



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN016780
Establishment ID No: 11002
Name of Establishment: Hillcrest
Date of Inspection: 28 October 2014
Inspector's Name: Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Hillcrest
Address:	23b Old Mountfield Rd
Telephone Number:	028 82251222
Registered Organisation/Provider:	Knockmoyle Lodge Ltd/Mrs Therese McGarvey
Registered Manager:	Ms Julie Taylor
Person in Charge of the Home at the time of Inspection:	Ms Julie Taylor
Other person(s) consulted during inspection:	Mr Ciaran Donaghy , Knockmoyle Lodge Ltd (Maintenance Manager) Ms Laura O`Hanlon (RQIA Residential Team Inspector)
Type of establishment:	Nursing Home
Number of Registered Places:	56
Date and time of inspection:	28 October 2014 from 10.00 – 13.00hrs
Date of previous estates inspection:	24 November 2011
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Nursing Homes Regulations (Northern Ireland) 2005;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr Ciaran Donaghy.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

7.0 PROFILE OF SERVICE

Hillcrest Care Facility is a nursing and residential home in Omagh situated in the grounds of the sister homes, Hillview Lodge, and Hillside Residential Home, two miles from the centre of town.

Hillcrest Care Facilities are provided over three floors. The home is registered to provide care under the following categories:

Nursing Care

NH-I - Old age not falling into any other category

NH-PH – Physical disability other than sensory impairment

NH-PH (E) - Physical disability other than sensory impairment over 65 years

NH-DE – Dementia nursing.

Residential Care

RC-I – Old age not falling into any other category

RC-DE – Dementia residential care

The home is also registered for the provision of day care for four persons.

8.0 SUMMARY

Following the Estates Inspection of Hillcrest on 28 October 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds.

This resulted in two requirements, listed in the quality improvement plan appended to this report.

The building fabric and services are maintained effectively in good condition. Interior wall and floor finishes are in a good condition.

The Estates Inspector would like to acknowledge the assistance of Mr Ciaran Donaghy during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is noted that all the issues raised in the report of the previous estates inspection on 24 November 2011 have been addressed.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	28(2)(b)	Re-fix wall skirtings' and seal all crevices/gaps.	Repairs completed	satisfactory
2	27(2)(q)	Investigate the cause of the emergency generator house water penetration defect; implement effective control measures to safeguard health, safety and welfare of residents.	Timber decking installed on floor in front of generator controls panel	satisfactory
3	14(2)(a),(b) &(c)	Instruct a competent engineer to conduct a LOLER (Lifting Operations & Lifting Equipment regulations) thorough examination of the passenger lift installation and forward a copy of the subsequent report to RQIA estates inspector for examination/record.	Records examined	satisfactory

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
4	14(2)(a),(b) &(c)	Complete a condition survey of all casement opening restrictors ; adjust and secure to maintain maximum opening limit of 100mm.	Completed & records examined	satisfactory
5	14(2)(a),(b) &(c)	Complete an inspection of all fire doors and complete corrective works to maintain the specified fire resistance (integrity)	Records examined	satisfactory
6	14(2)(a),(b) &(c)	Submit system engineer verification that the emergency lighting user test system is functioning effectively in compliance with BS6266 requirements.	Records examined	satisfactory

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
7	32.8	Verify that the space heating boiler has received a periodic maintenance service by a competent engineer.	Records inspected; compliant	satisfactory
8	32.8	Re-secure bedroom 43 window opening casement draught excluder.	Window opening examined; compliant	satisfactory
9	32.8	Complete a legionellosis prevention risk assessment to verify that control measures are compliant with HSE L8 Approved Code of Practice.	Records examined	satisfactory
10	32.2	Check all service duct doors and ensure that access is restricted to authorized personnel.	All doors locked closed	satisfactory

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance works activity and procedures; the internal building fabric however requires some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report items 9.2.2 - 9.2.3. Requirements are listed in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 Bedroom 28 wall surface was damaged/scored adjacent skirting level.
Bedroom 34 wall paint was damaged/cracked adjacent ceiling level & ceiling was stained as a result of a service pipe water leak.
Bedroom 31 en-suite wall finish was stained/scratched.
Bedrooms 7 & 31 wall surfaces were damaged as a result of profile bed movement.
Bedroom 46 wall surface was damaged due to impact with wheelchairs/hoists.
(Reference: Quality Improvement Plan Item 1)

9.2.3 Ventilation fan in GF sluice room is not working effectively.
(Reference: Quality Improvement Plan Item 2)

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard. There have been no issues identified for corrective/improvement works attention by the registered person in relation to this standard.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures implemented in the home are compliant with this standard, and records inspected demonstrate good attention to fire safety matters.
There have been no issues identified for corrective/improvement works attention by the registered person in relation to this standard.

9.4.2 The fire risk assessment was completed by an accredited fire risk assessor, Mr John Gurney on 9 June 2014.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms Julie Taylor as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



The **Regulation** and
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Quality Improvement Plan

Announced Estates Inspection

Hillcrest Nursing Home , RQIA ID 11002

28 October 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Mr Ciaran Donaghy during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	J Taylor
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	T McGarvey

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Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(d)	Complete a condition survey of all internal decorated surfaces and arrange a planned redecoration works programme. (Reference: Report paragraph 9.2.2)	12 weeks	Survey completed & works programme ongoing
2	Regulation 27 (2)(q)	Repair/replace ventilation extract fan in Ground Floor sluice room. (Reference: Report paragraph 9.2.3)	8 weeks	Fully addressed

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