



The **Regulation** and  
**Quality Improvement**  
Authority

# **Unannounced Enforcement Care Inspection Report 29 March 2021**



## **Hillside Residential Home**

**Type of Service: Residential Care Home**

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

**Tel No: 028 8225 2822**

**Inspector: Laura O'Hanlon**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care for up to 13 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Knockmoyle Lodge Ltd  <b>Responsible Individual:</b> Linda Florence Beckett	<b>Registered Manager and date registered:</b> Karen Shields – acting, no application required
<b>Person in charge at the time of inspection:</b> Ebith Farrell, peer support manager	<b>Number of registered places:</b> 13
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 10

### 4.0 Inspection summary

An unannounced inspection took place on 29 March 2021 from 10.00 to 15.45 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice issued by RQIA on 2 February 2021. The areas identified for improvement and compliance with the regulation were in regard to the quality of management and governance arrangements in the home (FTC000141). The date of compliance with the notice was 29 March 2021.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000141 issued on 2 February 2021.

Evidence was available to validate compliance with the Failure to Comply Notice.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified.

Ongoing enforcement action did not result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 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 previous care inspection report
- the failure to comply notice.

During the inspection the inspector met with 10 residents and three staff.

The following records were examined during the inspection:

- staff duty rotas
- staff training matrix
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- five staff competency and capability assessments
- three residents' records of care
- records of cleaning schedules
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 14 January 2021

The most recent inspection of the home was an unannounced care inspection undertaken on 14 January 2021.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time	The registered person shall ensure that all inappropriate storage is removed from the identified bedroom.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the inappropriate storage was removed from the bedroom.	

## 6.2 Inspection findings

**FTC Ref:** FTC000141

**Notice of failure to comply with regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005**

***The Residential Care Homes Regulations (Northern Ireland) 2005***

***Registered person: general requirements***

***Regulation 10.—***

*(1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.*

In relation to this notice, the following 15 actions were required to comply with this regulation.

The responsible individual must ensure that:

- the acting manager is effectively supported to carry on and manage the residential care home with sufficient care, competence and skill

- the duty rota clearly identifies the grades of staff and the hours worked by the manager in a management role
- a robust system should be implemented to ensure effective oversight of staff training
- a robust system should be implemented to ensure effective oversight of staff registration with their relevant professional body
- competency and capability assessments are completed for any person in charge of the home in the absence of the manager
- robust cleaning schedules for the home are implemented and effectively monitored by management
- the governance systems in the home are reviewed to ensure they are robust and effective at identifying any deficits in the quality of the care and other services provided by the home. This includes but is not limited to: the cleanliness and décor of the environment; fire safety; infection prevention and control measures; compliance with Control of Substances Hazardous to Health (COSHH) regulations; maintenance of residents' care records and the reporting of accidents and incidents
- there is clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made in a timely manner
- RQIA are notified of any event occurring in the home in accordance with Regulation 30 of the Residential Care Homes Regulations (Northern Ireland) 2005
- the monthly monitoring reports undertaken in accordance with Regulation 29 are completed in a robust manner so as to identify deficits in service provision and care delivery and therefore drive the necessary improvements. Action plans should be addressed on a monthly basis
- risk assessments should accurately reflect the needs of the residents
- care plans should accurately reflect the needs of the residents including the management of personal care requirements, continence care, skin care, mobility and moving and handling needs, as appropriate
- hazardous cleaning chemicals and/or alcohol should be stored in a secure manner and not accessible to residents
- fire doors must not be propped and/or wedged open
- all staff to have completed training in regard to: Control of Substances Hazardous to Health regulations; Infection Prevention and Control; and the use of Personal Protective Equipment.

Evidence was available to validate compliance with the Failure to Comply Notice.

On arrival to the home we met with the peer support manager. We confirmed that the acting manager was supported in regard to developing their competence and skill by means of a 'buddy system'; this arrangement ensured that the manager was regularly supported by the peer support manager. In addition, there was regular support given to the manager from the responsible individual and human resources staff.

Review of the staff duty rotas confirmed that the grades of staff and the hours worked by the acting manager were recorded. The person in charge of the home in the absence of the manager was clearly identified.

We were provided with a staff training file. This folder contained a staff training matrix which evidenced that staff had recently completed refresher training in a number of areas. This matrix was checked and signed by the acting manager.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). We were able to confirm that all staff were appropriately registered. This was signed and checked on a monthly basis by the acting manager.

We reviewed five staff competency and capability assessments for any person in charge of the home in the absence of the manager. We found that these were completed for all staff in charge of the home in the manager's absence.

There were robust cleaning schedules in place in the home. New domestic staff have been employed in the home and there was member of the domestic staff on duty during the inspection. Discussion with this member of staff confirmed that there were daily cleaning schedules in place and that domestic staff understood their role and responsibilities. On the day of the inspection we found the home to be clean and observed that a significant amount of refurbishment had taken place. We also reviewed the daily cleaning schedules which outlined the cleaning requirements and this is checked and signed on a daily basis by the person in charge.

We were able to evidence robust governance and audit systems in place to help ensure effective managerial oversight. The manager advised that a weekly quality monitoring walk around the environment is completed. This is a general audit of the environment to ensure that standards are maintained. Advice was given to the manager to add this document to the audit folder as evidence of the audit process. A monthly audit checklist was in place to ensure that the relevant audits were completed and checked by the manager. An environmental hygiene audit checklist was completed which included the management of infection prevention and control (IPC), control of substances hazardous to health (COSHH) management as well as the general cleanliness and décor in the environment; this was completed on a monthly basis. Records of weekly fire safety checks were evidenced during the inspection. A separate monthly audit was also completed in relation to hand hygiene, IPC, care records, accidents and incidents, continence management, nutrition and falls management.

Review of these records confirmed that where there were areas for improvement identified in the audit process, actions plans were in place with associated timeframes for completion. This was signed by the acting manager when completed.

An inspection of accidents and incident reports was undertaken. Review of these records evidenced that all notifiable incidents had been appropriately managed and were reported to the next of kin, key worker and RQIA.

We were able to evidence that a visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits dated 18 January 2021, 11 February 2021 and 11 March 2021 were reviewed. These reports were found to have been completed in a robust and comprehensive manner and provided an additional overview in regards to the environment, IPC, care records and falls. They included an action plan which was developed to address any issues identified and included timescales and the person responsible for completing the action. Any actions identified were addressed on a monthly basis.

We reviewed three care records and found that the risk assessments were up to date and accurately reflected the identified needs of the residents. Examples of such risk assessments included the management of falls, nutrition, choking, moving and handling as well as general environmental risks.

We found that care plans were person centred and accurately reflected the needs of the residents. Care plans were in place to direct the management of any personal care requirements, continence care, skin care, mobility and moving and handling needs, as appropriate. These care plans included any recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) were included. Care plans were reviewed on a monthly basis or more often, if required.

An inspection of the environment confirmed that hazardous cleaning chemicals and/or alcohol were secured and not accessible to residents. This is monitored through the quality monitoring walk arounds and the audit process.

We observed no fire doors propped or wedged open during the inspection. We noted that where fire doors were open, these were attached to a self-closure device. A number of new self-closure devices were installed throughout the home.

Discussion with staff and review of an up to date staff training matrix confirmed that staff had completed training in February 2021 and March 2021 in relation to COSHH, IPC and the use of Personal Protective Equipment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

## 6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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