection questionnaire and reviewed monthly monitoring reports. This did not reveal any additional areas for improvement regarding the service user's individual records, the management arrangements, statement of purpose, service user's guide or complaints record. The monthly monitoring records are further discussed and a recommendation is restated which was identified at the last inspection.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the person centred approach to day care and support that is delivered in this centre; there is a clear focus of seeking to improve outcomes for all service users. Service users clearly describe this day care setting is and has made a significant difference to their life in a positive way that has developed their confidence, independence, awareness of their own needs and safety.

As a result of the inspection a total of two requirements have been made regarding the staffing review (stated for the third time) and the registration of the manager with RQIA. Three recommendations are made regarding the monthly monitoring reporting (stated for the second time); a competency assessment should be undertaken with the day care worker who assumes responsibility in the absence of the manager and improving the frequency of supervision. This was reported to the acting manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

9.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1 | 28 (1) (2) (3) & (5) | <p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> (a) Written procedures shall be in place detailing arrangements for assessing and monitoring the quality of service provision (b) Representatives and relatives are informed of the purpose of quality monitoring and be given access to the summary report. | <p>The procedures for the regulation 28 visits were in place and were available for inspection. The manager had shared information about quality monitoring with service users and this is ongoing. Representatives and relatives had not been approached regarding this because the service users live independently and choose to manage their own care and support. This would be done in the future if a service user was not independent and was in agreement that the details of their care needs should be shared with representatives and or relatives.</p> | Compliant |
| 2 | 20 (1) (a) | <p>The registered person should make appropriate arrangements for the staffing arrangements in this day care setting to be reviewed. This should confirm there is enough staff to cover roles and responsibilities and confirm arrangements to permanently recruit for the vacant manager post and the vacant day care worker post.</p> | <p>This review had been completed and the outcome is being reported to trust senior management however this is not compliant with timescales stated in the returned QIP for the last inspection. The outcome of the review must be reported to RQIA to verify if staffing arrangements are adequate or not. This is restated for a third time.</p> | Moving towards compliance |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1 | 15.5 | The review report should outline all elements listed at criterion within the relevant section of the report (15.5). | This had been achieved and was being used in practice. | Compliant |
| 2 | 13.2 | Local procedures detail safeguarding liaison arrangements within the setting. The procedure should include the names and contact details for nominated western trust staff that staff at the centre can report concerns to. | This had been addressed and evidence of the procedure and contact details was evidenced during this inspection as accessible for service users and staff. | Compliant |
| 3 | 17.10 | To ensure that the organisation is being managed in accordance with minimum standards. The monitoring visit and report should be more qualitative based, see comments made at 17.10 in the attached report. | This had improved however, the monitoring officer should make further improvements to the detail and inspection focus to improve the focus of the visit and reporting and ensure it comments on the conduct of the day care setting. This is restated for the second time. | Substantially compliant |
| 4 | 17.2, appendix 2 | The registered manager should review the settings policies and procedures to ensure compliance with appendix 2. | These were made available for inspection and were sampled for this inspection. | Compliant |

10.0 Inspection Findings**Standard 7 - Individual service user records and reporting arrangements:****Records are kept on each service user's situation, actions taken by staff and reports made to others.****Criterion Assessed:**

7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.

COMPLIANCE LEVEL**Provider's Self-Assessment:**

Service users personal information is treated with confidentiality at all times, where this does not infringe on the rights of other people. The DHSSPS Code Of Practice and Trust Policy on Confidentiality is adhered to in order to protect service users confidentiality.

Compliant

Inspection Findings:

The inspector reviewed three service users' records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The service user records are kept in a locked cabinet and recording is completed in the staff office. The staff has access to policies and procedures pertaining to access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.

Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user's personal information commensurate with their role and responsibility.

Discussion with service users confirmed they are informed regarding their information being kept in the setting and service users confirmed they assist in their recording in the day care setting.

COMPLIANCE LEVEL

Compliant

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| Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: To date, there have been no requests for access to individual case notes. Any requests of this nature would be dealt with by the " Information and Governance Office" based in The Tyrone and Fermanagh Hospital, Omagh. Any such requests and their outcomes would be recorded and maintained for information purposes. (Data Protection and Confidentiality Policy) | Compliant |
| Inspection Findings: Discussion with service users confirmed they are aware a file of information is kept about them and this contains their review information which they help to write. The service users also said they knew they could ask to see this if they wanted to but did not feel this was necessary. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding service users' involvement in recording and their right to access information recorded about them. There had not been any requests to access service user records at the time of this inspection. | COMPLIANCE LEVEL Compliant |

| Criterion Assessed: | COMPLIANCE LEVEL |
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| <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. | |
| Provider's Self-Assessment: | |
| Individual records are maintained on all service users (from referral to closure). These records contain all relevant and required information. . | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The examination of a sample of three service user individual records evidenced the above records and notes are available and maintained. | Compliant |

