

Unannounced Care Inspection Report 5 March 2019



The Hillside Centre

Type of Service: Day Care Service
Address: Dillon Court, Church Street, Strabane, BT82 8BN
Tel No: 02871886603
Inspector: Angela Graham

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities for up to 15 service users who have needs arising from mental health diagnosis. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHST).

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Anne Kilgallen	Registered Manager: Brenda O'Neill
Person in charge at the time of inspection: Brenda O'Neill	Date manager registered: 8 March 2016
Number of registered places: 15	

4.0 Inspection summary

An unannounced inspection took place on 5 March 2019 from 09.20 to 15.45.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and determined if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control that promoted safe care. Further areas of good practice were also noted in regard to audits and care reviews; communication between service users, staff and other key stakeholders; and the culture and ethos of the day care setting. It was also positive to note good practice in relation to existing governance arrangements, and a focus on quality improvement.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "this is a great service, staff are so supportive"; "I feel very much involved in the running of the centre" and "I am involved in all decisions around my support needs".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 13 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 13 February 2018
- Unannounced care inspection report and QIP from 13 February 2018

During the inspection, the inspector met with the registered manager, registered nurse and a day care worker. Introductions were made to service users during the course of a walk around the setting; with individual interaction with eight service users.

The following records were examined during the inspection:

- Three service users' care records
- A sample of service users' daily records
- A sample of staff supervision and appraisal records
- A sample of competency and capability assessments
- Staff training information
- The day centre's complaints/compliments record since the last inspection
- Staff roster information for February 2019
- A sample of minutes of service users' meetings since the last inspection
- A sample of minutes of staff meetings since the last inspection
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports since the last inspection
- RQIA registration certificate
- Fire Safety Information.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; nine service users' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

Four areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Brenda O'Neill, Registered Manager, at the conclusion of the inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 February 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 13 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28 Stated: First time	The registered person shall improve the Regulation 28 monthly quality monitoring visits and reporting in the following areas: <ul style="list-style-type: none"> • the frequency of the visits must be monthly • the report should report on the conduct of the day care setting • the fire door closures identified for improvement should be addressed and areas identified for improvement should be included in an action plan that can achieve improvement. 	Met

	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The inspector reviewed a number of reports and confirmed that the monthly quality monitoring reports were available and up to date. The quality monitoring report reported on the conduct of the day care setting and an action plan was included as appropriate. Discussion with the registered manager confirmed that the fire door closures had been fitted.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 5.2 Stated: Second time</p>	<p>The registered person shall improve the format of the service user care plans. They should be reviewed and updated to achieve compliance with standard 5 criteria 2. This should include a record of the service user's goals and outcomes they would like to achieve.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the three care records evidenced that this area for improvement had been satisfactorily addressed.</p>	<p>Met</p>
<p>Area for improvement 2 Ref: Standard 23.7 Stated: First time</p>	<p>The registered person shall establish a staff record/roster that details daily staffing arrangements; including who is in charge and staff roles and responsibilities.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the staff duty rosters for February 2019 evidenced that this area for improvement had been satisfactorily addressed.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 8.4 Stated: First time	The registered person shall improve arrangements in place to complete an annual service user's quality assurance survey and produce an action plan that incorporates the service user's feedback and will improve the service.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. An annual service user's quality assurance survey had been undertaken in March 2018. A copy of the report was available on the day of inspection.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the registered manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. Discussions with the registered manager and observations during the inspection verified that there were sufficient numbers of staff to meet the needs of service users. A review of the staffing roster for weeks commencing 4 February 2019 until 5 March 2019 evidenced that the planned staffing levels were adhered to.

The day centre has a human resources (HR) department which oversee the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The registered manager confirmed that an induction programme was available for newly appointed members of staff. A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the registered manager. A review of

the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. Discussion with the staff member confirmed that they were willing to undertake this role.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, first aid, disability equality, suicide awareness equality, good relations and human rights and MAPA. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. The registered manager confirmed that systems were in place to record incidents and accidents on an electronic system which would be reviewed and audited by the WHSCT governance department. The registered manager further confirmed that any incidents and/or accidents would be reviewed on a monthly basis by the monitoring officer as part of the monthly quality monitoring visits. Discussion with the registered manager evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the registered manager and day care worker evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The registered manager described a transparent learning culture within the setting in which staff are supported and encouraged to engage in reflective practice; the registered manager stated that this approach allows staff to consider any lessons learnt and review how to improve the day care experience for service users.

