

Unannounced Care Inspection Report 13 February 2018



The Hillside Centre

Type of Service: Day Care Setting

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

Tel No: 02871886603

Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 with a maximum of 15 service users that delivers a programme of day care and day time activities Monday to Friday for adults who have needs arising from mental health diagnosis.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Brenda O'Neill
Person in charge at the time of inspection: Brenda O'Neill	Date manager registered: 08 March 2016
Number of registered places: 15 - DCS-MP	

4.0 Inspection summary

An unannounced inspection took place on 13 February 2018 from 10.15 to 14.15.

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 to determine 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 to staff knowledge and competency that promoted safe care, safe risk management practices, safety in the day care setting environment, providing the right care, in the right place, in the right time, activities, the ethos of the day care setting, listening to service users, management arrangements, and maintaining good working relationships.

Areas requiring improvement were identified in relation to the staffing record/roster; the care plans, the service users' survey and monitoring visits.

Service users and relatives said The Hillside Centre offers them "something to get up for", this is a "good support network", "safe place, and no pressure", we "don't have to explain ourselves here", we "can keep a routine here", we have "independence", the centre is "comfortable", "the staff are friendly and approachable", "the day centre is really good and I enjoy going to it", "very happy with care and service the centre is very useful to use as a pop in centre", "the day centre is one of the best things in my life. Great staff, friendly and approachable, clients are the same".

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	1	3

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 20 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 June 2016.

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 from the registered manager and Western Trust
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in June 2016
- unannounced care inspection report 21 June 2016 and premises inspection 09 March 2017

During the inspection the inspector met with:

- the registered manager
- ten service users
- one care staff
- one student nurse

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Seven were returned by service users or relatives and three by staff at the time of writing this report.

The following records were examined during the inspection:

- one staff competency assessment
- three service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to February 2018

- a sample of incidents and accidents records from May 2016 to February 2018
- the staff rota arrangements during January and February 2018
- the minutes of service user committee meetings held in September, October, November 2017 and January 2018.
- staff supervision dates for 2017
- monthly monitoring reports from March 2017 to January 2018
- the staff training information for 2017 and 2018
- the settings statement of purpose and service user guide

Areas for improvement identified at the last care and premises inspection were reviewed and the assessment of compliance was recorded in three improvements in the care inspection QIP and one improvement in the premises inspection QIP was recorded as met. One improvement in the care inspection was recorded as partially met.

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 9 March 2017

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

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

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 22.2 Stated: First time	The registered manager should improve staff supervision. Staff should receive at least one individual meeting with their supervisor that is recorded, every three months.	Met
	Action taken as confirmed during the inspection: The supervision records were available and up to date at the time of inspection. The evidence provided showed this had been improved	

<p>Area for improvement 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: The evidence of reviews was available and up to date at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: The care plans were made available and were up to date at the time of inspection. This showed the care planning had improved. However service user views regarding the outcomes they want to achieve should be clearly recorded. This is stated for a second time in the QIP for this inspection</p>	<p>Partially Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Audits had been commenced and further audits were being established to ensure care was safe and effective at the time of inspection.</p>	<p>Met</p>

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 settings daily staff arrangements and records were inspected for January and February 2018. This showed on average a minimum of two care staff and the manager were working daily in the day care setting. The record did not detail who was in charge of the day care setting and who was leading activities however discussion with staff revealed this was discussed but had not been recorded every morning. An improvement is identified in the QIP to establish a record that details daily staffing arrangements; including who is in charge and staff roles and responsibilities.

One competency and capability assessment was inspected for a staff member who was acting up in the manager's absence when the inspection commenced. This identified the staff who was in charge was willing to undertake management tasks, understood and had the knowledge to fulfil their role and responsibility in the absence of the manager. The staff member had completed the QCF level 5 qualification, which was the qualification for managers and also indicates competence.

Service users' needs were varied in this setting and observation of the support being offered showed staff used discrete communication, one to one time and encouragement to help the service users take part in activities, develop their social skills and independence, develop their concentration and creative skills.

One student nurse individual induction and supervision record was inspected which revealed there was an induction and supervision arrangements were in place which included reflection on their role and responsibilities. The staff and service users were positive about students getting care experience in the setting. The records inspected showed the student was supported to ensure their contribution to the setting and their learning was planned to be safe and effective.

