

Inspection Report

19 October 2021



Hillcrest Care Facility

Type of service: Residential Care Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Person: Mrs Linda Florence Beckett	Registered Manager: Mr Caine Mc Goldrick – not registered
Person in charge at the time of inspection: Ebeith Farrell	Number of registered places: 17
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 17 residents with dementia. The home is situated on the lower ground floor. There is a nursing home with the same name situated on the ground and first floor. The manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 19 October 2021 from 10:00am to 18:00pm by a care inspector.

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

The home was found to be clean, tidy, warm and free from mal odour. The person in charge confirmed staffing levels were regularly reviewed and adjusted according to the needs of residents. Staff were seen to be professional as they carried out their duties. Interactions between staff and residents were warm and friendly.

Residents looked well with obvious time and attention given to personal care and dressing. Staff were observed attending to residents in a caring and compassionate manner.

Residents spoke positively about their life in the home, they said staff were helpful, they were satisfied with the food provided and could choose how to spend their time.

Areas requiring improvement were identified in relation to risk assessing freestanding wardrobes within the home and to implement actions as required, environmental improvements to an identified bedroom, the positioning of equipment and furniture in the main lounge area and ensuring a robust system was in place regarding the monitoring of accidents and incidents.

One area for improvement from the previous inspection has been restated for a second time. Three areas for improvement have been carried over for review at a future inspection.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Although some areas for improvement were identified RQIA were assured that the delivery of care and service provided was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ebeith Farrell person in charge and Mr Caine Mc Goldrick manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with eight residents individually and others in groups and four staff. In accordance with their capabilities, residents spoke in positive terms about their life in the home and their interactions with staff. One resident said “It is very good, everyone is very kind” another resident said “It’s the best “.

Staff said there was good team work and they felt well supported by management. Staff said that resident’s needs were very important to them. It was observed that staff responded promptly and in a caring and compassionate way to resident’s requests. One staff member said “I love working here, it’s a lovely environment, a homely environment, its great” another staff member said “I love it, every day is different, sometimes it can be busy.” Staff said they were kept informed through handover meetings at the beginning of each shift and were aware of how to raise concerns if they had any. They said they would be comfortable approaching the manager or persons in charge at any time and felt confident that concerns would be addressed.

There were no completed questionnaires returned from residents or their representative within the identified timescale. There were no responses received from staff to the online survey within the identified timescale.

5.0 The inspection

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

Areas for improvement from the last inspection on 15 June 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person should review and revise the management of thickening agents as detailed in the report.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person should ensure that medicines are stored at the correct temperature. Corrective action must be taken if the temperature of the treatment room exceeds 25°C.</p>	<p>Carried forward to the next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure there is a robust auditing system in place to regularly monitor and review the standard of the care records ensuring best practice.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the person in charge and review of information in the home including care records showed the auditing system was not robust in that a number of discrepancies were observed in the records reviewed. This area for improvement has been stated for a second time in the QIP appended to this report.</p>		

Area for improvement 3 Ref: Standard 9.3 Stated: First time	The registered person shall ensure referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records. Reference to this includes Speech and Language Therapy.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and review of care records showed referrals were made or advice was sought when necessary from primary health care services and social services.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. The manager confirmed plans were in place with dates identified for training updates for relevant staff in relation to fire safety and moving and handling. The completion of this training shall be followed up at a future inspection. There was a system in place to ensure staff professional registration was maintained on an up to date basis and regularly reviewed.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Records maintained in the home showed that any staff member left in charge in the manager's absence had been assessed as being competent and capable to do so.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge in the manager's absence. Staff told us that there was enough staff on duty to meet the needs of the residents.

The person in charge advised that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, some residents were observed reading daily newspapers whilst others were observed engaging in conversation in small groups.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said the staff were “very kind” and were always available for assistance.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. The staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents’ needs including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents and understanding residents’ needs for example supporting residents with personal care as required. Staff were also observed explaining what was about to happen when visitors arrived.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the person in charge confirmed that the risk of falling and falls was managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust’s Specialist Falls Service, their GP, or for physiotherapy as required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, the atmosphere was calm and relaxed in the dining area and the mealtime was unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable and had a meal that they enjoyed. Residents said the food was “beautiful” and “lovely”.

There was evidence that residents’ needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents’ nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The daily menu choices were displayed to aid resident choice.

There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain. There was evidence of follow up with relevant professionals as required for example dietetic referrals made if a resident was identified with significant weight loss. The benefit of clearly reflecting weight loss or gain and actions taken on the monthly monitoring record was discussed with the person in charge to ensure ease of reference. The person in charge confirmed this would be clearly indicated moving forward.

Residents’ needs were assessed at the time of their admission to the home.

Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

During the previous care inspection an area for improvement was identified in relation to ensuring there was a robust system in place to monitor and review care records. Although there was evidence of a checklist being implemented care records reviewed required significant improvement to ensure all relevant information was included and up to date. For example one record did not contain a photo of the resident, the assessment of needs was not up to date, old information no longer relevant should have been archived.

This issue was discussed with the person in charge and with the manager at the conclusion of the inspection. The need to develop a more robust system to clearly identify issues and ensure the actioning of same was discussed, as was the benefit of including an index at the front of the records to improve consistency. The area for improvement has been stated for a second time.

Regular records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Arrangements were in place to ensure residents had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was warm, clean and tidy.

Residents' bedrooms were found to be personalised with items important to them, some more than others. Bedrooms and communal areas were largely well decorated, suitably furnished; and comfortable. It was noted however that in one bedroom the paintwork was in need of improvement. In addition it was noted the nurse emergency call system in the en-suite was damaged. In addition the legs on the shower chair in the identified ensuite were in poor condition. This should be improved upon or replaced. The identified environmental improvements were discussed with the person in charge. An area for improvement was identified.

In addition the need to appropriately risk assess free standing wardrobes within the home and implement appropriate action as required was discussed. An area for improvement was identified.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. It was noted most residents choose to sit in the main lounge area of the home. The position of furniture items in this room was discussed with the person in charge as it was noted that when including the resident's mobility aids the room looked crowded and therefore potentially causing a falls risk. An area for improvement was identified.

Fire safety measures were in place, the most recent fire safety risk assessment was completed on 21 September 2021 there were no actions identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Visitor's temperatures were recorded prior to entering the home and a health declaration was also completed. The home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Records showed staff use of PPE and hand hygiene was regularly monitored and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents could choose to relax in communal areas or their bedrooms.

It was observed that staff offered choices to residents throughout the day which included for example, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as music therapy, creative events, reminiscence and quizzes.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone calls. Visiting arrangements were in place with positive benefits reported to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Caine Mc Goldrick is currently acting manager and has been since August 2020.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

As stated earlier in this report previously an area for improvement was identified in relation to ensuring a robust system was in place regarding the auditing of care records. The area for improvement has been stated for a second time. In addition some inconsistencies were noted in relation to accident and incident records maintained in the home. Although records showed accidents and incidents were notified appropriately, the records were poorly organised and stored in different locations. The need to ensure there was a robust system in place to ensure monitoring of accidents and incidents was discussed with the person in charge and with the manager at the conclusion of the inspection. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that clear systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. There had been no new complaints recorded since the previous inspection.

There was a monthly falls analysis completed which included post falls review. The person in charge advised the information was used to help direct care and ensure onward referral as necessary.

Staff commented positively about the manager and person in charge and described them as being supportive and approachable. Staff said they would be happy to approach the manager if they had any issues or concerns.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Conclusion

Residents looked well cared for with obvious time given to their personal care. Staff interactions with residents were observed to be warm and friendly. Staff were seen to be polite and professional as they carried out their duties. The home was warm, clean and tidy.

As a result of this inspection four new areas for improvement were identified in respect of risk assessment of free standing wardrobes, environmental improvements to an identified bedroom, the positioning of equipment and furniture in the main lounge area to be reviewed and to ensure there is a robust audit of accidents and incidents in the home. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	3*	5*

* the total number of areas for improvement includes one that has been stated for a second time and three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ebeith Farrell, person in charge and Caine Mc Goldrick, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13.(4) Stated: First time	The registered person should review and revise the management of thickening agents as detailed in the report. (Dated 15 June 2021). Ref: 5.1
To be completed by: From the date of inspection	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13.(4) Stated: First time	The registered person should ensure that medicines are stored at the correct temperature. Corrective action must be taken if the temperature of the treatment room exceeds 25°C. Ref: 5.1
To be completed by: From the date of inspection	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 27(2) (t) Stated: First time	The registered person shall risk assess all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action taken where necessary.
To be completed by: 19 November 2021	Response by registered person detailing the actions taken:

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 44.1 Stated: First time To be completed by: 21 September 2018	<p>The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 20.10 Stated: Second time To be completed by: 2 November 2021	<p>The registered person shall ensure there is a robust auditing system in place to regularly monitor and review the standard of the care records ensuring best practice.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: The schedule of audits has been updated to address the defecits noted in most recent inspection.</p>
Area for improvement 3 Ref: Standard 27 Stated: First/ time To be completed by: 2 November 2021	<p>The registered person shall ensure the identified environmental improvements are addressed:</p> <ul style="list-style-type: none"> • The paintwork in the identified bedroom should be improved upon • The emergency nurse call pull string in the identified ensuite should be replaced • The identified shower chair should be improved upon or replaced. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: A programme of continous re-deceration and improvements is ongoing within the home. All identified areas during the inspection have been addressed.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2021</p>	<p>The registered person shall ensure that furniture, fittings and any equipment or mobility aids in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents, including those with sensory impairments.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2021</p>	<p>Response by registered person detailing the actions taken: The position of furniture within the main lounge has be re-arranged to address the risk identified on the day of the inspection.</p> <p>The registered person shall ensue there is a robust system in place to ensure regular monitoring of accidents and incident in the home.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The way in which accidents and incidents are recorded has been reviewed since the inspection. A new sytem of records has been implemented to make the process more efficient and reduce the chance of error.</p>

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