



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 6 December 2018



Hillcrest Care Facility

Type of Service: Residential Care Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 1222
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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 17 beds that provides care for residents living with dementia. The residential care home is situated on the ground floor and shares a building with Hillcrest Nursing Home.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Beckett	Registered Manager: Julie Ann Elizabeth Taylor
Person in charge at the time of inspection: Ebith Farrell – unit manager	Date manager registered: 20 March 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 17 – RC – DE

4.0 Inspection summary

An unannounced care inspection took place on 6 December 2018 from 10.30 to 17.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since 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.

Evidence of good practice was found in relation to staff supervision and appraisal, infection prevention and control, the home's environment, care records, reviews, communication between residents, staff and other interested parties the culture and ethos of the home and maintaining good working relationships.

One area requiring improvement identified during the previous inspection has been stated for a second time this related to repairing an identified fire door hold open device.

Residents and their representatives spoken with said they were happy with the care provided, their relationship with staff and the cleanliness of the environment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident 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 Ebith Farrell, unit manager, as part of the inspection process and with Julie Taylor, registered manager, during a telephone call following 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 June 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the unit manager/person in charge, 14 residents, three staff, and five residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Six questionnaires were returned, one from a resident, and five from residents' representatives. No staff questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls)
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met in eight areas and partially met in one area.

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 most recent inspection dated 28 June 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 June 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: First 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.	Partially met
	Action taken as confirmed during the inspection: Discussion with the unit manager and inspection of the environment showed the identified device had been removed. The unit manager confirmed the issue had been reported to maintenance and plans were in place to have a new device installed. This area for improvement has been stated for a second time in the QIP appended to this report.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the unit manager and review of one care record confirmed that a detailed risk assessment and subsequent care plan was in place relating to smoking. The unit manager advised this procedure would be completed for any resident admitted to the home who smokes.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than six monthly for staff who are performing satisfactorily.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the unit manager and review of records maintained in the home showed staff had completed formal supervision. The unit manager advised this would be maintained on a regular basis.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure infection prevention and control measures used throughout the home are reviewed taking into consideration availability of hand sanitisers throughout the home and care staff use of PPE.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The unit manager confirmed infection prevention and control measures used in the home had been reviewed taking into consideration the individual needs of residents and that systems were in place to review this pending changes at any time.</p>		

Area for improvement 3 Ref: Standard 20.10 Stated: First time	The registered person shall ensure a system is introduced to regularly audit accidents and incidents in the home, these should be analysed for themes and trends.	Met
	Action taken as confirmed during the inspection: Discussion with the unit manager and review of records in the home showed a system had been introduced to audit accidents and incidents in the home. The information was reviewed for themes and trends.	
Area for improvement 4 Ref: Standard 29.6 Stated: First time	The registered person shall ensure all staff participate in a fire evacuation drill at least once a year. Action taken on problems or defects should be recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the unit manager and review of records in the home showed a system was in place to ensure staff were involved in regular fire drills. The most recent fire drill was completed on 24 August 2018.	
Area for improvement 5 Ref: Standard 7.4 Stated: First time	The registered person shall ensure completed written consent forms are maintained within individual case records.	Met
	Action taken as confirmed during the inspection: Review of a sample of three care records showed these contained relevant consent information.	
Area for improvement 6 Ref: Standard 4.4 Stated: First time	The registered person shall ensure that the individual written agreements are signed by residents or their representative and the registered person within five working days of admission. Where a resident or their representative is unable to sign or chooses not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the unit manager and review of a sample of records showed the individual written agreements were signed by residents and or their representatives.	

Area for improvement 7 Ref: Standard 17.1 Stated: First time	The registered person shall ensure the complaints procedure is reviewed and updated so that it meets the requirements of the HSC Complaints Procedure and is in accordance with relevant legislation and DHSSPS guidance.	Met
	Action taken as confirmed during the inspection: Discussion with the unit manager and review of the complaints procedure showed this had been reviewed and updated accordingly.	

