

Unannounced Care Inspection Report 26 September 2017



Hillcrest Care Facility

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

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/and residential care for up to 76 persons.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Ms Therese McGarvey	Registered Manager: Mrs Julie Taylor
Person in charge at the time of inspection: Ms Therese Mc Garvey, Responsible Person	Date manager registered: 1 October 2009
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. Residential Care (RC) DE – Dementia. I – Old age not falling within any other category.	Number of registered places: 76 comprising: 56 Nursing 20 Residential

4.0 Inspection summary

An unannounced inspection took place on 26 September from 10.00 to 17.00 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 term 'patients' is used to describe those living in Hillcrest Care facility which provides both nursing and residential care.

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

There was good practice found in relation to; the home environment, infection prevention and control, the management of accidents and incidents, communication between residents, staff and other key stakeholders, dignity and privacy, listening to and valuing patients and their representatives.

A number of positive comments were received from staff, patient representatives and patients. Patients said they were happy with the care provided and enjoyed 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.

Areas requiring improvement under the regulations were identified in regards to: fire safety and the submission of notifications to RQIA. Other areas for improvement under the standards were in relation to the maintenance of specialist chairs and paintwork in the home, and the records used in regards to the management of restraint and restrictive practices and catheterisation.

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	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Therese Mc Garvey, Responsible Person, 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 September 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 26 September 2016. 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
- 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 inspectors met with eleven patients individually and with others in smaller groups, twelve staff, one visiting professional and one patient's representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- staffing arrangements
- 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
- two patients care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints records
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

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 26 September 2016

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

The completed QIP was returned and approved by the care inspector and was validated at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Criteria 6 Stated: First time	The registered provider should ensure that the practice of using camera monitors is reviewed to ensure compliance with RQIA's guidance on the use of Overt Close Circuit Televisions (CCTV) and the Data Protection Act 1988. If CCTV is to continue to be used internally, the home should ensure full consultation with the appropriate commissioning trust for each patient is included in the individual risk assessment process.	Met
	Action taken as confirmed during the inspection: A policy on the use of CCTV dated 11 October 2016 was available. The CCTV in place was only used to monitor the entrance and exits of the building. Notices were displayed to advise visitors accordingly.	
Area for improvement 2 Ref: Standard 4 Criteria 9 Stated: First time	The registered provider should ensure that records pertaining to wound management should be kept in accordance with best practice guidelines, legislative requirements and NMC guidelines on record keeping.	Met
	Action taken as confirmed during the inspection: A review of wound care management records for an identified patient evidenced that this area for improvement was met.	

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.

A registered nurse spoken with 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 week commencing 14 August 2017 evidenced that the planned staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels. Staff spoken with were satisfied that the staffing arrangements were adequate to meet the needs of the patients.

A review of a personnel file for one staff member evidenced that recruitment processes were in keeping 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. Two completed induction programmes were reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

A review of information evidenced that the registered manager carried out regular supervision sessions with staff and arrangements were in place for staff to have annual appraisals.

Review of the training matrix/schedule for 2017/18 indicated that the majority of staff had completed their mandatory training requirements. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules for a number of areas which was also supported by face to face training. Discussion with staff and the person in charge confirmed that a robust system was in place to ensure staff completed mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the person in charge and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the person in charge confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. The person in charge was advised to consider organising an information folder to include necessary information and make it available for staff to access.

Review of 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. An area for improvement has been identified in regards to obtaining consent for the use of bedrails. Refer to section 6.5.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection identified that some of these were not were appropriately managed. This has been identified as an area for improvement under the well-led domain. Refer to section 6.7.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Since the last inspection a number of home improvements have been made within the Hillview unit, for example, new flooring and wallpaper was observed in some areas. Paintwork in some areas of the home was observed as chipped and a number of specialist chairs were damaged and torn and therefore could not be cleaned effectively. This has been identified as an area for improvement under the standards.

Fire exits and corridors were observed to be clear of clutter and obstruction, with the exception of one identified area. This had been identified as an area for improvement during a monthly monitoring visit completed in August 2017. The person in charge advised that following the visit the area had been cleared, however staff had continued to store items in this area. This has been identified as an area for improvement under regulation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the standard of décor in the home's environment.

Areas for improvement

Areas for improvement were identified in relation to fire safety and the maintenance of some aspects of the environment and equipment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

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. However as previously discussed a review of risk assessments completed for bedrails and other types of restrictive practice in use identified that records of informed consent were not consistently completed. This has been identified as an area for improvement under the standards.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

A review of one care record pertaining to pressure care and wound management evidenced that care delivered was effective. The care plan included details of the specific care and treatment required and a review of information evidenced that care delivered was consistent with the plan of care in place. Wound care records were maintained in accordance with best practice guidelines. This had been identified as an area for improvement at the last inspection and the necessary improvements have been met.

