The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service: The Hillside Centre**

**Provider: Western HSC Trust**

**Date of Inspection: 11 December 2025**

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

## 1.0 Service information

| | |
|---|---|
| **Organisation/Registered Provider:** | Western HSC Trust |
| **Responsible Individual/Responsible Person:** | Mr Neil Guckian |
| **Registered Manager:** | Ms Brenda O'Neill |
| **Service Profile**<br><br>The Hillside Centre is a day care setting that provides therapeutic activities and support for up to 15 persons per day living with an enduring mental health condition. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT). | |

## 2.0 Inspection summary

An unannounced inspection took place on 11 December 2025, between 10.30 am and 4.27 pm. A care Inspector conducted the inspection.

The last care inspection of the day care setting was undertaken on 22 July 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. However, improvements were required to ensure the effectiveness and oversight in relation to care records and service user meetings.

Good practice was identified in relation to the provision of activities, service user involvement and staff training. Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

We would like to thank the manager, service users and staff team for their support and co-operation during the inspection.

## 3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those working in and attending the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

## 3.2 What people told us about the service and their quality of life

During the inspection, we spoke with a number of service users and staff members.

Service users spoke very positively about their experience of attending the day care setting; they said they liked attending and staff were respectful and always took time to listen to their views. Discussion with service users confirmed that they were able to choose how they spent their day including the provision of social activities. Service users' comments included;" Staff are excellent. They are very supportive and approachable.", "I very much benefit from coming to the day centre." and "Great activities provided and we go to the cinema and out to lunch. We have a Christmas quiz this afternoon".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the day care setting. Staff comments included; "I got a good induction and introduction to service users and care records." and "Service users' views are respected and choice promoted".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided. Comments included; "Care and support is exceptional." and "The service I get is excellent".

The information provided indicated that those who engaged with us had no concerns in relation to the day care setting.

## 3.3 Inspection findings

### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

Review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and/or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

A competency and capability assessment had been completed for the staff member who was in charge of the day care setting in the absence of the manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. Discussion took place in relation to additional areas of competency that should be included in the competency and capability assessment. The Manager welcomed this advice and agreed to progress. This will be reviewed at a future inspection. Discussions with the day care worker confirmed that they were aware of the day care setting regulations and standards which they use to guide practice.

Discussion with staff confirmed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately. Staff stated they felt the training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

Staff training was recorded on a matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, fire awareness and infection prevention and control. It was positive to note that the manager had sourced additional training for staff, which included risk management and incident reporting and safety interventions training.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

### 3.3.2 Care Delivery

There was a daily meeting at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users. Service users confirmed they were asked their opinion regarding what they would like to do in the day care setting and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as meditation, bowling, outings to the cinema and restaurants, arts and crafts, quizzes and games.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

It was also positive to note that the day care setting had service users' meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. The minutes of the four most recent service users' meetings were reviewed during this inspection. The minutes did not clearly reflect service users' views and opinions and provide the detail if any actions is needed with details of who is responsible for this. An area for improvement has been identified.

### 3.3.3 Management of Care Records

We reviewed elements of two service users' care records. The needs assessment did not accurately reflect the service users' mobility needs nor the continence needs of one service user. A care plan and risk assessment was not in place in relation to service users' mobility needs. Review also identified that a care plan was not in place in relation to a service user's continence needs. The care plans were not signed by the manager. Areas for improvement have been identified.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was evidence that the day care setting contributed to the review process by completing a written report prior to the review meeting, detailing any matters regarding the current care plan and important events such as incidents or accidents.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Ms Brenda O'Neill has been the manager in this day care setting since 8 March 2016. Those consulted with commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was noted that an outpatient's clinic was operating from the day care setting two mornings per week which is not in keeping with the service's Statement of Purpose. Following the inspection the manager confirmed that this practice has ceased.

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were completed in detail.

The annual quality report was reviewed and noted to include stakeholder feedback.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the day care setting.

The manager and staff confirmed that there was an established pathway for staff to follow in regard to raising any safeguarding concerns. They were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Staff confirmed they had access to a range of policies and procedures, which they used to guide and inform their practice. Staff spoken with also confirmed that the manager would advise them of any updates to the relevant policies and procedures.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

## 3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter. The day care setting was tastefully decorated and service users' artwork was displayed.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. All staff had completed fire safety training and participated in an annual fire evacuation drill.

A fire risk assessment had been completed on 22 May 2025 and fire safety checks were undertaken on a regular basis.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 1 | 3 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Brenda O'Neill, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

| | |
|---|---|
| **Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 16 (1) (2)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing from date of inspection | The register person shall ensure that robust and effective arrangements are in place in relation the management of mobility and continence needs; this includes but is not necessarily limited to a person centred and detailed care plan and risk assessment record.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The Encompass system which commenced in the Trust in May 2025 allows for robust care planning and risk assessment.<br>Service users identified on day of inspection have had risk assessments and care plans updated as above to reflect identified needs.<br>Systems and processes have been reviewed with service manager and head of service and oversight of this process for all service users will be identified within staff supervisions to allow for Manager oversight of all records. Monthly monitoring currently completed by service manager will further strengthen this process and provide further assurance of same. |
| **Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 8.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing from date of inspection | The registered person should improve the recording of service user meetings to ensure a detailed record is kept of the matters raised by service users and actions taken in response.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>A rolling agenda has been agreed to be implemented immediately which enables previous minutes to be reviewed with outstanding actions remaining until actioned or decisions regarding same to be recorded. |
| **Area for improvement 2**<br><br>**Ref:** Standard 5.3 | The registered person shall ensure that the care plan is signed and dated by the service user, the member of staff responsible for drawing it up and the registered manager. Where the service user is unable or chooses not to sign any document, this should |

| | |
|---|---|
| **Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing from date of inspection | be recorded and the basis of his or her agreement to participate noted.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The Encompass system has a function which allows registered manager to sign off care plans. Through review with Service Manager and Head of Service- a system has been identified and agreed for care plans to be printed and signed off by service user and staff member responsible with associated dates- with upload to Encompass media manager. Where a document is not signed by the service user either through choice or inability to do so, this will be recorded within the notes section of Encompass.<br>A sample section will be selected at each monthly monitoring visit for oversight of same. |
| **Area for improvement 3**<br><br>**Ref:** Standard 4.4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing from date of inspection | The registered person shall ensure that needs assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>This will be completed through the Encompass recording system and will be oversighted fully through staff supervision with manager and staff member.<br>Further assurance will be provided through a cross section oversight sample within monthy monitoring. |

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

The Regulation and Quality Improvement Authority

**The Regulation and Quality Improvement Authority**

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews