

Unannounced Care Inspection Report 20 June 2016



The Hillside Centre

Type of Service: Day Care

Address: Dillon Court, Church Street, Strabane, BT82 8BN

Tel No: 02871886603

Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Hillside Centre took place on 20 June 2016 from 10.00 hours to 14.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection included the review of records such as two service users' individual care files; the staff records such as rotas, supervision and training, a tour of the building and discussions with service users and staff. The inspection concluded that the registered persons had staffed the service to meet the service users' needs. There was a sound training plan in place for staff that responded to mandatory training needs; as well as service-specific training needs. Observation of staff identified them responding to service users' needs in a calm and measured way that was consistent with the settings statement of purpose and ethos.

In conclusion, there was evidence the care provided in this setting was avoiding and preventing harm to the service users in the setting and in the community. Furthermore the care, treatment and support was helping individuals to improve their future options and potential future outcomes.

Overall the inspection of "is care safe" concluded the minimum standards were met. One improvement was noted regarding the provision of staff supervision.

Is care effective?

The inspection of two service users' individual care records, the incident recording and complaints recording, provided evidence the staff were working effectively with the service users. Service users' individual care needs had been assessed and care plans were in place to meet their needs. Discussions with staff and service users provided examples of how service users' outcomes have been improved by attending this setting. We also found communication arrangements between service users and staff across the setting to be robust and responsive to service users' individual and group needs. During the inspection of records, it was clear recording did not consistently reflect the progress made or individual outcomes achieved.

Overall the inspection of "is care effective" concluded improvements should be implemented to meet the the minimum standards inspected. Three improvements were identified regarding the timeliness of review arrangements, improving the care planning record and improving audit/monitoring arrangements.

Is care compassionate?

The inspection of records and observation of practice provided evidence that service users were being treated with dignity and respect. Staff discussed service user meetings and key work sessions when they encouraged service users to voice their views, choices and preferences on a range of matters such as activities, care and support.

Overall the inspection of “is care compassionate” concluded the minimum standards were met. No areas for improvement were identified during this inspection.

Is the service well led?

The discussions with staff and service users confirmed there is a clear management and staffing structure in place that meets the needs of the service and the service users. Staff were clear regarding their roles and responsibilities and they confirmed who they were managed by. We looked at the monitoring arrangements in place which had improved since the last inspection and general advice was given to continue improving the quality of this process.

Overall the inspection of “Is the service well led?” concluded the minimum standards were met. No areas for improvement were identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Brenda O’Neill, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered provider: Western HSC Trust	Registered manager: Ms Brenda O'Neill
Person in charge of the day care setting at the time of inspection: Ms Brenda O'Neill	Date manager registered: 08 March 2016
Number of service users accommodated on day of inspection: 13	Number of registered places: 15

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager
- Incident notifications which revealed no incidents had been notified to RQIA since the last inspection in November 2016
- Unannounced care inspection report of 23 November 2016
- Statement of Purpose
- Service Users Guide.

During the inspection the inspector met with:

- The registered manager
- One band five nurse/day care worker grade member of staff
- One activity co-ordinator
- Nine service users.

Questionnaires were given to service users and the staff on duty to distribute between service users, representatives and staff in The Hilside Centre. Five were returned by service users and two by staff.

The following records were examined during the inspection:

- The case files for two individual service users'
- The complaints and compliments record
- A sample of the incidents and accidents records from November 2015 to June 2016
- A sample of service user meeting minutes from January to May 2016
- A sample of the team meeting minutes for January, February and May 2016
- Two staff supervision records
- Monthly monitoring reports for November 2015, January, February and May 2016
- Staff training information for 2015 & 2016
- Policies and Procedures including those detailing guidance on the safeguarding of vulnerable adults.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 November 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 23 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 17.10 Stated: Third time	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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed visits had taken place since the last inspection by reviewing the reports for the visits completed in February, March and May 2016. These detailed service user views, staff views and focused on improvement.	
Recommendation 2 Ref: Standard 18 Stated: First time	The registered manager should ensure the staff has access to a continence promotion policy and procedure; that is appropriate for the needs of the day centre and service users.	Met
	Action taken as confirmed during the inspection: The inspector confirmed this policy was now in place and available for staff reference.	

