



Unannounced Care Inspection Report

15 October 2019



Hillcrest Care Facility

Type of Service: Residential Care Home
Address: 23 Old Mountfield Road, Omagh BT79 7EL
Tel No: 02882251222
Inspector: Bronagh Duggan

www.rqia.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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 17 residents with dementia.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Florence Beckett	Registered Manager and date registered: Julie Ann Elizabeth Taylor – 20 March 2018
Person in charge at the time of inspection: Priscilla O'Brien	Number of registered places: 17
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 17

4.0 Inspection summary

An unannounced inspection took place on 15 October 2019 from 13.00 hours to 19.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, supervision and appraisal, care reviews, culture and ethos of the home, listening to and valuing residents and their representatives and maintaining good working relationships.

One area for improvement was identified in relation to the reporting of notifiable events.

Residents described living in the home in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and people who visit them, during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Priscilla O'Brien, senior carer, as part of the inspection process. The registered manager Julie Taylor was also informed

of the findings via telephone after the inspection. 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 inspection dated 6 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 6 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three completed questionnaires were returned by resident's representatives within the identified timescale.

During the inspection a sample of records was examined which included:

- staff duty rotas from 7 October 2019 to 20 October 2019
- staff training matrix
- one staff recruitment and induction record
- supervision and appraisal schedule
- minutes of staff meetings
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider from July to September 2019
- fire safety checks

- fire safety risk assessment
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 11 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: Second time	The registered person shall ensure adequate precautions against the risk of fire, including provision of suitable fire equipment - this includes mending the fire door hold open device situated in the front sitting room.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and observations showed there was a working fire door hold open device in place in the front sitting room.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival we observed the home was comfortably heated and welcoming. Residents sat within the lounge area watching TV and chatting to each other while others were observed relaxing in their bedrooms or walking about the home and interacting with staff. The person in charge advised the hairdresser visited on Tuesday and some residents were observed going to the hairdressing salon that was situated in the home.

During discussion the person in charge explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. Staff shared that if needed staffing levels would be adjusted to meet changing needs of residents. One staff member stated on occasions night duty could be busy but that residents' needs were always met. No concerns were raised by residents regarding staffing levels in the home. Residents spoken with confirmed staff were available to help when needed. The staff duty roster reviewed reflected staff on duty over the 24 hour period.

One recruitment record was viewed; this showed that appropriate checks including Access NI and reference checks were completed prior to new staff commencing employment in the home. One job specific induction record was viewed during the inspection and was found to be satisfactory.

Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff confirmed they also received regular supervision and appraisal. Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis.

There was an annual safeguarding position report completed for the home covering the period of April 2018 to March 2019. Staff training in adult safeguarding was included within mandatory training records. Staff spoken with were aware of different types of abuse and different signs of abuse and were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed as were the measures in place to minimise the risk of falls which included, for example, fall risk assessments and associated care plans. Records showed post fall reports were completed, and a monthly falls analysis was completed which reflected any follow up action taken.

An inspection of the home's environment was undertaken. Residents' bedrooms were found to be personalised with photographs, items of memorabilia and special interests displayed. Bedrooms were clean and bright, and included individual ensuite areas. Residents spoken with confirmed they were happy with their bedrooms. Communal areas within the home were observed to be comfortably heated, odour free and clean. There was also a secure outside area that was accessible for residents who confirmed they liked to visit this area in the better weather.

Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. We observed supplies of disposable gloves, aprons and liquid hand soap throughout the home. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection and the importance of handwashing. Records showed infection prevention and control audits were undertaken; in addition audits had been completed regarding hand washing and observations of staff. Review of the infection prevention and control audit tool was discussed to ensure specific areas were included for example undersides of equipment. The importance of checking such areas was discussed, and shall be followed up during a future inspection.

Walkways throughout the home were kept clear, fire safety training was planned for staff for November 2019, and records showed weekly fire alarm checks were maintained on an up to

date basis. There was a fire safety risk assessment in place dated 19 September 2019; there were no recommendations identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, and the home’s environment.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

We reviewed three care records, these showed that risk assessments were completed and reviewed on a regular basis. The person in charge confirmed risk assessments and associated care plans had been completed in relation any resident living in the home that smokes. One of the care records we reviewed included a risk assessment and care plan regarding smoking and outlined how the resident was supported with this. Records reviewed were updated regularly; a monthly summary was also completed which provided an overview of each residents care and current condition.

Records showed residents were weighed upon admission to the home and on a monthly basis thereafter or more frequently depending on the residents’ needs. Residents spoken with confirmed they were happy with the food provided.

Regarding the dining experience we could see that the dining areas were warm, clean and bright. There was a menu on display in each dining area which outlined the choice for the day; this was updated for lunch and tea time. We could see the dining tables were nicely set with placemats, cutlery, napkins and condiments. Residents had a lighter tea; staff confirmed the main meal of the day was served at lunch time. Drinks and snacks were observed as being served during the afternoon period. Residents spoken with confirmed they were happy with the food provided in the home.

Comments from residents included:

- “The food is lovely.”
- “The food is good, you always get something that you like.”

