

# Unannounced Care Inspection Report 1 & 22 December 2020



## Hillcrest Care Facility

**Type of Service: Residential Care Home (RCH)**  
**Address: 23 Old Mountfield Road, Omagh, BT79 7EL**  
**Tel No: 028 8225 1222**  
**Inspectors: Bronagh Duggan & Joseph McRandle**

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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 residential care home registered to provide care for up to 17 residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Knockmoyle Lodge Ltd  <b>Responsible Individual:</b> Linda Florence Beckett	<b>Registered Manager and date registered:</b> Caine McGoldrick (acting from 3/8/2020)
<b>Person in charge at the time of inspection:</b> Ebeith Farrell	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 16

### 4.0 Inspection summary

An unannounced care inspection took place on 1 December 2020 from 10.15 to 16.15. An announced finance inspection was undertaken on 22 December 2020 from 11.15 to 12.45.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management
- Management of residents' finances

Residents said that they enjoyed living in the home and that they were well cared for.

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
<b>Total number of areas for improvement</b>	0	*3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Cain Mc Goldrick, manager, who was present at the conclusion of the inspection and Ebeith Farrell, person in charge as part of the inspection process. The timescales for completion commence from the date of inspection. Two new areas for improvement were identified. \*One area for improvement was carried forward for review at a future inspection.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report

During the inspection the inspector met with 13 residents, four staff and the manager. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten residents' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Eight completed questionnaires were returned within the identified timescale. Responses received indicated respondents were either satisfied or very satisfied with the care provided in the home.

The following records were examined during the inspection:

- Duty rotas
- Three care records
- Staff training information
- Staff registration confirmation for Northern Ireland Social Care Council (NISCC)
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Certificate of registration.
- Two residents' finance files including copies of written agreements
- A sample of financial records including residents' personal allowance monies
- A sample of statements from the residents' bank account
- A sample of records of two residents' personal property
- Financial policies and procedures

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager and person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 9 March 2020 there were no new areas for improvement identified as a result the care inspection.

Areas for improvement from the last estates inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with the Residential Care Homes Regulation (Northern Ireland)2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (2) Schedule 4 (10) <b>Stated:</b> First time	The registered person shall ensure that a record is made of the furniture and personal possessions which each resident has brought to the room occupied by them.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two residents' files evidenced that records were retained of furniture and personal possessions brought into the residents' rooms. This area for improvement had been met.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 16.9 <b>Stated:</b> First time	The registered person shall ensure that the home administrator receives adult safeguarding training at the next opportunity.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of records confirmed that since the last finance inspection in April 2018 the administrator had received adult safeguarding training. This area for improvement had been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 15.12 <b>Stated:</b> First time	The registered person shall ensure that a reconciliation of the residents' bank account and residents' cash is carried out and recorded at least quarterly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that reconciliations of residents' monies (including monies held in the residents' bank account) were undertaken on a monthly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff. This area for improvement had been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4.6 <b>Stated:</b> First time <b>To be completed by:</b> 16 June 2018	The registered person shall ensure that each resident is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two residents' files evidenced that since the last finance inspection in April 2018 residents, or their representatives, were provided with written notification of changes to their written agreements. This related to the increase in residents' fees. This area for improvement had been met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 15.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where the home manage the personal money of any resident or make any purchases of goods or services on behalf of a resident, that there is written authority to do so. For the two residents for whom the home are acting as agent (receiving the social security benefits on behalf of these residents) this financial arrangement should be clearly detailed within the residents' individual written agreements with the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records evidenced that since the last finance inspection written authorisation forms were in place for the residents identified during the last inspection. The authorisation forms detailed the items members of staff were authorised to purchase from the residents' monies. The forms were signed by the residents or their representatives. This area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to, or the introduction of, new policies and procedures.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of copies of the financial policies and procedures confirmed that the policies had been reviewed since the last finance inspection. The policies included a review date which was three years following the last review. This area for improvement had been met.</p>	<p><b>Met</b></p>

## 6.2 Inspection findings

### 6.2.1 Staffing

We arrived at the home at 10.15, we discussed with the person in charge staffing levels for the home. Staff duty rotas for the period of 30 November until 13 December 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the person in charge in the manager's absence. Information regarding the staff on duty was also clearly displayed in a central part of the home for residents and visitors to observe.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. The person in charge outlined the staffing arrangements in the home

including additional staff allocation as needed. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed residents' needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working and they were aware of the individual needs of residents.

Comments received from staff included:

- "I love my job here, I wouldn't change anything. It can be busy sometimes, but I wouldn't even change that."
- "I love working here, I think there is really good team work and good communication. We are kept well informed of any changes."
- "I am very happy here, they (the residents) are like a second family."

### **6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)**

Information was displayed at the entrance to the home regarding the current guidance on Covid-19; signage was also displayed throughout the home regarding handwashing technique.

Upon arrival the inspector's temperature was recorded. The person in charge advised everyone's temperature was checked and relevant information recorded prior to admission to the home. The person in charge advised all residents and staff had temperatures taken twice daily. Records of the checks were maintained in the home. PPE supplies and hand sanitization were available within the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff were observed cleaning touch points at different intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff had completed training in relation to infection prevention and control.