The settings training record showed staff had received mandatory training and training relevant to their roles and responsibilities which will train staff to work safely and effectively. Examples of training staff received in 2017 and planned training for 2018 were safeguarding adults; child protection training; risk management; fire safety training; infection prevention and control; minimal handling training; and managing challenging behaviour.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified, recorded, responded to and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective.

The inspection of The Hillside Centre including the observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in March 2017, the fire risk assessment was completed in January 2017 and the action plan had been responded

to. One issue regarding the fire doors being adapted to automatically close if the fire alarm sounds; rather than being propped open by wedges of wood was ongoing. The manager has been asked to keep RQIA informed regarding this.

The service users were asked if they felt safe in the centre and the feedback from service users was they felt safe in this day care setting. Service users said the building was safe, the staff made them feel safe because they can “talk to staff confidentially”, “staff have knowledge of illnesses”, “we can talk to staff if we were concerned about another service user”, “staff ring us if we don’t come in or are late to check were ok”.

The staff and student said they felt care was safe in this setting, they said they have a safe health and safety approach in the setting, they described they sense if someone is becoming unwell through observation and by spending time with service users. They said they have never had any confrontation or serious concerns regarding their service users as they ensure service users get the right support and staff are accessible for service users.

Seven service users returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding the questions “is care safe” in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Three staff returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions “is care safe” in the setting. By this they meant staff were employed in sufficient number to meet the needs of the service users; staff had been inducted and had received all mandatory training; staff had received safeguarding training; all staff were aware of their responsibility to report any concerning or unsafe practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency that promoted safe care, safe risk management practices and safety in the day care setting environment.

Areas for improvement

One area for improvement was identified during the inspection to improve the staffing record / roster.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Three service users’ care files were inspected; they contained the service user’s individual assessments and care plans which described their physical, social and emotional needs. The file content had been audited to improve timeliness and recording in the service user’s individual records. The inspection identified the care plans described how needs would be met

however service users personal outcomes were not fully recorded, therefore the care plans were identified for improvement for a second time to ensure this is progressed.

Inspection revealed records were stored safely and securely in line with data protection. Discussion with staff confirmed they used the records to guide their practice and they work together to keep records current, including recording changes to the plan, in a timely manner. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users revealed they had taken part in a number of activities for example exercise, outings, crossword activities, discussions and creative activities. They identified getting out of their house and mixing with others socially was an effective way for them to feel well. They said they can talk to staff openly about how they feel and staff notice what's going on with each service user; they "give us time". At their review service users said they give their opinion and can make changes to their care plan. Finally they identified there is good links through the centre to other professionals who can help them.

Discussion with staff revealed they felt the centre was providing an effective standard of care, discussion confirmed they were knowledgeable regarding service users' needs and plans and gave examples of activities and support they provided for service users to help them maintain their wellness. The staff identified their relationship with service users was open, by this they meant service users and staff were open and honest with each other which had ensured service users had got the right care at the right time. Overall staff described their communication, written records and procedures had ensured they provided safe and effective care, they knew what each service user needed and how best to meet their needs. Overall during this inspection staff confidently expressed their views and knowledge regarding safe and effective care.

Seven service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Three staff returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care effective" in this setting. By this they meant they believe that all services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals were dealt with promptly, the service had good working relationships with other professionals/agencies.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing the right care, in the right place, in the right time and activities.

Areas for improvement

One area for improvement was identified during the inspection regarding improving the care plans.

	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 the inspection the staff and service users were taking part in a crossword activity, going for walks and doing craft activities. The service users presented as relaxed in the activity room and moved around freely. The service users said they could speak to staff at any time if they wanted to give a suggestion or comment, they could also use the suggestion box or attend a service users meeting.

Discussion with the manager revealed the annual survey was last completed with service users two years ago and no arrangements were in place to redo this. An improvement is in the QIP to ensure service users are surveyed regarding their opinions and the outcome should be used to plan the future of the service.

Overall discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users confirmed they were asked their opinion regarding what they liked to do in day care and their ideas and preferences were sought for the activity plan.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. They said the day centre was a social place for them to go to and they all kept each other's spirits up. They described staff offer different skills and activities such as relaxation and mindfulness. The service users also described staff had encouraged them to access courses at the recovery college as well as take responsibility for the lunch club in the setting to encourage them to develop their independence skills.

The discussion with staff revealed they were clear regarding the ethos of the setting and the staff work in a consistent way to support service users. They described staff offer guidance and reassurance; give advice regarding resources available in the community; give service users group time and one to one support. The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals.

