

# Unannounced Care Inspection Report 16 April 2018



## Hillcrest Care Facility

Type of Service: Nursing Home  
Address: 23 Old Mountfield Road, Omagh, BT79 7EL  
Tel no: 028 8225 1222  
Inspector: Sharon Loane

[www.rqia.org.uk](http://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 registered nursing home which is registered to provide nursing care for up to 59 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Knockmoyle Lodge Ltd  <b>Responsible Individual:</b> Linda Florence Beckett	<b>Registered Manager:</b> Mrs Julie Taylor
<b>Person in charge at the time of inspection:</b> Mrs Julie Taylor	<b>Date manager registered:</b> 1 October 2009
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 59  A maximum of 12 patients in category NH-DE. The home is also approved to provide care on a day basis to 4 persons. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 16 April 2018 from 10.00 to 17.15 hours.

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 Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to: staff recruitment and induction; rapport and interaction between patients and staff, staffs knowledge of patients' preferences, governance and management arrangements.

New areas of improvement were identified in regards to training and care planning.

Patients said that living in the home was a positive experience and commented positively in regards to the care received and that the staff were very kind.

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
<b>Total number of areas for improvement</b>	*1	*3

\*The total number of areas for improvement include: one regulation and one standard which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Julie 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 18 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-assessment inspection audit

During the inspection the inspector met with 10 patients, six staff, one visiting professional and one patient's representative. Questionnaires were also left in the home to obtain feedback from patients and their representatives. The registered manager was given a poster to display in the staff area to give staff an opportunity to provide feedback to RQIA via an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 22 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- five patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 26 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered person shall ensure that fire exits and corridors are kept free form obstruction at all times. This includes the fire exit identified at this inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the homes environment evidenced that this area for improvement had been addressed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure that notifications are submitted to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records for accidents and incidents which had occurred since the previous inspection evidenced that some of these had not been reported to RQIA as per legislative requirements.  This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The registered person shall ensure that consent is obtained for the use of restraint and/or restrictive practices. If a patient is assessed as not having capacity to consent, appropriate and documented best interest procedures must be adhered to.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records confirmed that this area for improvement had been addressed.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that the areas of paintwork and the chairs damaged and torn are repaired effectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A number of areas within the home have been repainted. Chairs had been re-upholstered and the registered manager advised that there were arrangements in place for further redecoration and upholstery. Post inspection, the registered manager confirmed by an email correspondence the details for same.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 Criteria 8 <b>Stated:</b> First time	The registered person shall ensure that records are maintained appropriately for any patient with an indwelling catheter. The urinary output should be recorded.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records pertaining to this area of practice evidenced that this area for improvement had not been addressed.  This area for improvement has not been met and has been stated for a second time.	

### 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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 9 and 16 April 2018 evidenced that the planned staffing levels in the majority of occasions were adhered to. Staff spoken with were satisfied that the staffing arrangements in place were sufficient to meet the needs of patients. Staff opinions were also sought by asking staff to complete an online survey. At the time of writing this report none had been received.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels.

All patients spoken with stated that they were satisfied with the care delivered and that staff responded to them in a timely manner. Again, we sought opinions on staffing from patients and their relatives via questionnaires which were issued at the inspection. Nine questionnaires were returned by patients and two by relatives. Seven additional questionnaires were returned however the respondents had not indicated if they were either a patient or relative. All responses received were positive. An additional comment in a questionnaire returned by a patient included:

“Maybe another member of staff at night would be of help”.

This comment has been shared with the registered manager for their information and action as deemed necessary.

Staff recruitment information was available for inspection and a review of a record for one staff member evidenced that records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A discussion with the registered manager and a review of information evidenced that systems were in place to ensure that staff received supervision and appraisals. The registered manager advised that competency and capability assessments had been completed as deemed applicable.

Review of the training matrix for 2017/18 evidenced some shortfalls. Although training was provided via e-learning and face to face training, a number of staff had failed to complete their training requirements. A discussion with the registered manager indicated that the systems in place to provide oversight of individual staff compliance with mandatory training needed to be further developed. This has been identified as an area for improvement under the standards.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. A sample review of staff from both disciplines correlated with the information recorded.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that they had recently been appointed as the adult safeguarding champion and had attended training in line with their role and responsibilities. The registered manager advised that the homes policy was in the process of being updated to reflect this information and subsequently would be shared with staff. Discussions held with staff confirmed their understanding of same.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and/or alarm mats. There was also evidence of consultation with relevant persons. This had been identified as an area for improvement at a previous inspection and was now met.



We reviewed accidents/incidents records for the period October 2017 to April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records for accidents/incidents were maintained appropriately, however, it was noted that some notifications had not been submitted in accordance with regulation. This had also been identified as an area for improvement at a previous inspection. The necessary improvements have not been made and therefore the area for improvement has been stated for a second time.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges and dining areas. A number of areas in the home had been repainted with further improvement work planned. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. This area for improvement had been met.

Systems were in place to support good practice with infection prevention and control measures. The registered manager maintained a record of infections for each patient and any antibiotics prescribed. Care plans were in place for patients with a known healthcare associated infection (HCAI). Records for hand hygiene audits were available. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal, adult safeguarding, infection prevention and control.

### **Areas for improvement**

New areas for improvement identified during this inspection include: the monitoring and completion of mandatory training for staff.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.5 Is care effective?

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

A review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT), Dietician, and Tissue Viability Nurse (TVN).

