

Unannounced Care Inspection Report 24 October 2019



The Hillside Centre

Type of Service: Day Care Service

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

Tel No: 028 71 886603

Inspector: Heather Sleator

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

The Hillside Centre is a day care setting that provides therapeutic activities and support for up to 15 persons per day living with a mental health diagnosis. The centre is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Western HSC 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 24 October 2019 from 10.20 to 15.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. During inspections of day care services, RQIA are committed to ensuring that the rights of people who receive services are protected. This means RQIA will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Areas for improvement were identified regarding the purchase of a new fringe in the kitchen, evidencing that recommendations made in the fire risk assessors report have been actioned and the care planning process and records.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

One service user said:

“I’d be lost without it (centre).”

The findings of this report will provide the day care setting 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	1	2

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection dated 5 March 2019

No further actions were required to be taken following the most recent inspection on 5 March 2019.

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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 5 March 2019
- information and correspondence received by RQIA since the last inspection.

During the inspection the inspector met with:

- the registered manager, Brenda O’Neill
- one staff member
- seven service users on an individual basis, the remaining service users in a group discussion

Questionnaires were given to the staff on duty to distribute between service users and relatives. Ten questionnaires were returned from service users. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. Three questionnaires were completed and returned to RQIA by staff.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff rota's
- one completed staff competency and capability assessment
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three months of quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated January 2019
- records of fire drills undertaken during 2019
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 March 2019

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

6.2 Review of areas for improvement from the last care inspection dated 5 March 2019

There were no areas for improvement made as a result of the last care 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 review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The duty rotas reflected the staff on duty and the capacity in which they worked. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. Ten completed satisfaction questionnaires from service users were returned

to RQIA raised no issues regarding the staffing arrangements. The inspector met with service users during the inspection who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "I think there's enough staff; always someone here for you." No issues were raised by staff during the inspection in respect of the staffing arrangements and there were three completed staff questionnaires returned to RQIA and the respondents indicated that they were satisfied with the current staffing arrangements.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. The completion of training in respect of the Mental Capacity Act/Deprivation of Liberty Standards was discussed with the manager. Training had yet to be undertaken by staff however, submitted confirmation of completion of this training following the inspection, by email to RQIA. Staff, who supervise others, had completed training in supervision and appraisal.

The manager explained that all staff recruitment records were retained at the Western Health and Social Care Trust (WHSCT) human resource department. The manager confirmed that electronic confirmation of compliance with employment legislation as set out within The Day Care Setting Regulations and Minimum Care Standards (2012) were provided prior to new staff commencing duty. A staff member had started working in the centre the week of the inspection, a review of the staff members training records evidenced that induction training had commenced.

Arrangements were in place to monitor the registration status of care staff with their professional body, the Northern Ireland Health and Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). The registration status of staff is also monitored at supervision.

The inspector was advised that there were no potential restrictive practices in use at the day centre. Observations of the premises during the inspection evidenced that there were no obstructions or locked doors to prevent service users from leaving. The ethos of the centre was one of when service users attended the centre they could come and go at will. The inspector observed service users going out for lunch or other afternoon plans and saying to staff they were leaving.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection of March 2019.

The Hillside Centre is on the first floor of an end of terrace house within a housing association complex. Space for service users can be limited however the manager stated that they use facilities in the community, for example; the leisure centre, cinema, allotments and restaurants and cafes in the town to add to the range of opportunities for service users. The premises of The Hillside Centre were well maintained and in good decorative order. There were several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There were notice boards throughout the centre providing service users and staff with information regarding activities and events and information leaflets.

Service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. A service user commented: “Staff are very helpful, listen to you.”

Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels, 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. The fridge in the kitchen area evidenced signs of wear and tear with rust evident both inside and outside of the fridge. This is infection prevention and control issue and a new fridge should be purchased. This has been identified as an area for improvement. No other obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The most recent report from the fire risk assessor was viewed and dated January 2019. Recommendations were made in the report however; there was no confirmation that the recommendations had been actioned and validated as complete by the registered manager. This has been identified as an area for improvement. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in January 2019. The manager stated that a further drill/evacuation would be arranged in the near future.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

“Staff are very supportive; I know I could go to any of them about anything.”

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding and service user and staff engagement and the centre’s environment.

Areas for improvement

Area for improvement were identified regarding the replacement of the fridge in the kitchen area due to infection prevention and control risk and ensuring that any recommendations made as in the fire assessors report evidenced that action has been taken to address the recommendation.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

A review of three service users' records confirmed that these were generally maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments were reviewed and most were updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Individual agreements, setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely.

However; the review of the service users care records identified a number of shortfalls, these were; there is a need for a consistent approach by staff to the care planning process, including ensuring that care plans are written in a person centred manner and interventions are specific and measurable. Care records should also evidence regular review and evaluation targets are met. Audits of care records were conducted however; a more systematic approach to the auditing of care records was needed. The care planning process and auditing has been identified as an area for improvement.

The inspector confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, monthly quality monitoring visits, service users' meetings and staff meetings. The staff confirmed that management operated an "open door" policy in regard to communication within the day centre and a service user commented, "If I'm not happy I'd go to Brenda (manager), I was told to do this when I first started the centre."

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. Staff confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

A service user commented about the day centre:

"Everybody the same as myself here; you can talk about things."

Areas of good practice

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

Areas for improvement

An area for improvement was identified regarding the care planning process and auditing of service users/care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate

Activities, such as art and crafts, music, quizzes, pool, gardening, choir, creative writing and board games were part of the weekly programme. Service users also can attend the 'recovery college' which provides a range of topics to support service users including; towards wellness and recovery and understanding antidepressant medication. Tutors from the local college also come to the centre for art and yoga classes. Every Friday service users decide on a local restaurant or café where they meet up for lunch. This has proven to be very popular. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings and the approachability of staff. Therefore, recreational and rehabilitative programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. A service user commented, "We have a meeting every month where we can discuss any issues." Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in the Hillside Centre.

Service users spoken with during the inspection made the following comments:

- “I’d be lost without it (centre).”
- “Staff are very helpful, they listen to you.”
- “If you need something you tell them (staff) and they get it.”
- “We’re all people on the same wavelength here.”
- “Staff always ready and happy to listen to you and help.”
- “Staff are very supportive; I know I could go to any of them about anything.”
- “We have a meeting every month where we can discuss any issues, sometimes we’ve had issues and it’s been a good way to deal with things.”
- “Anything said in here, stays in here.”

There were 10 completed questionnaires returned to RQIA from service users. The respondents indicated that they were very satisfied that care was safe, effective, and compassionate and that the service was well led. Additional comments included:

- “I am very happy with the care I get at Hillside. The staff are easy to talk to and take on board what you tell them. I always try to get in as many days as I can. I love it here”
- “I am happy to be back among my friends at Hillside.”
- “This is a very well run day centre, I enjoy coming every day.”
- “Professional and friendly.”

There were three completed questionnaires returned to RQIA from staff. The respondents indicated that they were very satisfied that care was safe, compassionate and effective and that the centre was well led. Additional comments included:

- “Amazing place, staff and service users very welcoming.”
- “Excellent place to work, lovely family culture and person centered approach.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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 registered manager, Brenda O’Neill, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre.

A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available. We discussed the centre's strengths and the areas for improvement as identified in 6.4 and 6.5.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users were made aware of how to make a complaint by way of meetings, service user's guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

The Hillside Centre and the Western Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. One service user commented:

"If I'm not happy I'd go to Brenda (manager), staff told me this when I started."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences.

It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 day care setting. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 14 (1) (a) Stated: First time To be completed by: 9 December 2019	<p>The registered person shall ensure that the new kitchen equipment identified in the report is purchased so as to reduce any risk to service users.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A new fridge freezer is now in place. The old one was condemned and a replacement ordered through the e-procurement system.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 28.1 Stated: First time To be completed by: Immediate	<p>The registered person shall ensure that evidence is present that where a recommendation has been made in the fire risk assessors report, the recommendation has been actioned and validated by the registered manager.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The most recent fire risk assessors report has been updated to evidence that the recommendations have been actioned and validated by myself as the registered manager. This report was dated Jan 2019. The next report is due in Jan 2020.</p> <p>All future reports will be actioned and validated by myself as the registered manager and this will be evident in the report. This report will be filed in the Fire Manual file and it will be kept up to date.</p>
Area for improvement 2 Ref: Standard 5 Stated: First time To be completed by: 9 December 2019	<p>The registered person shall ensure that the care planning process is up to date and comprehensive. Evidence should be present of:</p> <ul style="list-style-type: none"> • A consistent approach of staff regarding the monitoring and evaluating of care • Care interventions are explicit and easily measurable • Care plans are written in a person centred manner • A systematic approach to the auditing of care plans is in place. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: We have discussed this recommendation in detail at a recent staff meeting and as a result we will adopt the following approach as regards to care plans : -</p> <p>We will adopt a systematic approach and have designed a template which can be utilised to plan review dates in a timely and more manageable fashion.</p>

Care interventions and goal setting will be concise and easy to measure, using a SMART approach.

Person centred care plans will be implemented for each individual service user.

Consequently, I as the registered manager, have decided to reduce my caseload. This would mean I would have more time to audit the casenotes and highlight any concerns in a timely fashion.

****Please ensure this document is completed in full and returned via Web Portal****



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)