

# Inspection Report

25 January 2022



## The Hillside Centre

Type of service: Day Care Setting  
Address: Dillon Court, Church Street, Strabane, BT82 8BN  
Telephone number: 028 7188 6603

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western HSC Trust	<b>Registered Manager:</b> Ms Brenda O'Neill
<b>Responsible Individual:</b> Mr Neil Guckian	<b>Date registered:</b> 8 March 2016
<b>Person in charge at the time of inspection:</b> Ms Brenda O'Neill	
<b>Brief description of the accommodation/how the service operates:</b>	
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 (WHSCCT).	

## 2.0 Inspection summary

An announced inspection was undertaken on 25 January 2022 between 10.00 a.m. and 1.30 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, dysphagia, monthly quality monitoring and Covid-19 guidance.

No areas for improvement were identified during the inspection.

There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

We spoke with six service users, two staff and a telephone conversation with one WHSCT community representative.

In addition we received questionnaires from service users/relatives and electronic survey feedback from staff which indicated that they were generally happy with the service provided by the agency. Comments received are included in the report.

#### Comments received during inspection process-

##### Service users' comments:

- "I'd be lost without the day care centre."
- "We come two days a week."
- "The staff wear masks."
- "There is always enough staff on duty."
- "I have no concerns about the day centre."
- "The staff are good and helpful."
- "(Day Care Setting) I do not know what I would do without them."
- "I really like going to the centre, it takes me out of the house and really helps my mental health."
- "Staff at Hillside are very understanding, nothing is a bother."

**Staff comments:**

- “There is a sense of equality in the day centre.”
- “We sense if service users are not well.”
- “We are aware of the Mental Capacity Act.”
- “Open door policy within the day centre.”
- “We feel well trained for the job.”
- “Management would listen if any concerns.”
- “I am generally very happy in my job.”
- “The manager is a hands on person.”
- “I have been employed at Hillside for 2 years and feel that the service being delivered to be very good.”
- “I feel that the environment is very person-centred and it is a great place to work .”
- “I have worked in hillside for 18 years and we provide a great service in the Strabane district, we work well as a team.”

**WHSCCT community representatives’ comments:**

- “Service users report to their key workers that they are happy at the day centre.”
- “There is a seamless service.”
- “The team are proactive.”
- “I get very positive feedback about the day centre.”

**5.0 The inspection****5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Due to the coronavirus (Covid-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last inspection to The Hillside Centre was undertaken on 24 October 2019 by a care inspector; three areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

<b>Areas for improvement from the last inspection on 24 October 2019</b>		
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>	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.	<b>Met</b>
<b>Ref:</b> Regulation 14 (1) (a)		
<b>Stated:</b> First time	Ref: 6.4	

	<p><b>Action taken as confirmed during the inspection:</b> It was confirmed by RQIA that a new fridge freezer had been purchased by the Trust.</p>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021</b>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b> <b>Ref:</b> Standard 28.1 <b>Stated:</b> First time</p>	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> It was observed that fire risk assessor's recommendation had been actioned and validated by the Manager. .</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time</p>	<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"> <li>• A consistent approach of staff regarding the monitoring and evaluating of care</li> <li>• Care interventions are explicit and easily measurable</li> <li>• Care plans are written in a person centred manner</li> <li>• A systematic approach to the auditing of care plans is in place.</li> </ul> <p>Ref: 6.5</p>	<b>Met</b>
	<p>Review of care planning records showed that the records were completed in a person centred manner, they were explicit to service users, measurable interventions and they were regularly monitored and evaluated by the service. We evidenced a record of regular audits on care plans carried out by the Manager.</p>	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the Manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the WHSCT in relation to adult safeguarding. Records reviewed and discussions with the Manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported since the last inspection.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject. No current arrangements are required relating to DoLS, this was clarified by the Manager.

The Manager told us that the day care setting did not manage service users' monies.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The Manager confirmed that the day care setting had not received any specific recommendations from SALT in relation to service users' Dysphagia needs.

It was positive to note that all staff had completed Dysphagia awareness training.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The Manager advised that there were no newly recruited staff to the day care setting since the last inspection. There was a process in place to ensure that new staff are recruited in accordance with the regulations and minimum standards.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The Manager told us that the day care setting does not use volunteers or voluntary workers.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and WHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted the following comment on the day care settings quality monitoring report from a service user's relative:

'the standard of care is very high.'

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints were received since the last inspection.

It was established during discussions with the Manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alert's (EAs).

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the Manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

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





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