Discussions with the registered manager and day care worker also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The registered manager and day care worker were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

There were no recent or current adult safeguarding referrals or investigation records to examine. The registered manager confirmed that the WHSCT safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the registered manager and day care worker further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

Observations of the environment in the day centre concluded that it was clean and tidy. Discussion with the registered manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 28 January 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed in January 2019 and the registered manager confirmed that the significant findings were currently being addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates were maintained.

Discussion with service users and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "I am very safe in the centre. Staff provide me with support and they are always there if I need to talk about anything."
- "We have had a fire drill recently and staff guide us to get out of the centre safely."

Staff comments:

- "I had a very detailed induction to the centre and I am continually supported by the manager."
- "The training, supervision and policies and procedures assist with the delivery of safe care."

Nine service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" with the safe care in this setting. The service users confirmed that they are safe and protected from harm, they could talk to staff, and the environment is suitable to meet their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge of adult safeguarding, risk management and infection prevention and control.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose.

The inspector reviewed elements of three service users’ care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ needs and respond to them effectively. The registered manager informed the inspector that she is currently reviewing the care records to include a recovery model.

Care records also reflected the multi-professional input into the service users’ health and social care needs. A record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

Discussion with the registered manager and review of arrangements concerning the storage of confidential records confirmed that service users’ records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Care records also reflected the multi-professional input into the service users’ health and social care needs. A record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed.

Observations of practice on the day of inspection provided evidence the staff on duty were confident and effective when communicating with service users. It was noted that service users freely approached staff and interactions were relaxed and spontaneous.

Discussions with the registered manager and registered nurse described effective communication between service users, their relatives and the multi-disciplinary team. They described this communication as being timely and effective, often resulting in better outcomes for service users.

Discussion with service users and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "I am happy with everything at the centre. The staff are very good and I like the activities."
- "I enjoy coming every day."
- "We do lots of things in the centre. My favourites are the art classes and the cooking classes."

Staff comments:

- "Service users are involved at all times in their assessment and care plan."
- "The care in the centre is very effective. We look at everyone's individual needs and address them."

Nine service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" regarding questions on "is care effective" in this setting. The service users stated that they receive the right care, at the right time, in the right place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assesses the day centre's ability to treat service users with dignity, equality and respect and to fully involve services users in decisions affecting their care and support.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. The day centre provides a range of activities including: puzzles, art classes, cook it classes, walking groups, creative art classes and relaxation therapy. There was also evidence that the registered manager was proactive in developing an activity programme which promoted new opportunities and new skills.

On the day of inspection, service users were observed engaging in relaxation therapy, a creative crafts class and word puzzles. Art and craft work which had previously been made was displayed around the centre. In all the activities and interactions observed, service users were engaged by staff with warmth, respect and encouragement.

Staff approaches and responses to service users were noted to be caring, cheerful and compassionate. Discussions with the registered manager established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. It was acknowledged that service users require varying degrees of support with their care needs, and that service user independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance.

The registered manager confirmed that service user meetings are held generally monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in March 2019, January 2019 and December 2018 evidenced service user feedback being sought in regards to outings, closure dates and activities. The minutes also reflected information provided to service users with regard to fire safety and walking groups.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff are kind and caring each day and they always ask you how you are."
- "The staff here are excellent, this place provides me with all that I need and I would be lost without it."
- "I hate when the centre is closed as I miss coming."

Staff comments:

- "At all times we consult the ladies and gentlemen in the centre about the running of the centre and what they would like to do when they are here."
- "We value the service users' views and treat them with respect."

Nine service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registered manager and day care worker confirmed that there are a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via paper copy or in electronic format.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The registered manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussions with the registered manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions or

more often and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

A review of staff meetings since the last inspection evidenced that they were held monthly. The meetings held in February 2019, January 2019 and December 2018 identified a focus on fire safety, record management, service users' needs and staff access to staff training opportunities.

The complaints record was reviewed and evidenced that no complaints had been received since the last inspection. The registered manager and registered nurse confidently described the procedure in place for recording and managing informal and formal complaints. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer within the organisation who demonstrated a good understanding of the setting. A sample of reports viewed from February 2019 to December 2018 provided evidence that the visits included engagement with service and staff; a review on the conduct of the day care setting; development of action points and review of previous action points.

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "This place is well run and I couldn't suggest anything to improve it."
- "A great centre that I feel very much part of."

Staff comments:

- "We are a small team and work really well together in the best interest of the service users."
- "The centre is very well run and there is an open door policy. If I had any concerns I would be very comfortable raising them with the manager."

Nine service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" regarding questions on "is care well led/managed" in this setting. The service users confirmed that the service was managed well and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement, staff supervision and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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