4.3 Is care safe?

The manager, one band five nurse and an activities co-ordinator were on duty in the centre on the day of inspection. Usually there is three members of staff but one was on annual leave. Staff stated there was sufficient staff on duty at all times to meet the needs of the service users in the Centre. The rota showed there was a minimum of two staff working at all times. In the managers absence, the two band 5 staff are experienced in taking responsibility for the day to day operations of the setting. It was also confirmed their competency had been assessed. The service users said they thought the staffing levels were "just right". It was concluded the staffing levels were adequate to meet the service users' needs and deliver safe care in the day care setting.

The staff stated that they received supervision regularly. However records identified that the minimum standard of one individual session every three months was not being achieved, a recommendation is made to improve the frequency of individual supervision meetings for staff. The staff had met in group supervision meetings and records were produced which showed they discussed service users assessed needs, improving the care provided and any training or

professional development issues. This was a good example of how safe care was promoted by the staff team.

Staff reported how training had supported them to meet their role and responsibilities safely in the day centre. The staff training records indicated staff had received training in 2016 in safeguarding of vulnerable adults, first aid, fire training and fire officer training. In 2015 Managing Actual and Potential Aggression (MAPA). These records provided evidence staff had received training to promote the safety of service users in the setting.

During the inspection, discussions with staff identified how they supported the welfare, care and protection of service users. This discussion revealed there had not been any safeguarding concerns recorded since the last inspection. Staff talked about the needs of the service users in this day centre and these centred around their mental health and wellbeing. Staff were working with service users at different levels to enable them to become self aware, understand risks and seek help or support when they needed to. Staff presented as enabling, knowledgeable and had a good understanding of safeguarding principles. The band 5 nurse discussed a emotional intelligence course they had completed; this promoted work with service users in respect of improving understanding of their own emotional intelligence. The focus was to improve self-awareness, self-help skills and promote their own independence.

The inspection of two service users' individual care records demonstrated staff had worked proactively with service users to improve outcomes for them. They had used one to one key work sessions, activity work and group work to promote service users' independence, service users' understanding of their own safety and health, management of risk and future opportunities.

Nine service users discussed the activities that were organised for them and said they enjoyed the activities and opportunities available to them in the day care setting. They were taking part in flower arranging, bingo, quizzes and discussion groups on the day of the inspection. They all said their level of attendance at the day care setting was in accordance with their need. Some identified they needed a social outlet and others needed diversion and somewhere safe to go. However, they all agreed the most important element of attending the day care setting was feeling safe and being given support to maintain their safety in the community. The service users detailed what safe care meant for them in the day care setting. They described knowing where the fire exit was, the location of the setting was away from the centre of town which helped them identify the centre as a safe haven. They could speak to staff confidentially and they were all in the setting because they had a shared need. This helped them to understand and support each other. Service users also shared that staff telephoned them if they didn't arrive at the day care setting when they were expected; just to check in and make sure they were ok. They said this helped them to feel safe.

Five service users completed questionnaires and returned them to RQIA post inspection. They confirmed that they felt safe in the centre, they can talk to staff on a range of issues including if they were worried about the care in the setting. Service users also told us they felt comfortable in the setting and if the fire alarm sounded they knew where to go.

Two staff returned their questionnaires to RQIA post-inspection. They said the care was safe because they had received training to care for service users safely, they would report bad practice and they received support to fulfil their role and responsibilities.

Our inspection of the environment revealed the setting was clean, well decorated and in good repair. When meeting with the service users the setting was appropriately warm and no obvious hazards were noticed.

Areas for improvement

One area for improvement was identified regarding “is care safe” regarding staff supervision.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

The Hillside Centre has an individual service user record for each service user who attends the setting. The two files inspected contained assessment of need, risk assessments and care plans. One of the assessments had not been updated recently and a second service user had not participated in a review since their admission in August 2015. Discussion with staff regarding the care plan for the two service users revealed improvement was needed in the recording of information. They described the delivery of care was timely, current and responsive to the service users choices, needs and objectives. In contrast the recording did not evidence care plans had been recorded and updated in full. Service users’ goals and outcomes they would like to achieve must also be recorded; the plan should also be reviewed at least once per year. The review should evaluate the effectiveness of the plan and consider if any changes are necessary to assist the service user in achieving new or existing goals. A recommendation was made in this regard.