Observation in the home and discussion with staff confirmed that the front door to the home was locked using a keypad system; the person in charge advised alarm mats were also in use where there was an identified risk for residents. The need to ensure review of the use of any restrictive practices in the home within the framework of the Mental Capacity Act (MCA) Legislation and Deprivation of Liberty Safeguards (DOLS) was discussed with the person in charge. During discussion following the inspection the registered manager outlined the plans in place for staff training in relation to MCA and DOLS. The completion of staff training in this area shall be followed up at a future inspection.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes and they said the staff team communicated well within the home. Staff demonstrated good knowledge of residents' care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the last meeting was held in August 2019. Staff advised they were kept up to date regarding any changes with residents and the workings in the home during handovers which were given at the beginning of each shift. Staff confirmed there was good communication between staff and management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner. Residents were also observed reading newspapers and doing puzzles.

Residents spoke openly with us, they appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance. There was evidence from observations of staff interactions with residents and responses from residents about the care received that they felt comfortable and relaxed in the home. Residents were observed laughing and interacting

pleasantly with staff. One resident was observed to be supported with doll therapy, this resulted in conversation and pleasant interactions between the resident and staff.

Residents' interests were reflected within care records and staff demonstrated good awareness and understanding of residents' likes and dislikes. Care records reviewed outlined residents' preferred activities. The benefit of clearly reflecting residents' social care needs within the care records including lifestyle preferences and daily routines was discussed.

Staff described how they aim to promote residents' independence, for example by way of encouragement, to help residents maintain their independence as best as possible.

Comments from residents and resident representatives included:

- "It's good here, the staff are very kind, no complaints." (resident)
- "It is excellent, the staff are very good, the food is lovely. Can't fault anything, my room is cosy." (resident)
- "The staff are fantastic, the food is lovely absolutely no complaints, everything is beyond reproach." (resident)
- "Everything is satisfactory, I can't say anything bad. The staff are kind." (resident)
- "The staff are good, happy with his (relative's) room, he says the food is very good. We are kept informed of any changes." (representative)
- "I am very happy with it, we know (relative) is well cared for." (representative)

Activities assessments were completed in the care records reviewed. Staff shared that there had been recent changes regarding activities staff provision in the home. This was discussed with the registered manager following the inspection and they advised recruitment in this area was progressing. Residents spoke with confirmed there was a range of activities in the home these included for example arts, crafts, baking, armchair exercises, music and regular church representatives' visits including ministers, and lay ministers who regularly visit the home. There was a weekly activities schedule displayed in the main hall area of the home. Staff shared how some residents were supported to visit local shops and cafes. Residents could also enjoy the outside area of the home. This was viewed during the inspection and was found to be a tidy and well-kept area which included outside tables and seating.

Three questionnaires were completed and returned by residents' representatives within the identified timescale. All respondents indicated that they were very satisfied with the care provided. Comments received included:

- "I am so very grateful for all the care and kindness shown to my mother. All the staff are amazing and always make me feel so welcome."
- "All the staff have been wonderful, supportive and compassionate with my mum. It was a hard time for me and my family but I have a peace knowing my mum is being well cared for."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy for residents, listening to and valuing residents and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 certificate of registration issued by RQIA was appropriately displayed in the reception area of the home. The certificate shows the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the person in charge, staff, and observations confirmed that the home was operating within its registered categories of care.

The person in charge outlined the organisational structure of the home and explained that the manager is supported by the residential lead who oversees the day to day care delivery in the home, senior carers, carers and ancillary team of staff. Staff confirmed that the manager and residential lead were 'very approachable' and were available to provide advice and guidance when needed. Staff spoken with demonstrated good understanding of their roles and responsibilities.

The home retained a wide range of policies and procedures in place to guide and inform staff. Staff confirmed they could easily access these.

Review of accidents and incidents records in the home showed there had been a number of notifiable events which had not been reported onwards to RQIA accordingly. This issue was discussed with the person in charge and with the registered manager following the inspection. An area for improvement was identified under the regulations.

The person in charge confirmed there was a range of audits completed on a regular basis to ensure ongoing quality review in the home. These included, for example, audits relating to accidents and incidents, equipment used, and infection control. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of reports from July to September 2019 showed residents, staff and representatives views were gathered, samples of records were reviewed and inspection of the environment was undertaken. The reports included action plans to address areas for improvement and were followed up on a monthly basis.

The home had a complaints policy and procedure in place. Review of complaints records showed details of communications with complainants, the result of any investigations and the action taken. The need to ensure that the complainant's level of satisfaction with the outcome was clearly recorded was discussed. This shall be followed up at the next inspection.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Staff spoken with were aware of the homes whistleblowing procedure and confirmed that they would

be confident in reporting any issues or concerns to management. Staff advised there were good working relationships with both internal and external shareholders.

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to reporting of notifiable events.

	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 Priscilla O'Brien, senior carer, as part of the inspection process. Julie Taylor, registered manager, was also informed of the findings via telephone following the inspection. 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 residential care home. 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 16 October 2019</p>	<p>The registered person shall ensure notifiable events are reported to RQIA as appropriate.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Staff spoken to and advised re: notifiable events. If they have any queries they must seek advice from home manager.</p>
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Please ensure this document is completed in full and returned via Web Portal



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