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| Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: | |
| Records are completed on a weekly basis and also daily as necessary. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| Individual care records have a written entry at least once every five attendances for each individual service user. | Compliant |
| Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: | |
| There is a staff reporting arrangement within the facility and all staff are aware of this arrangement. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| Procedures were in place and staff discussed awareness of these. The inspector noted there is a cooperative working ethic in this setting with service users, within the team and with all professionals. | Compliant |

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| Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager. | |
| Provider's Self-Assessment: All records are legible, accurate and up-to-date. These are signed and dated by the staff member making the entry. Records are also reviewed periodically by the Manager and signed off by the Manager annually. | Compliant |
| Inspection Findings: The inspector examined a sample of three service user individual records and confirmed this criterion is being met and staff consultation confirmed their understanding of this criterion. | COMPLIANCE LEVEL Compliant |

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| PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

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| INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

| Theme 1: The use of restrictive practice within the context of protecting service user's human rights | |
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| Theme of "overall human rights" assessment to include: | |
| Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: | |
| There are no restraint methods used within this facility. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector examined a selection of records including: three individual service user records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. There were no records of restraint, restriction or seclusion that had happened and no one who attends the setting has a plan that includes restrictions or restraint to be used in the day care setting.</p> <p>Staff had attended MAPA training in October 2013 and they can access professional guidance as necessary from CPN and social work staff.</p> <p>Staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Staff was also aware of their role in protecting service users human rights.</p> | Compliant |

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| Regulation 14 (5) which states: | COMPLIANCE LEVEL |
| On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable. | |
| Provider's Self-Assessment: | |
| Again, there are no restraint methods used in this facility. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| No service users had been subject to restraint therefore no reports had been made to RQIA. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i> , Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 was available for staff information. | Not applicable |

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| PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

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| INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

| Theme 2 – Management and Control of Operations | COMPLIANCE LEVEL |
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| <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p> | |
| <p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p> | |
| <p>Provider's Self Assessment:</p> | |
| <p>There are three members of staff working in the day centre. All staff are experienced and possess relevant qualifications appropriate to the care required for the service users. There is also a defined management structure in place and all staff are aware of this structure.</p> | Compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>There is an acting manager in the manager position, she is a qualified Nurse (RMN) and has been acting in this post since the last manager left; which is over 2 years ago. The position of manager has not been recruited due to the impending completion of the review of the day care services which will propose the future model of day care in mental health services. However, having an acting manager in post for this long is not in the spirit of the acting registration with RQIA. The acting manager title is meant to serve as a gap for a manager who is absent short term or to allow the organisation to recruit a new manager. The registered person is required to notify RQIA in the returned QIP the trusts plan to ensure a registered manager is in place in this setting without delay.</p> | Substantially compliant |

The acting manager does have the qualifications, experience and the professional registration to be the registered manager and the inspection indicated she is demonstrating appropriate skill and competence to manage this setting.

Examination of the training record evidenced the staff and manager had received the mandatory training at the intervals required by the trust.

The review of the staffing rota evidenced three staff work together as a minimum in the setting to facilitate the support and activity programmes in place. The manager explained this can be difficult if staff are absent because cover staff can only be sought from the trust pool of staff. At the time of the inspection a staff member was absent and a trust Occupational Therapist who spends time working in the setting had been working additional hours to ensure the setting has three staff daily.

Policies and procedures pertaining to the management and control of operations were available for staff such as absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose.

Discussion with staff working in the centre confirmed their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. Staff were clear who they report to; who they seek support or guidance from; who supervises them and were satisfied regarding the effectiveness of the same.

Discussion with service users confirmed they are aware of the management and staffing structure in place and who is in charge of the day care setting on a day to day basis. The staffing structure of the day care setting is clearly described in the settings statement of purpose. In the manager's absence the band 5 day care worker acts up however, a competency assessment had not been completed in this regard and a recommendation is made.

The registered manager had arranged for an independent organisation to undertake a satisfaction audit with service users and the feedback recorded provided clear evidence service users view this day care setting as an important source of support and a place to build skills to be able to live independently in the community. This is clear evidence this day care setting is in the service users' opinion improving outcomes for them by attending this day care setting.

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| Regulation 20 (2) which states: <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised | COMPLIANCE LEVEL |
| Provider's Self-Assessment: The staff working in the day centre are appropriately supervised. Formal supervision takes place every three months (as per trust policy). Also, informal supervision occurs on an on going basis, through planning meetings; daily up dates and good communication skills within the staff team. | Compliant |
| Inspection Findings: The inspector reviewed staff files which evidenced staff had received 3 supervision sessions in 2014 and this should have been 4 supervision sessions. A recommendation is made to improve the provision of individual supervision to all staff in compliance with standard 22.2. | COMPLIANCE LEVEL Moving towards compliance |
| Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work | COMPLIANCE LEVEL |
| Provider's Self-Assessment: All the staff have been employed through the selection and recruitment process of the Western Health and Social Care Trust. The staff are all suitably qualified to work with in the day care setting. All the staff possess both relevant qualifications plus considerable and relevant experience in the field of caring for people with mental health difficulties. | Compliant |
| Inspection Findings: As described in the first criterion for this theme a recommendation is made to undertake a competency assessment for the staff member who acts up in the manager's absence. | COMPLIANCE LEVEL Substantially compliant |

| PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
|------------------------------------------------------------------------------------------------------|------------------|
| | Compliant |

| INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
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| | Substantially compliant |

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. Furthermore in 2014 and 2015 no complaints or issues of dissatisfaction had been recorded.

11.2 Service User Records

Three service user files were inspected as part of this inspection and this did not identify areas for improvement in the content or quality of information recorded. This is further discussed in the examination of standard seven.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

11.4 Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

11.5 Monthly Monitoring Reports

The inspector reviewed a sample of regulation 28 reports during the inspection and the provider supplied two regulation 28 reports for this inspection. The reports were identified for improvement at the last inspection and this inspection revealed some improvements had been made but they was still areas that should be further improved namely the reports must comment on the conduct of the day care setting. A recommendation is restated in this regard.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Brenda O'Neill (Acting), as part of the inspection process.

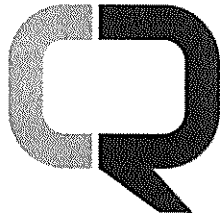
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Primary Care Inspection

The Hillside Centre

24 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Brenda O'Neill (Acting registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. | 20 (1) (a) | <p>The registered person must report the outcome of the staffing review to RQIA and inform RQIA regarding is there enough staff to cover roles and responsibilities.</p> <p>The registered person must report to RQIA arrangements in place to permanently recruit for the vacant manager post and the vacant day care worker post.</p> | Third | <p>The staffing review and proposed staff profile for Hillside will be presented to the Directorate Senior Management Team on 29th April 2015.</p> <p>It will then be presented at the Trade Union Staffside meeting on 27th May 2015. After a period of consultation, there will be permanent recruitment of any vacant posts.</p> | 21 April 2015 |
| 2. | 9 (1) & (2) | <p>The responsible person must ensure appropriate arrangements are put in place to ensure this setting has a manager that is registered with RQIA as manager for this day care setting.</p> <p>The registered person is required to notify RQIA in the returned QIP the trusts plan to ensure a registered manager is in place in this setting without delay.</p> | First | <p>An applicatoin for temporary manager has been progressed. When the permanent manager is recruited, they will register with RQIA as manager for Hillside Day Centre.</p> | 21 April 2015 |

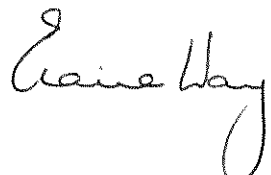
Recommendations

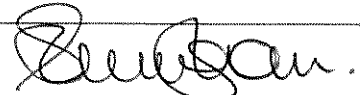
These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. | 17.10 | The responsible person should make appropriate arrangements for the monitoring visit and report to be more qualitative based. Improvement should improve the focus of the visit and reporting to ensure the report directly reports on and seeks to improve the conduct of the day care setting. | Second | <p>The Day Care Manager and myself have agreed the following to be completed by 30th April 2015:</p> <ul style="list-style-type: none"> -New guidelines outlining a more qualitative approach to the Monthly Monitoring Visits. -A new form will be introduced to reflect this and capture relevant information. <p>The other Mental Health Day Centre managers will be involved in the process and the new form will be piloted on 12th May 2015.</p> | 21 April 2015 |

| | | | | | |
|----|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 2. | 23.3 | The acting manager should undertake a competency assessment with the day care worker who acts up in the manager's absence to evidence they are knowledgeable of their role and responsibility when acting up, accept the task and have the appropriate skills to undertake this role. | First | A competency assessment will be completed with the day care worker who acts up in the manager's absence, in the week beginning Monday 20 th April 2015. | 21 April 2015 |
| 3. | 22.2 | The responsible person and registered manager should ensure appropriate arrangements are in place for all staff to receive individual supervision at least once every three months. Supervision records must be in place to evidence this. | First | There is a system in place whereby each staff member at Hillside will receive supervision at three monthly intervals. Supervision sessions alternate between individual and group supervision at staff's request. | 21 April 2015 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Name of Registered Manager Completing QIP | Brenda O'Neill |
| Name of Responsible Person / Identified Responsible Person Approving QIP |  |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|-------------|
| Response assessed by inspector as acceptable | | | |
| Further information requested from provider | Yes. |  | 23.9.2015. |