There was a programme of activities in place in the centre. The service users advised that their choices had determined the programme of activities; however they were also receptive to staff suggestions. The flower arranging course was an example of an activity introduced by staff and the activity coordinator. The service users keenly described taking part and doing something they wouldn’t have had an opportunity to do otherwise.

Staff on duty in the centre revealed they felt they were supportive of each other’s roles and responsibilities, and well-motivated to provide effective, high quality care. The inspection of the service users’ files revealed there was not evidence of file audits. File audits should ensure the content of files describe and plan for the needs of the service users, that information is current and responsive to needs. The settings manager stated that she was planning to attend a course to complete environmental audits and the monitoring visits were viewed as an audit of the conduct of the day care setting. A sample of the monitoring reports evidenced this process could continue to be improved by highlighting any issues for improvement. A recommendation was made to improve audit arrangements in place and to facilitate ongoing and meaningful audit programmes.

Staff discussion revealed staff identified their role as improving outcomes for service users and developing service user’s confidence to be independent where possible. Each service user, once emotionally able, is encouraged to explore their potential to be more independent. Staff described that they recognised some service users needed to be in the setting for daily support and others access less intensive support, however they were all meeting together in the setting so there was potential for them to benefit from the experiences of their peers and group support. The social support from each other was viewed as an effective resource, just like organised therapy and activities. We concluded the manager and staff had worked creatively and effectively to involve service users in a variety of experiences, making full use of the available rooms, local facilities and opportunities.

Service users described what made the care in this setting effective. They said they were encouraged to keep a good routine, they received practical help, they were encouraged to reflect on issues and look forward to what they wanted to achieve. Five service user's questionnaire's stated they received the right care, at the right time, with the best outcome for them; that staff communicated well with them; staff knew their needs and choices; staff helped them; they liked the activities and they had been involved in their review.

Two staff questionnaires identified service users were involved in their care plans and they were used to provide care, monitoring of quality was in place and service users were responded to in a timely manner.

Areas for improvement

Three areas for improvement were identified regarding "is care effective". These are to improve: review arrangements; the format of the service user care; and meaningful audit programmes

Number of requirements	0	Number of recommendations:	3
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4.5 Is care compassionate?

Observation of service users communicating with staff and each other while taking part in the activities revealed staff relating and responding to service users in an encouraging manner, whilst promoting independence of thought and reflection. Service users stated that they found the staff "were there for every problem", "help us to cope" and "know what meets our needs". They stated staff were compassionate and they found staff trustworthy, considerate and helpful. Service users identified if they were having a bad day, staff were always on hand to talk to. They also acknowledged if staff were busy they don't forget about them and would provide support to service users as soon as they were free.

Service users said the staff sought their views and opinions which were taken into account in planning their individual programme in the day care setting and in the group programme. Service user meeting records were inspected; they had been held monthly from January to May 2016. The minutes revealed discussions ranged from inspections, activities, keeping the setting clean, health and safety, day trips, and the complaints procedure. Service users were also encouraged by staff to openly communicate with staff at any time. In conclusion, we were satisfied the staff had promoted service users dignity, independence, choice and consent in their communication with service users.

Five service user's questionnaires described staff as caring and helpful, their privacy is respected; they have choices and are involved in decisions.

Two staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

No areas for improvement were identified regarding "is care compassionate".

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The statement of purpose for the setting presented as compliant with Schedule 1 of the Day Care Settings Regulations (2007). There was also a range of policies and procedures in place to guide and inform staff that they could easily access.

The centre had a complaints policy and procedure in place and there was guidance for service users or their representatives as to how to make a complaint. The complaints information, service user meetings information, leaflets regarding local resources and who to speak to if they had a safeguarding concern was displayed on the service user notice board.

The centre had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. No incidents had been recorded or reported to RQIA however, discussion with the manager confirmed they were informed regarding recording and reporting processes.

