



Unannounced Care Inspection Report 18 November 2019



Hillcrest Care Facility

Type of Service: Nursing Home

Address: 23 Old Mountfield Road, Omagh, BT79 7EL

Tel No: 028 8225 1222

Inspectors: Jane Laird and Helen Daly

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 59 persons.

3.0 Service details

<p>Organisation/Registered Provider: Knockmoyle Lodge Ltd</p> <p>Responsible Individual: Linda Florence Beckett</p>	<p>Registered Manager and date registered: Julie Ann Elizabeth Taylor 01 October 2009</p>
<p>Person in charge at the time of inspection: Julie Ann Elizabeth Taylor</p>	<p>Number of registered places: 59</p> <p>This figure includes:</p> <ul style="list-style-type: none"> • a maximum of 12 patients in category NH-DE • a maximum of one named resident receiving residential care in category RC-I <p>The home is also approved to provide care on a day basis for four persons.</p>
<p>Categories of care: Nursing Home (NH) I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 58</p>

4.0 Inspection summary

An unannounced inspection took place on 18 November 2019 from 10.15 to 17.15. This inspection was undertaken by the care and pharmacist inspectors.

The term 'patient' is used to describe those living in Hillcrest Care Facility which provides both nursing and residential care.

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.

Areas for improvement in respect of the last finance inspection have also been reviewed and validated as required.

During this inspection we identified evidence of good practice in relation to care delivery and team work. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and governance arrangements.

Two areas for improvement in relation to fire safety and the management of thickening agents were identified during this inspection. Areas for improvement from the last care inspection in relation to record keeping and the appropriate display and review of activity services have been stated for a second time.

In relation to medicines management and finance it was positive to note that all areas for improvement identified at the last inspections had been met.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after 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 patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*1

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second.

Details of the Quality Improvement Plan (QIP) were discussed with Julie Ann Elizabeth Taylor, Registered Manager, as part of the inspection process. 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 26 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 April 2019. 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 last inspection findings in relation to care, pharmacy and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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 patients 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 11 November 2019 to 24 November 2019
- incident and accident records
- five patient care records
- three patient repositioning charts
- staff competency and capability assessments
- a sample of governance audits/records
- a sample of monthly monitoring reports for September 2019 and October 2019
- records pertaining to the prescribing, administration, ordering, receipt and disposal of medicines
- medicine management audits
- care plans in relation to distressed reactions, pain and the management of seizures
- the management of medicines on admission
- daily temperature records for the treatment rooms and medicine refrigerators

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (b) and (c) Stated: Second time	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: The Inspector confirmed that cleaning chemicals were suitably labelled and stored in	

	accordance with COSHH regulations during the inspection.	
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to patients' care records and daily evaluation notes:</p> <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Records relating to a patients activities of daily living are reviewed and updated to reflect their current needs • Care plans and risk assessments are reviewed on a monthly basis or more frequently as deemed necessary. 	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of patient care records evidenced that this area for improvement had not been fully met. This is discussed further in 6.2.3. Therefore this area for improvement is stated for a second time.</p>	
Area for improvement 3 Ref: Regulation 13 (4) Stated: Third and final time	<p>The registered person shall ensure that refrigerator and room temperatures are accurately monitored and recorded each day to evidence that medicines are stored at the recommended temperatures.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Air conditioning units had been installed in both treatment rooms in Hillcrest.</p> <p>The temperature of the three treatment rooms and refrigerators was being monitored and recorded each day. The registered manager closely monitored the recording sheets.</p> <p>There was evidence that medicines were being stored at the manufacturers' recommended temperature.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must;</p> <ul style="list-style-type: none"> • review the current system of recording of notifiable events in each unit of the home, to ensure that the records are collated centrally to minimise the risk of omission to notify to RQIA • the IPC audits must be sufficiently robust to identify any poor practice and drive and sustain hygiene standards • the post falls audits maintained in the home must be reviewed and updated to ensure that identified risks to patients are minimised as required. 	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of governance records/audits confirmed that this area for improvement had been met.</p>	
Area for improvement 2 Ref: Standard 14.25 Stated: Second time	<p>The registered person shall ensure that a reconciliation of the residents' bank account is carried out and recorded at least quarterly.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of governance records confirmed that this area for improvement had been met.</p>	
Area for improvement 3 Ref: Standard 14.26 Stated: Second time	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of patient inventory records evidenced that this area for improvement had been met.</p>	