### **6.2.3 Environment**

Inspection of the home found it to be warm, clean and tidy. No malodours were identified. Areas inspected included the communal living area, kitchen and dining room, bathrooms, toilet areas and a sample of residents' bedrooms. We found bedrooms were nicely decorated and were personalised with resident's individual interests and mementos.

We noted that some general areas of the home were in need of improvement to the paintwork including the kitchen ceiling. This issue was discussed with the person in charge who confirmed plans were in place to address the areas. The person in charge advised plans had been put on hold due to the Covid19 situation and restrictions on contractors being admitted to the home.



During discussion at the conclusion of the inspection the manager confirmed the works would be completed as soon as it was deemed safe to do so.

Exits were kept clear and free from obstruction, doors were observed as being managed appropriately.

#### **6.2.4 Care delivery**

We observed staff practice in the home; interactions with residents were warm and friendly. Staff showed good knowledge of resident's individual needs. Staff spoken with shared that they were aware of the need to observe non-verbal communications due to limited communication abilities of some of the residents.

Residents were well presented with obvious time and attention given to their personal care. Staff explained how residents were supported individually and that they were aware of their personal preferences. Staff were observed supporting residents to participate in quiz as part of activities provision. The person in charge advised that recruitment was ongoing with regards to employing an activities therapist for the home.

Throughout the day some residents were observed relaxing in their bedrooms, while others rested in the communal living area, or on seating throughout the general areas. Residents appeared comfortable; staff were available throughout the day to meet their needs.

Comments from residents during discussion included:

- "We are well looked after here. They (staff) are very good."
- "Am happy enough."
- "The food is very good."

The person in charge outlined the visiting arrangements for the home and explained how these were maintained in keeping with regional guidance. Residents in the home were also supported to maintain contact with relatives through phone calls and video technologies. The person in charge advised visiting arrangements were being monitored and risk assessed on an ongoing basis.

#### **6.2.5 Care records**

A sample of three care records were reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and regular evaluation records. It was noted that there were some inconsistencies within the care records in that risk assessments and associated care plans had not always been reviewed and updated together when changes occurred. This issue was discussed with the person in charge. The need to ensure there is a robust auditing system in place to regularly monitor and review the standard of the care records was discussed with the person in charge and manager at the conclusion of the inspection. An area for improvement was identified.

Review of the records showed the occurrence of an incident, although the records showed the residents risk assessment had been reviewed and updated following the incident the benefit of liaising with Speech and Language Therapy regarding best practice was discussed. An area for improvement was identified.

### **6.2.6 Governance and management arrangements**

The manager retains oversight of the home, discussions with the manager and the person in charge confirmed they felt well supported in recent months by senior management who they confirmed were contactable when needed. Staff spoken with confirmed they were kept informed of changes as they happened and information was readily available regarding Covid-19 guidance.

We reviewed a sample of audits including falls analysis, infection prevention and control (IPC), hand hygiene, and environmental audits. These showed that whenever any actions were identified they were addressed.

Staff training records were reviewed, the manager advised there had been some difficulty accessing face to face training due to restrictions in place in relation to Covid-19 and staff had completed mandatory training online. We noted from records available staff were due to complete fire safety training this issue was discussed with the manager. Following the inspection the manager provided confirmation that fire safety training had been arranged for staff in the home.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were documented and reported to other relevant organisations as necessary. We discussed with the person in charge two events although managed appropriately and reported onwards to other relevant bodies effectively should have also been reported to RQIA. The information was forwarded retrospectively to RQIA following the inspection.

A review of records and discussion with the person in charge confirmed there was a system in place to monitor staff registration status with the Northern Ireland Health and Social Care Council (NISCC).

There was a system in place regarding the management of complaints. There had been no new complaints received since the previous care inspection. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered providers representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. We reviewed the reports for September, October and November 2020 they included an overview of the working practices in the home. An action plan within these reports had been developed to address any issues identified, which included timescales and the person responsible for completing the action.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately

### **Areas of good practice**

There were examples of good practice found during the inspection in relation to interactions between staff and residents, team work, and IPC practices.

## Areas for improvement

Two new areas for improvement were identified these related to ensuring a robust auditing process for care records and to ensure referrals are made to, or advice sought from, relevant health professionals as necessary.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

Six areas for improvement were recorded as met from the previous finance inspection. One area for improvement from the previous estates inspection has been carried forward for review at a future inspection. Two new areas for improvement were identified as a result of this inspection.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cain Mc Goldrick, manager who was present at the conclusion of the inspection and Ebeith Farrell, person in charge.

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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44.1  <b>Stated:</b> First time  <b>To be completed by:</b> 21 September 2018	The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.  Ref: 6.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 15 January 2021	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.  Ref: 6.2.5  <b>Response by registered person detailing the actions taken:</b> Robust auditing system remains in place. Post falls assessment tool has been adapted to ensure unit manager confirms that care plans and risk assessments have been updated accordingly post fall.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9.3  <b>Stated:</b> First time  <b>To be completed by:</b> 2 December 2020	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.  Ref: 6.2.5  <b>Response by registered person detailing the actions taken:</b> The home continues to liaise with primary health care colleagues where appropriate. Unit manager to liaise with GP's to ensure that all referrals to primary health care services are completed as required.

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



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