We reviewed the management of nutrition for two patients identified as losing weight. We discussed the monitoring of patients' weights and were informed that all patients were weighed at minimum monthly intervals. A nutritional risk assessment was completed monthly; however only one of the patient records reviewed had a care plan in place to meet their nutritional needs. Both patients had been referred to the dietician. A dietician spoken with during the inspection, advised that the staff were very good at following and adhering to any recommendations made. They advised that food and fluid intake records were maintained to a high standard and that the home were part of an ongoing pilot group in regards to nutritional management in nursing homes.

One of the patients had also been assessed by SALT and recommendations had been made. The patient's care record had not been updated to reflect the recommendations made. However, a discussion with staff confirmed that they were knowledgeable of the patients' needs in this regard and food and fluids provided were consistent with recommendations by SALT. The registered nurse on duty addressed this shortfall immediately.

Care plans should be developed and reviewed in accordance with patients identified needs. An area for improvement has been made under the standards.

We reviewed the management of falls for two patients. Patients had a falls risk assessment which was reviewed regularly. Care plans were in place for risk of falls. A post fall assessment had been completed following a fall. This included a review of the falls risk assessment and the care plan to ensure that they remained appropriate to meet the needs of the patient.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the prescribed dressing regime. A review of wound care records for the period 25 March – 14 April 2018 evidenced that prescribed dressing regimes were adhered to.

Supplementary care charts, for example food and fluid intake records and repositioning charts were maintained appropriately. Fluid records for one patient identified at risk of dehydration included details of the minimum fluid intake target to be achieved. This was recorded in red ink to alert staff. Records reviewed for the period 11 – 14 April 2018 evidenced that this target had been achieved. Staff demonstrated an awareness of the importance of contemporaneous record keeping.

Records were also reviewed in relation to the management of catheterisation. Continence assessments accurately reflected the identified need and a care plan in place included the details in regards to the management of the indwelling catheter. A discussion with a registered nurse confirmed that records for urinary output were not maintained. This had been identified as an area for improvement at a previous inspection and continued not to be met. This has been stated for a second time.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding each patient’s condition and any changes noted.

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 the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

**Areas of good practice**

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

**Areas for improvement**

A new area for improvement has been made in regards to care planning.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

**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.**

When we arrived in the home we were greeted by staff who were helpful and attentive. Patients were enjoying their mid-morning refreshment in the lounges or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with ten patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff spoke to them in a polite manner. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following are examples of comments provided by patients:

“looked after very well”

“very happy, good food and staff are attentive”

“no issues, staff are friendly and the home is clean”

“very good, sometimes it can take a bit of time – if they are busy”.

One relative spoken with expressed their satisfaction with all aspects of care and other services provided.

During the inspection, the inspector spoke with six staff on duty. A poster inviting staff to complete an online survey was provided. At the time of writing this report no responses were received.

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

The serving of the lunch was observed. The food appeared nutritious and appetising. The mealtime was well supervised and a discussion with staff demonstrated that they were knowledgeable of patient’s dietary needs. Staff were observed to encourage patients with their meals and assist patients in an unhurried manner.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registration certificate was up to date and displayed appropriately. Discussion with the registered manager and review of records and observations made evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. A discussion with staff, patients and relatives and a review of information confirmed that the registered manager has a very “hands on approach” to the running of the home.

A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team.

A copy of the complaints procedure was displayed in various locations throughout the home. Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The learning derived from the analysis of complaints received had been disseminated with staff. There was evidence that information gained had been used to improve and assure the quality of services.

As previously discussed in section 6.4, a review of accidents/ incidents between September and December 2017 evidenced that two notifiable events to RQIA under Regulation 30 had not been reported. This shortfall had not been identified during the monthly monitoring visits. This breach of regulation had also been identified as an area for improvement in the previous quality improvement plan. This was discussed with the registered manager who was also signposted to the RQIA guidance on reporting notifiable incidents (2017). The registered manager agreed to submit the notifications retrospectively. This area for improvement has been stated for a second time.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example; audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice in most areas reviewed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and care standards. Actions plans had been developed and there was evidenced that these had been reviewed accordingly. A discussion was held in regards to how these could be further developed to ensure quality improvement for example; notifiable events.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

## Areas of good practice

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

## Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Julie Taylor, registered manger, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that notifications are submitted to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.  <b>Ref: Section 6.2; 6.4 &amp; 6.7</b>  <b>Response by registered person detailing the actions taken:</b> Staff advised to always notify RQIA of accidents and incidents when they occur.
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4 Criteria 8  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 June 2018	The registered person shall ensure that records are maintained appropriately for any patient with an indwelling catheter. The urinary output should be recorded.  <b>Ref: Section 6.2 &amp; 6.5</b>  <b>Response by registered person detailing the actions taken:</b> All patients who have a self retaining catheter have their urinary output recorded.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 30 July 2018	The registered person shall ensure that a robust monitoring system is developed and implemented to ensure that staff completes mandatory training requirements.  <b>Ref: Section 6.4</b>  <b>Response by registered person detailing the actions taken:</b> New training matrix adopted and ongoing training will be monitored
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4 Criteria 7  <b>Stated:</b> First time  <b>To be completed by:</b> 30 July 2018	The registered person shall ensure that care plans are developed and reviewed in accordance with patients identified needs.  <b>Ref: Section 6.5</b>  <b>Response by registered person detailing the actions taken:</b> Staff advised that when a patients needs are assessed they must have a corresponding careplan.

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



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