<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p>Action taken as confirmed during the inspection: Review of the record of activities identified that this area for improvement has not been met and is discussed further in 6.2.2. Therefore this area for improvement is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that care plans for the use of medicines in the management of seizure activity are in place.</p> <p>Action taken as confirmed during the inspection: Care plans for the management of seizure activity were in place. They provided sufficient detail to direct the use of emergency medication.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p>	<p>The registered person shall implement a robust audit to monitor all aspects of the management and administration of medicines. Action plans to address shortfalls should be completed.</p> <p>Action taken as confirmed during the inspection: The registered manager completed a medication audit on each floor each month. There was evidence that action plans were implemented and addressed.</p> <p>Registered nurses also completed regular audit trails to evidence that medicines were administered as prescribed. These were reviewed by the registered manager.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 28</p>	<p>The registered person shall ensure that robust systems are in place for the management of medicines on admission.</p>	<p>Met</p>

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: We reviewed the management of medicines on admission/re-admission to the home.</p> <p>Written confirmation of currently prescribed medicines had been obtained. The personal medication records had been verified and signed by a second registered nurse.</p> <p>Registered nurses advised that medicines were supplied either in their original packs or a compliance aid that has been dispensed and sealed in a pharmacy.</p>	
<p>Area for improvement 8</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall review the management of distressed reactions to ensure that regular use is referred to the prescriber for review and that the reason for and outcome of each administration is recorded.</p> <p>Action taken as confirmed during the inspection: We reviewed the management of distressed reactions for four patients.</p> <p>Care plans, including details of prescribed medicines, were in place.</p> <p>The reason for and outcome of administration of these medicines was recorded.</p> <p>There was evidence that any increased frequency/regular use was referred to the prescriber for review.</p> <p>The management of distressed reactions is included in the registered manager's audits.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines do not remain in use after their expiry date has been reached.</p> <p>Action taken as confirmed during the inspection: All eye preparations and liquid antibiotics examined at the inspection were observed to be in date.</p> <p>The date of opening was recorded on medicine containers to facilitate disposal at expiry.</p>	<p>Met</p>

Area for improvement 10 Ref: Standard 29 Stated: First time	The registered person shall ensure that medication administration records are readily retrievable.	Met
	Action taken as confirmed during the inspection: Medication administration records were filed in patient/month order. They were readily retrievable.	

6.2 Inspection findings

6.2.1 Staffing provision

On arrival to the home at 10.15 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. Patients were seated within one of the lounges or in their bedroom, as per their personal preference or their assessed needs. There was a relaxed atmosphere within the home and nurse call alarms were answered promptly.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. We reviewed staffing rotas from 11 November 2019 to 24 November 2019 which evidenced that the planned staffing levels were adhered to. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Comments included:

- "I love working here"
- "Lots of training"
- "Great support from manager"
- "Love it here"

We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with management or the nurse in charge.

Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Patient Health and Welfare

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We observed staff attending to patients needs in a caring manner and as promptly as possible.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that refurbishment was ongoing. This is discussed further in 6.2.4.

We observed the door to identified lounges and a bedroom were propped open, rendering them ineffective in the event of a fire. This was brought to the attention of the manager and an area for improvement was made.

On review of the notice boards within each unit it was identified that there was no programme of activities. Some of the units had a white board with the activity due to take place on a daily basis whilst other units had no information. On discussion with patients and review of records it was further evidenced that although a record was kept of all activities that had taken place, with the names of the person leading them and the patients who participated, arrangements for the provision of activities were not in place in the absence of the activity person. We further identified that care records to reflect the preferences and choices of the patients had not been evaluated on a regular basis to ensure that these remained relevant. This was discussed with the activity person and the manager in detail and stated for a second time.

