

Inspection Report

22 & 25 May 2023 & 1 June 2023



Hillside Residential Unit

Type of service: Residential Care Home
Address: 23a Mountfield Road, Omagh, BT79 7EL
Telephone number: 028 8225 1125

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Dunluce Healthcare Bangor Ltd Responsible Individual: Mr Ryan Smith	Registered Manager: Ms Danielle Duggan, Acting
Person in charge at the time of inspection: Ms Danielle Duggan, Manager on 22 May 2023 and 1 June 2023 Ms Edel Shalbinski, Senior Care Assistant on 25 May 2023	Number of registered places: 13
Categories of care: Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: Hillside is a registered residential care home which provides health and social care for up to 13 residents. All residents are facilitated in single bedrooms and have access to communal and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 22 May 2023 from 10.00am to 1.15pm, 25 May 2023 from 10.00am to 3.50pm and 1 June 2023 from 11.00am to 3.00pm. The inspection was completed by care, pharmacy and finance inspectors. The inspection focused on care, medicines management and the management of residents' finances within the home.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

Review of medicines management found that residents were being administered their medicines as prescribed. There were arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. No areas for improvement were identified.

The home was warm and free from malodour and bedrooms were tastefully personalised. We observed that staff were professional and polite as they completed their duties and they told us

they were supported in their roles by the manager. Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Hillside. There were no areas requiring improvement identified during the care inspection.

With regards to finance, adequate controls surrounding residents' finances were in place. Five areas identified within Section 5.2.7 of this report will be reviewed at the next RQIA inspection.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the returned quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

To complete the medicines management part of the inspection, the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

In relation to finance a sample of residents' financial records was reviewed which included; records of transactions, records of residents' financial arrangements and personal property. Controls surrounding the management of residents' monies and property were also reviewed.

4.0 What people told us about the service

We spoke with residents who told us that they were happy living in the home. Residents stated “It’s a great place; first class, I couldn’t praise it enough.” Residents described the staff as being approachable and helpful; “they are very good; they couldn’t do enough for you.” The residents praised the food provision in the home saying that it was “nice.” Residents commented that there was enough staff on duty and they were always available. We observed compassionate interactions between staff and the residents.

Staff told us that there was a good staff team in Hillside and they all worked well together. We found staff to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff reported that the care provided to residents was “excellent” and they could easily raise any issues to the management team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that fire doors are clear from obstruction and not held/propped open. Action taken as confirmed during the inspection: Observations in the environment confirmed this area for improvement was met.	Met
Area for Improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that staff belongings are secured and not accessible to residents Action taken as confirmed during the inspection: Observations in the environment confirmed this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1	The registered person shall ensure that relevant records are available for inspection in the home at all times.	Met

Ref: Standard 22.3 Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 22 Stated: First time	The registered person shall ensure that confidential information is kept secure with specific reference to the office door being locked when not in use. Action taken as confirmed during the inspection: Observations in the environment confirmed this area for improvement was met.	Met
Area for Improvement 3 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that contemporaneous records are maintained. This is with specific reference to the entry time recorded within daily progress notes. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that IPC issues identified during the inspection are addressed. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly and all necessary checks were carried out before staff commenced employment.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence in place to verify that staff received regular supervision and appraisal. In addition staff received training in a range of topics including moving and handling, fire safety and adult safeguarding.

Staff were appropriately registered with their professional body. Newly appointed staff were supported to register with the Northern Ireland Social Care Council (NISCC) within the required timeframe.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The person in charge told us that the staffing arrangements were reviewed regularly to ensure that any changing needs of the residents were met. It was noted on the day of the inspection that there was enough staff in the home to respond to the needs of the residents in a timely way.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner, for example, staff were observed to attend to residents personal care needs promptly and during the lunchtime meal staff were observed responding quickly to the requests of residents for drinks.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

The home had a calm and relaxed atmosphere. Positive interactions were observed between residents and the staff.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff were seen to socialise with residents throughout the lunchtime meal. The mealtime was observed to be a pleasant and unhurried experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Choices were offered by staff throughout the meal and extra portions were readily available.

A menu was displayed in the dining room with alternative choices catered for. Residents and staff spoke highly of the of the food provision within the unit. The food was attractively presented and smelled appetising. There was a variety of drinks available. Staff were knowledgeable in relation to residents' nutritional requirements and a record of this was maintained in the kitchen. The tables were set with condiments.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. We viewed a sample of the bedrooms, bathrooms, lounges and the dining room.

Residents' bedrooms were personalised and tidy. Communal lounges and dining rooms were welcoming spaces for residents. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

There was a fire safety risk assessment completed on 14 September 2022 and no areas were identified requiring action.

During the inspection we observed areas in the environment which required attention. We noted that these matters were already identified within the monthly monitoring reports and an action plan was in place to address this. Email confirmation was provided following the inspection that these matters were addressed. This will be monitored at a future inspection.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

We observed some residents being supported by staff to go on outings and residents commented positively in relation to this. Some residents preferred to spend time in their own company, reading the daily papers or watching television, while others were engaged in bingo in the afternoon. The residents talked about a short holiday which is planned for later in the summer.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "I am so happy in here and so well cared for" and "I love it here; it's a great place."

5.2.5 Management and Governance Arrangements

There was no change in the management arrangements since the last inspection, an acting manager was in post; Ms Danielle Duggan.

Staff commented positively about the manager of the home and described her as supportive, approachable and always available for guidance. Staff said that the manager in the home is supportive when it comes to training and development.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home such as regular audits of infection prevention and control, training, supervisions and appraisals.

There was a system in place to manage complaints. The most recent complaints were viewed and this evidenced a good overall summary of the complaint, the actions taken and the outcomes.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents spoken with said that they knew if they had any concerns that they could speak to the staff or the manager of the home. During our discussions with staff it was evident that they were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

The home was visited by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

There were no areas requiring improvement identified during the care inspection.

5.2.6 Medicines management

Personal medication records

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by a community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second member of staff had verified and signed the personal medication records when they were written and updated to confirm that they were accurate.

Medicine supply and storage

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records of medicines received into the home must be accurately maintained to provide a clear audit trail to show that medicines have been received into the home in a timely manner, commenced without delay and administered as prescribed.

The records inspected showed that medicines were available for administration when residents required them. The manager advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. The current temperature of the medicine refrigerator was monitored each day; this does not provide evidence that the temperature is maintained within the required range at all times. Guidance on how to accurately monitor and record the refrigerator temperature was provided for the manager and regional manager who gave an assurance that the maximum, minimum and current refrigerator temperatures would be monitored from the date of the inspection onwards.

Satisfactory arrangements were in place for the safe disposal of medicines.

Medicine administration

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicine administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Management and staff audited medicine administration on a regular basis within the home. The majority of medicines were supplied in a monitored dosage system. The audits completed at the inspection indicated that medicines were administered as prescribed.

Care plans in relation to medicines management

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

These medicines were prescribed for a small number of residents and were rarely needed. Directions for use were recorded on the personal medication records. The reason for and outcome of administration had been recorded in the daily care notes. Care plans were in place. It was agreed that the care plans would be updated to include the name of the prescribed medicine.

The management of pain was reviewed. Detailed care plans were in place. Staff advised that all residents could request pain relief when required.

A small number of residents self-administer some of their medicines. Care plans were in place.

Staff training and competency assessment

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff members are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

Controlled drugs

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers.

A small number of controlled drugs were available. The manager advised that the administration of controlled drugs was not always witnessed by a second member of staff as there was often only one staff member on duty at the time of administration. It was agreed that a risk assessment for this practice would be put in place. Balances of controlled drugs were checked at each handover of responsibility. In addition, weekly audits were completed. The audits completed at the inspection indicated that controlled drugs were administered as prescribed.

The management of medicines on admission and medication changes

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for residents new to the home or returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed and there was evidence that medicines were administered in accordance with the most recent directions.

Governance and audit

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

There had been no medicine related incidents reported to RQIA since the last inspection. The type of incidents that should be reported and reporting responsibilities were discussed with the manager.

5.2.7 Finance Inspection

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of residents' monies held at the home showed that the records were up to date at the time of the inspection. Discussion with staff confirmed that no valuables were held on behalf of residents at the time of the inspection on 1 June 2023.

The inspector discussed the system for retaining an amount of monies at the home on behalf of residents. The manager provided assurance that this would be reviewed and a new system would be implemented. This procedure will be reviewed at the next RQIA inspection.

A bank account was in place to retain residents' monies. A review of a sample of statements from the bank account evidenced that the account did not retain any monies relating to the running of the home. A sample of records of withdrawals from the bank account was reviewed; the amounts withdrawn reflected the amounts lodged at the home on behalf of residents.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken twice daily. Reconciliations of the bank account were undertaken on a monthly basis. Good practice was observed as the records of the reconciliations were signed by the member of staff undertaking the reconciliations and countersigned by a senior member of staff.

Discussions with the manager confirmed that no member of staff was an appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual. Discussion with staff and a review of records confirmed that social security benefits for four residents were paid into the bank account used to retain residents' monies. There was written authorisation from all four residents for their benefits to be paid into the account. The manager advised the inspector that the amount of benefits recorded in the authorisation forms required to be amended to reflect the increase in benefits received. This will be reviewed at the next RQIA inspection.

Two residents' finance files were reviewed. Written agreements were retained within both files. The agreements included the details of the weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. Both agreements were signed by the resident, or their representative, and a representative from the home. It was noticed that the agreements were not updated to reflect the recent increase in fees. The manager provided assurance that all residents' agreements would be updated to reflect the recent increase, including the contribution paid by residents towards their fee. This will be reviewed at the next RQIA inspection.

A sample of records of fees received from two residents evidenced that the amounts received were in line with the amounts owed by the residents. Discussion with staff confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

Discussion with the manager confirmed that it was normal practice for residents to undertake their own transactions. Members of staff would occasionally undertake purchases on behalf of residents. A review of a sample of transactions undertaken by staff evidenced that the records

were up to date at the time of the inspection. Receipts from the purchases reviewed were available for inspection.

A sample of two residents' files evidenced that property records were in place for both residents. The records were updated with additional items brought into the residents' rooms following admission. There was no recorded evidence to show that the personal possessions were checked at least quarterly. The manager provided assurances that a system for recording the reconciliation of residents' personal possessions within their rooms would be implemented within two weeks of the inspection. This will be reviewed at the next RQIA inspection.

Discussion with the manager confirmed that policies and procedures for the management and control of residents' finances and property were available for inspection. The manager advised that the policies and procedures regarding residents' finances were being updated as part of the home's systematic review process. The revised policies will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection.

No finance related areas for improvement were identified during the inspection.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Annette Martin, Regional Operations Director.



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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