Monitoring visits were undertaken monthly following the last inspection. The visits for February, March and May 2016 were reviewed. The reports did report on the conduct of the setting and had been improved since the last inspection, however they were undertaken by different people and varied in quality. Advice was given to ensure the reports consistently detail the following:

- if the visit was announced or unannounced
- interviews with service users, representatives and persons employed with their consent and in private; to form an opinion of the standard of day care
- inspection of the premises
- inspection of the record of events and any complaints
- report on the conduct of the day care setting, this is expanded within the standards as monitoring the quality of services in accordance with the day care settings written procedures
- any improvements should be written into an action plan that will be reviewed at the next monitoring visit.

Discussion with the manager revealed she had taken steps to start a carers group. This is marked change as previously carers were not included in the settings work unless the service user asked them to be. The manager had identified the carers of service users may need support and this enables them to seek support independently of the service user.

Discussion with the registered manager, the band 5 nurse and the activity worker who was leading an activity on the day of the inspection regarding how they work together revealed they work cooperatively. They recognised they worked well together and the manager promotes positive relationships throughout the setting to achieve safe and effective care.

Staff meetings had been held in January and May 2016. The minutes evidenced the discussions focussed on meeting service users' needs as individuals and as a group, staff provided consistent care and improvement of the service. Staff had organised visitors to promote safety and service user's health such as bowel health, breast cancer awareness and cervical cancer awareness. Staff had also reviewed their training needs, accidents and incidents, complaints, inspection reports etc in the meetings. In conclusion, it was clear there was adequate arrangements in place to support staff; identify improvements that could be implemented; and review of the effectiveness, safety and care of service users attending the setting.

The discussion with service users revealed they knew Brenda was the manager. They described her as accessible and part of the team. The service users said they get “good support” and staff give them “coping mechanisms”. They also said the management and staffing arrangements promoted their safety and effectiveness of care in this setting.

Five service users’ questionnaire’s identified the service was managed well; they knew who the manager was; the staff responded well to issues, concerns or suggestions; and staff asked their views.

Two staff questionnaire identified the service was managed well, the service was monitored, there were staff meetings and communication between the staff and management was effective.

Areas for improvement

No areas for improvement were identified regarding “is care well led”.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Brenda O’Neill, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the (Insert Service Type). The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2016</p>	<p>The registered manager should improve staff supervision. Staff should receive at least one individual meeting with their supervisor, that is recorded, every three months.</p> <p>Response by registered provider detailing the actions taken: Individual supervision with staff members will be established on a 3 monthly basis, in addition to the existing peer supervision arrangements. Dates for initial individual supervisions have been identified.</p>
<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2016</p>	<p>The registered manager should improve arrangements in place to review service users care plans within the first four weeks of the placement and then at least annually after.</p> <p>Response by registered provider detailing the actions taken: Arrangements are in place to ensure that care plans are reviewed within the first four weeks and then at least annually. Each new referral is allocated a keyworker from the day centre team. The keyworker agrees a timeframe for completing the initial assessment and reviews of care plans. All timeframes/dates will be agreed with the Centre Manager and reviewed regularly.</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2016</p>	<p>The registered manager should 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>Response by registered provider detailing the actions taken: A draft care plan has been designed to reflect the individual service user's goals/objectives and outcomes. This is being piloted for 3 months in Hillside. Ongoing work in the context of PARIS is currently being carried out within the Western Health and Social Care Trust. The pilot care plan will inform the format of the PARIS Day Care Plan as part of a Recovery Team multi disciplinary plan.</p>
<p>Recommendation 4</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2016</p>	<p>The registered manager should improve arrangements in place to facilitate ongoing and meaningful audit programmes. For example implementing file audits and developing the effectiveness of other audits such as regulation 28 monitoring.</p> <p>Response by registered provider detailing the actions taken: A file audit form has been designed with a copy filed at the front of each service user's notes. These will be completed on an ongoing basis to ensure all relevant information is in place and is both appropriate and timely. These checks will be noted in the office diary to ensure completion. Also, Trust Audit Training will be identified and all staff will avail of training in order to identify relevant topics for service improvement.</p>



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