6.3 Inspection findings

6.4 Is care safe?

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

The unit manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. Information provided in a returned questionnaire was shared with the registered manager following the inspection.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the unit manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The unit manager advised there had been no recent safeguarding issues but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the

relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The unit manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The unit manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry system and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The unit manager advised systems were in place to make referrals to the multi-professional team in relation to behaviour management when required.

There was an infection prevention and control (IPC) policy and procedure in place. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The unit manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the unit manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; referral was made to the trust falls team in line with best practice guidance as needed.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. During the inspection some work was ongoing regarding the paving at the front of the home. The area was cordoned off for the duration of the work being completed. There were no obvious hazards to the health and safety of residents, visitors or staff.

It was established that one resident smoked. A review of the care records of the resident identified that a risk assessment and corresponding care plan had been completed in relation to smoking.

The home had an up to date fire risk assessment in place dated 6 September 2018.

Review of staff training records confirmed that staff completed fire safety training most recently in October 2018. Fire drills were completed on a regular basis the records included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were checked weekly and were regularly maintained. One area for improvement identified during the previous inspection relating to repairing a fire door hold open device has been stated for a second time in the QIP appended to this report.

Six completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Five respondents described their level of satisfaction with this aspect of care as very satisfied one was satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, infection prevention and control, and the home's environment.

Areas for improvement

No new areas for improvement were identified during the inspection. One area for improvement identified during the previous inspection in relation to the repairing of a fire door hold open device has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	*1	0

6.5 Is care effective?
The right care, at the right time in the right place with the best outcome

Discussion with the unit manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, smoking where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents are supported with their preferred rising and retiring times.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

The unit manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The unit manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the unit manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports and latest RQIA inspection reports were available on request for residents, their representatives, and any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Six completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Four respondents described their level of satisfaction with this aspect of care as very satisfied two were satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other interested parties.

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 care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The unit manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality were protected. For example by ensuring care records are stored securely at all times when not in use.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example menu choices are offered daily, and displayed in the dining area of the home.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example hand massage, nail therapy, crafts, games, one to one conversations. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home, there was also information available in the home which showed a range of activities including carol singers and entertainers planned to visit the home during the month of December.

Residents and residents' visitors/representatives spoken with during the inspection made the following comments:

- "They (staff) are awful good, so good, couldn't be better. The food is lovely." (resident)
- "It's good, everyone is very nice." (resident)
- "The staff are lovely, the food is good. I have everything that I need here." (resident)
- "The food is lovely." (resident)
- "I am getting on the best here, they (staff) are all very nice." (resident)
- "I think it is really excellent. It's got a great name." (representative)
- "Staff are always visible, we are kept informed of any changes. (Residents) needs are being met, the staff are compassionate." (representative)

- “We are very happy with the care provided, the staff are very good, the home is really clean, kept well informed, no complaints.” (representative)
- “Wonderful staff, very competent, courteous, and professional. Cleanliness is 5 star, the home is lovely.” (representative)
- “There is always staff about if you need them. Staff are very tuned in to their needs (residents) with the Alzheimer’s. It is so clean, there is always someone cleaning. (My relative) has settled in so well, it is very reassuring.” (representative)

Six completed questionnaires were returned to RQIA from residents and residents’ visitors/representatives. Five respondents described their level of satisfaction with this aspect of care as very satisfied, one was satisfied. Comments received from completed questionnaires were shared with the registered manager following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 unit manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The unit manager advised that policies and procedures for the home were currently being reviewed.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, and the outcome of the complaint. The need to ensure the complainant's level of satisfaction was recorded was discussed.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The unit manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the unit manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia awareness training.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The unit manager stated that the registered provider was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The unit manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The unit manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- "Good team of staff, can approach management no problem. You want residents treated the way you want your own parents or grandparents treated."

Six completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Ebith Farrell, unit manager, as part of the inspection process and with Julie Taylor, registered manager, during a telephone call 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 1</p> <p>Ref: Regulation 27 4 (b)</p> <p>Stated: Second time</p> <p>To be completed by: 6 January 2019</p>	<p>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.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Hold open Device to be fitted week commencing 14.01.19.</p>

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



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