Consultation with four patients individually, and with others in small groups, confirmed that living in Hillcrest Care Facility was a positive experience.

Patient comments included:

- "Lovely place."
- "Great staff."
- "I have everything I need. Food is good."
- "No concerns."
- "Staff are nice."

We also sought patient and relatives' opinion on staffing via questionnaires. There was no response in the time frame provided.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas for improvement

An area for improvement was identified in relation to fire safety.

	Regulations	Standards
Total number of areas for improvement	1	0

6.2.3 Management of patient care records

Review of five patient care records evidenced that care plans were in place to direct the care required, however, on review of the assessed needs of the patients there were inconsistencies in the documentation. We also reviewed a sample of repositioning records which identified gaps within the charts where the patient had not been repositioned as per their care plan and the recommended frequency was not recorded on the charts. The manager acknowledged the shortfalls in the documentation and agreed to review all patients care records regarding activities of daily living and pressure area care and to communicate with relevant staff to ensure they document accurately the daily events within patients care records. This area for improvement has been stated for a second time.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

As discussed in 6.2.2 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. The home was found to be warm, fresh smelling and comfortable throughout. However, we identified damage to a number of over bed tables and areas within the home that required refurbishment. This was discussed with the manager in detail who agreed to review these areas and implement an action plan to address any issues.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.5 Management and governance arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care

records, hand hygiene and environment audits were also carried out monthly and where deficits had been identified an action plan had been implemented.

The inspector reviewed a sample of patients' inventory of property which evidenced that a record had recently been initiated following the previous inspection and assurances were provided that these records would be reconciled on at least a quarterly basis by a staff member and countersigned by a senior member of staff.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.6 Medicines management

The following areas were reviewed and found to be satisfactory: staff training and competency; personal medication records, medicine administration records and receipt and disposal of medicines records; the management of medication changes; the management of controlled drugs, antibiotics and warfarin; the standard of maintenance of fluid intake charts and care plans in relation to distressed reactions.

We reviewed the management of medication incidents. There was evidence that incidents had been investigated and that the learning identified had been shared with all registered nurses. The registered manager had identified that there had been delays in the administration of medicines which had been prescribed at weekly/biweekly intervals. A checklist was implemented to ensure that these medicines were administered on time. This checklist was reviewed daily by registered nurses and weekly by the registered manager.

We reviewed the management of thickening agents for seven patients. Records of prescribing, including the recommended consistency level, were not in place for all patients. Records of administration by registered nurses had not been accurately maintained. Care assistants maintained records of administration which included the recommended consistency level. Speech and language assessment reports and care plans were in place, however, for one patient, the registered nurse was unsure if the thickening agent had been discontinued. We observed a thickening agent in a patient's bedroom. The registered person should ensure that the management of thickening agents is reviewed and revised. An area for improvement was identified.

Areas identified for improvement:

The management of thickening agents should be reviewed and revised. Accurate records of prescribing and administration should be maintained.

Up to date care plans and speech and language assessment reports should be in place. Thickening agents should be stored safely and securely.

	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 Julie Ann Elizabeth Taylor, Registered Manager, as part of the inspection process. 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 18 December 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to patients' care records and daily evaluation notes:</p> <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Records relating to a patients activities of daily living are reviewed and updated to reflect their current needs • Care plans and risk assessments are reviewed on a monthly basis or more frequently as deemed necessary. <p>Ref: 6.1 and 6.2.3</p>
	<p>Response by registered person detailing the actions taken: All patient profiles & activities of daily living are being updated & associated careplans & assessments, repositioning charts are all under review to state the frequency and the intervention.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: The fire doors in question are kept closed and new holders are on order.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall review and revise the management of thickening agents as detailed in the report.</p> <p>Ref: 6.2.6</p>
	<p>Response by registered person detailing the actions taken: All patients who are using thickening agents have been reviewed and the stated measures put in place.</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p>Area for improvement 1</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated</p>

<p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 18 December 2019</p>	<p>regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p>Ref: 6.1 and 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Weekly activities on display and records adapted to reflect patients participation.</p>

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



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