A review of care records for the management of catheter care identified that urinary output was not recorded consistently. There was written evidence that this had been identified as an area for improvement by the responsible person, however the records reviewed evidenced that this had not been achieved. This matter was discussed with the person in charge and an area for improvement has been made under the standards.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

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 and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and changes noted.

Discussion with staff and a review of information confirmed that staff meetings were held on a regular basis and records were maintained accordingly. The most recent meetings held were for registered nurses in July 2017 and care staff in August 2017.

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 their line manager and/or the registered manager.

All grades of staff consulted clearly 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, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement were identified in regards to consent for the use of restraint and records pertaining to the management of urinary output for patients who have an indwelling catheter.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eleven patients individually, and with others in smaller groups, confirmed that living in the home was a positive experience and confirmed that patients were afforded choice, privacy and dignity.

Patient comments included:

“I think they are all great.”

“The staff are wonderful, I like it very much.”

“It’s a great place.”

“Lovely, the best, you couldn’t ask for anything better.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As previously discussed patients and/or their representatives were involved in decision making about their own care. Patients were consulted with regarding meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan.

Patients and/or patient representatives consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. A member of staff is employed to provide activities in the home.

There was evidence of a variety of activities in the home and discussion with staff confirmed that patients were given a choice with regards to what they wanted to participate in. There were various photographs displayed around the home of patients' participation in recent activities. Social care plans were in place to provide information to staff to ensure that patients' social care needs were met individually.

The serving of the midday meal was observed in the home. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed in the dining room. Nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

During the inspection we met with twelve staff and one patients' representative. Some comments received are detailed below:

Staff

"This is a very good home, we work well as a team and care delivery is very good."

"Staffing arrangements are good, we don't use any agency."

"Management are very supportive."

Patients' representatives

"Very positive, good communication with staff, the staff always seek medical advice and let me know what they have done, always get a cup of tea when me or family member comes in, food is very good, if they don't like anything something else would be made."

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Four staff, three patients and one relative returned their questionnaires, within the timeframe for inclusion in this report. Outcomes were as follows:

The responses received from staff were all positive indicating that they were "very satisfied" that the care in the home was safe, effective and compassionate; and that the home was well-led. Similarly, the responses received from the patients and the one relative indicated that they too were "very satisfied" across all four domains.

At the time of inspection one visiting professional was consulted and they commented positively on the care, the staff and management, the environment and the overall atmosphere in the home.

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

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
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 registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with staff and review of records and observations evidenced that the home was operating within its categories of care.

Discussion with staff evidenced that there was a clear organisational structure within the home. The registered manager was on planned leave at the time of inspection, RQIA had been notified appropriately. The home had put arrangements in place for the interim and staff were aware of same. 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. Some patients were observed referring to management and staff on a first name basis.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patient representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. The manager has a very 'hands on' approach and was involved directly in the delivery of care. This is good practice.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the manager would respond positively to any concerns/suggestions raised.

A review of the home's complaints records 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. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were in the majority managed appropriately. However, some shortfalls were identified in the reporting procedure and an area for improvement has been made under the regulations.

A 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, wound management, 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.

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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the person in charge and a review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

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

Areas for improvement

An area for improvement has been made in regards to the submission of notifications to RQIA under regulation 30 of the Nursing Homes Regulations (Northern Ireland), 2005.

	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 Therese Mc Garvey, Responsible Person, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: Immediate from the time of inspection	The registered person shall ensure that fire exits and corridors are kept free from obstruction at all times. This includes the fire exit identified at this inspection. Ref: Section 6.4
	Response by registered person detailing the actions taken: The area identified has been cleared and staff made aware of need to keep free of furniture or obstructions.
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: Immediate from the time 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. Ref: Section 6.4 & 6.7
	Response by registered person detailing the actions taken: All outstanding notifications sent. All S/N spoken with and made aware of requirement to send in a timely manner.
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 30 November 2017	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. Ref: Section 6.5
	Response by registered person detailing the actions taken: Restraint reviewed for all residents and staff reminded that use of buzzer mats and bedrails must be reviewed.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 30 November 2017	The registered person shall ensure that the areas of paintwork and the chairs damaged and torn are repaired effectively. Ref: Section 6.4
	Response by registered person detailing the actions taken: Damaged chairs are being recovered and repaired. Additional painting underway.

<p>Area for improvement 3</p> <p>Ref: Standard 4 Criteria 8</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that records are maintained appropriately for any patient with an indwelling catheter. The urinary output should be recorded.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Nurses made aware of importance of recording fluid balance accurately - intake and output.</p>

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



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