

Announced Premises Inspection Report 9 March 2017



The Hillside Centre

Type of Service: Day Care Setting

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

Tel No: 028 7188 6603

Inspector: Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of The Hillside Centre took place on 06 December 2016 from 11:00 to 12:00.

The inspection sought to assess progress with any issues raised during and since the last premises 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?

On the day of the inspection the premises supported the delivery of safe care.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However one issue was identified for attention by the registered provider. Refer to section 4.5

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms 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 premises inspection

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

2.0 Service Details

| | |
|--|--|
| Registered organisation/registered provider: Western HSC Trust/Mrs Elaine Way CBE | Registered manager: Ms Brenda O'Neill |
| Person in charge of the establishment at the time of inspection: Ms Brenda O'Neill | Date manager registered: 08 March 2016 |
| Categories of care: DCS-MP | Number of registered places: 15 |

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Ms Brenda O'Neill, Registered Manager and Mr Stephen Kelly, Estates Officer with Western HSC Trust.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20/06/16

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 31 August 2016. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 21/04/14

| Last care inspection statutory requirements | | Validation of compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 26 (2)(l) Stated: First time | Ensure that a risk assessment in relation to the control of Legionella bacteria in the Centre's water systems is in place and that all necessary 'control measures' are implemented and maintained, with suitable records maintained and available for inspection within the centre. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection. | |
| Requirement 2 Ref: Regulation 26 (2)(l) Stated: First time | Confirmation should be provided that an inspection certificate, is in place in relation to the Centre's fixed electrical installation. Any remedial works required as a result must have been completed and the system deemed 'Satisfactory'. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection. | |

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment.

This supports the delivery of safe care and no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor where appropriate.

This supports the delivery of compassionate care.

One issue was however identified for attention during this inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. The carpets in the day space areas of the premises were badly stained in several areas. These carpets should be deep cleaned or replaced as necessary.
Refer to recommendation 1 in the attached Quality Improvement Plan.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 1 |
|-------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards (DHSSPS, 2012). They promote current good practice and if adopted by the registered person 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 Estates.Mailbox@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

Recommendation 1

Ref: Standard 25.1

Stated: First time

To be completed by:
4 May 2017

The registered provider should ensure that the carpets in the centre are deep cleaned or replaced in a timely manner.

Response by registered provider detailing the actions taken:

I have requested a deep clean of the carpets in the centre. This is due to be carried out on Friday 28th April, 2017 (afternoon). I will also pursue the possibility of getting carpets replaced in 3 areas in the centre.

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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