Seven service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. They identified they were treated with dignity and respect, staff were kind and caring, their privacy was respected, they could choose activities, they were included in decisions and the staff support them to make decisions about the care they received in the setting.

Three staff returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. By this they meant all staff treated services users with kindness, dignity and respect, all staff engage with service users with warmth and consideration, care was delivered in a person centred individual manner and not routinely, staff communicated with service users about their care and treatment in a manner which was understood, there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

One area for improvement was identified during the inspection in relation to the service users survey.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed no complaints had been recorded since 01 April 2016 to February 2018.

The Regulation 28 monthly quality monitoring visits had been undertaken by the independent monitoring officer. The reports showed the visits included one unannounced visit, the frequency of the visits was not monthly; the report did not describe if records were looked at or describe the conduct of the day care setting. In April 2017 fire door closures were identified for improvement in the monitoring report however no improvement had been achieved at the time of the inspection. An improvement is made regarding these matters in the QIP for this inspection.

The Service users said they were very familiar with the manager of the setting and they described that she knew what she was doing, one service user said "Brenda has the eyes and ears of ten people, she always notices everything". Service users also described the setting was run in a way that met their needs no matter how well they were.

The staff were asked for their opinion regarding leadership in the setting, they described they work well together as a team and were satisfied that they could approach management. They described there was good communication with the manager who they said asks them for their opinion and ideas. They said they all, including the manager have an open door policy. Staff discussed they have access to policies and procedures which guide their practice and there is an alert for staff if any policies are amended. Lastly staff discussed the manager has a good rapport with staff, there is a team brief before service users come in the morning to ensure all

staff are informed about the day's activities and specific service user's needs. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

Seven service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care well led" in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views are sought about their care and quality of service and they know how to make a complaint.

Three staff returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care well led" in this setting. By this they meant there was a culture of staff empowerment and involvement in the running of the service, there was a culture of learning and upskilling, there was a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations, managers/leaders were approachable and open to whistleblowing or raising concerns

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, and maintaining good working relationships.

Areas for improvement

One area for improvement was identified regarding the monitoring visits during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	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

<p>Area for improvement 1</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2018</p>	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits and reporting in the following areas:</p> <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 <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The monthly quality monitoring visits are taking place on a monthly basis. We have a new service Manager in place since July 2017 and she carries out the visits throughout all the Mental health day care facilities within the WHSCT. Her secretary has forwarded us the announced dates for the rest of 2018. One month was overlooked (Sept 2017). The reason being that the service Manager had planned to do an Unannounced visit but overlooked same. When we realised what had happened she carried out a visit asap thereafter. However, this happened on 2nd October 2017 which meant there was no visit in September. This was human error. Overall, the Service Manager does adhere to this regulation and plans same well and appropriately. She also does unannounced visits which is in keeping with RQIA standards.</p> <p>In relation to the conduct of the day care setting, within the monitoring report, I have taken this recommendation on board. I plan to discuss this in further detail with my Service Manager and endeavour to improve in this area. I will discuss at next Managerial supervision session. I will also put this item on the agenda for discussion at the next Day care Managers meeting.</p> <p>In relation to the Fire door closures - This has been brought to the attention of the Assistant Director to try and move this forward asap. I will follow up with this to ascertain if and when we will receive said closures within our facility.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be completed by:</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>Ref: 6.2 & 6.5</p>
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<p>10 April 2018</p>	<p>Response by registered person detailing the actions taken: Day care staff will review the current care plans and update where necessary. We will include a record of the service users goal(s) and any outcome(s) they would like to achieve.</p>
<p>Area for improvement 2 Ref: Standard 23.7 Stated: First time To be completed by: 10 April 2018</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. Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The staff record/roster has now been designed (Hillside Centre Staff Register and Duties). This is used daily and includes the following details - Who is in charge daily Staff roles for the day Staff responsibilities for the day</p> <p>We will continue to complete and discuss same each morning and retain records for inspection purposes.</p>
<p>Area for improvement 3 Ref: Standard 8.4 Stated: First time To be completed by: 10 April 2018</p>	<p>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. Ref: 6.6</p> <p>Response by registered person detailing the actions taken: We are reviewing our arrangements re service users quality assurance. We will develop a template that will both incorporate the service users feedback and produce an action plan in order to improve the service. We will also invite an outside body to carry out an independent survey with our service users.</p> <p>We have also just designed a Service User Representative Feedback form which we gave to the Community Mental Health Team for completion. They have now been returned and we will review same asap.</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)