The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hollyview**

Provider: **South Eastern Health and Social Care Trust**

Date of Inspection: **15 April 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:	**South Eastern HSC Trust**
Responsible Individual/Responsible Person:	Roisin Coulter
Registered Manager:	Carrie Robson
Service Profile The primary purpose of the Day Support in H is to provide services appropriate to individual need. To achieve this, the main emphasis will be on promoting independence and social inclusion by the co-ordination and development of services to enable individuals with a disability to develop their full potential and have opportunities to enjoy ordinary lifestyles and activities.	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2025, between 10.00am and 3.00pm by a care inspector.

The last care inspection of the agency was undertaken on 7 November 2023 by a care inspector. This inspection was undertaken to evidence how the service was performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection examined the setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement and engagement. There were good governance and management arrangements in place.

As a result of this inspection the previous area for improvement was assessed as having been addressed. No new areas for improvement have been identified.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Details and examples of the inspection findings can be found in the main body of the report.

3.0 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 service 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 the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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

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

Throughout and following the inspection the RQIA inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in this setting.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, relatives and staff to seek their views of attending, visiting and working within Hollyview. The information provided indicated that there were no concerns in relation to the day care setting.

Comments received from service users indicated they loved coming to the centre and staff treated them well. Relatives spoke very enthusiastically about staff making service users feel important and described how valuable attending the centre was to service users. Staff discussed how rewarding working in the setting was and commented on the great relationships they have with relatives and within the team.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

There was no response to the electronic staff survey.

3.3 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 7 November 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 7 November 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 14(1) (a) (b) (c) **Stated:** First time	The registered person shall ensure as far as reasonably practicable that— (a) all parts of the day care setting to which service users have access are free from hazards to their safety; (b) any activities in which service users participate are free from avoidable risks; and (c) unnecessary risks to the health or safety of service users are identified and so far as possible eliminated;	**Met**
	Action taken as confirmed during the inspection: Inspector observed that the workrooms where equipment and tools are stored are locked when staff are not present. A notice on the door reminds staff to ensure the door is kept locked.	

3.4 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. There was evidence of robust systems in place to manage staffing.

The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and had direct engagement with service users. It was identified that a member of staff currently employed within the day care setting had transferred internally without enhanced AccessNI checks having been completed. There was discussion with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed

for staff. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this, and will keep this matter under review.'

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). There was a robust system in place for professional registrations to be monitored by the manager Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia. Records of all staff training were retained and were noted to be up to date.

There were no volunteers deployed within the day care setting.

3.3.2 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

Staff were provided with training appropriate to the requirements of their role. Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours. They could also describe their role in relation to reporting poor practice.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The DoLS register requires to be updated to reflect recent decisions this will be reviewed at future inspections.

Service users said 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.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

The fire risk assessment and staff fire training were found to be in date. During the inspection fire exits were observed to be clear of clutter and obstructions. A fire drill was undertaken on 16 October 2024 and again on 30 April 2025.

3.3.3 What are the systems in place to ensure service user involvement?

From reviewing service users' records and through contacts with service users and relatives it was good to note that service users had an input into devising their care plans and choosing areas of work. There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. The day care setting was noted to be clean and welcoming. Service users were engaged with a number of activities within and outside the centre.

It was positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

Staff interactions with service users were observed to be friendly, respectful and supportive.

3.3.4 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The day care setting's registration certificate was up to date

There was a policy in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a process for signing in and out the service users who attend and a checklist for those using Trust transport.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Carrie Robson, manager as part of the inspection process and can be found in the main body of the report.

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