



The Regulation and
Quality Improvement
Authority

Hillside
RQIA ID: 1155
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Omagh
BT79 7EL

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**Unannounced Care Inspection
of
Hillside**

7 May 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 07 May 2015 from 10.00 to 15.45. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with the Ms Kerry Nichol senior care assistant in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Bernadette Kiernan O'Donnell	Registered Manager: Mrs Karen Shields (Acting Manager)
Person in Charge of the Home at the Time of Inspection: Ms Kerry Nichol	Date Manager Registered: Acting Manager since 2009
Categories of Care: RC-MP, RC-MP (E)	Number of Registered Places: 13
Number of Residents Accommodated on Day of Inspection: 12	Weekly Tariff at Time of Inspection: £ 470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: Notification records of accidents and incident. The returned QIP from the previous inspection.

During the inspection the inspector met with 10 residents, two care staff, and the homes activity coordinator. There were no visiting professionals or visitors / representatives to the home throughout the course of inspection.

We reviewed the following records:

- Three care records
- Accident/ incident records
- Complaints
- Staff duty Rota
- Fire Safety Risk Assessment
- Minutes of Team meetings
- Activity Records
- Relevant Policies and Procedures

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced estates inspection dated 14 January 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 4 (7)	The registered person must ensure that all persons working in the residential care home are recorded on the staff duty rosters.	Met
	Action taken as confirmed during the inspection: A review of the duty rota demonstrated all persons working in the home as confirmed by the person in charge and observations made.	
Requirement 2 Ref: Regulation 18 (2) (n)	The registered person must ensure the following; <ul style="list-style-type: none"> • an activity coordinator is engaged to appropriately assess residents needs in respect of activities • until an activity coordinator is in post additional care staff should be deployed to support this role and ensure the residents needs are met • a programme of activities is planned, delivered and reviewed • appropriate records in respect of the assessment of residents and review of the residents satisfaction with the activity are maintained and available for inspection. 	Met
	Action taken as confirmed during the inspection: An activity coordinator has been appointed. Records showed individual activity assessments had been completed for residents. The duty rota reflected the hours worked by the activities therapist.	

<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (a)</p>	<p>The registered person must ensure the following;</p> <ul style="list-style-type: none"> • there should be sufficient, appropriately trained staff available each day to meet the needs of the residents. • the staff duty rota must accurately reflect the actual staff available. 	<p>Met</p>
<p>Action taken as confirmed during the inspection: The person in charge confirmed the additional staffing levels. These were also reflected on the staff duty rota.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13 (4) (a) (b)</p>	<p>The registered person must ensure that the administration and storage of medicines is maintained in keeping with Regulations.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: We inspected the medicines room there were no issues observed regarding the storage of medications.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 27 (4) (d) (e)</p>	<p>The registered person must ensure that fire doors are <u>not</u> propped open at any time.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: All fire doors upon arrival in the home were observed as being managed appropriately.</p>		

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.3	It is recommended that the acting manager should follow up the registration status of three identified staff and update the central matrix data as required.	Partially Met
	Action taken as confirmed during the inspection: Two of the identified staff have since left employment at the home. Registration details were not available for the third identified staff member. The senior care assistant in charge advised that this staff member had made an application to NISCC and was awaiting confirmation of registration. This recommendation has been restated in the QIP.	
Recommendation 2 Ref: Standard 10.1	The registered person must ensure that the home's policy on responding to resident's behaviour is updated to include the need to notify RQIA when specialised control restraint is used.	Met
	Action taken as confirmed during the inspection: This was updated accordingly.	
Recommendation 3 Ref: Standard 13.1	The registered manager should develop a policy on the provision of activities and events for use in the home.	Met
	Action taken as confirmed during the inspection: A policy regarding the provision of activities was available in the home.	
Recommendation 4 Ref: Standard 13.4	The programme of activities display should be made larger and more visual to ensure residents are aware in advance of what activities they can expect to participate in on a daily basis.	Met
	Action taken as confirmed during the inspection: The programme of activities was on display in the office area of the home. The activities therapist showed resources which had been purchased to add to the display this work is ongoing.	

Recommendation 5 Ref: Standard 13.9	Records on activities provided for residents should contain more detailed information regarding the duration of time spent on specific activities.	Met
Action taken as confirmed during the inspection: We reviewed records of activities provided in the home these contained relevant information.	Met	
Recommendation 6 Ref: 25.8		The minutes of staff meetings should be read and signed by all staff to demonstrate they have read and understood same.
Action taken as confirmed during the inspection: A review of the minutes of staff meetings showed these were signed by staff to indicate they had been read and understood by staff.		

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussion with the two staff members both spoke of the need to work closely with other health care professionals including general practitioners (GP's) and the district nursing service. Staff talked about supporting the resident ensuring they are as comfortable as possible and offering support to residents' family members. Staff demonstrated a good awareness of the values of compassion, dignity and respect.

Both staff members confirmed they had not experienced working with the dying directly during their time of employment at Hillside Residential Home. We reviewed three care records these were maintained in such a way to reflect residents care and condition.

Staff confirmed that the spiritual needs of residents are met within the home; information contained within resident's records reflected this.

We made a recommendation that staff should have access to information and educational resources to facilitate training relating to dying and death. This information should be reflective of current best practice. This was reflected in questionnaires returned to RQIA.

Is Care Effective? (Quality of Management)

The home has policies and procedures in place for dealing with the death of a resident. These included relevant information and contact details for clergy and religious groups. The homes policy following the death of a resident detailed that other residents are informed in a sensitive manner. Resident's belongings are handled with care and respect. Representatives are consulted about the removal of belongings and the home's policy states that sufficient time is given to families to clear belongings.

We reviewed three resident's records which included relevant information specific to the residents identified needs. Details included spiritual arrangements if residents so wished, and next of kin details. One of the care records reviewed contained an Advanced Care Plan which had been compiled in consultation with the residents GP, this was reflective of the residents' complex medical history.

Is Care Compassionate? (Quality of Care)

In our discussions with staff they stated that the needs of the dying resident would be met with a strong focus on dignity and respect. Information would be communicated sensitively to family members who ought to be given time and space to spend with their loved one.

Staff in the home confirmed that there was a supportive ethos with the management of the home on a daily basis.

Throughout the period of inspection we observed polite and friendly exchanges between residents and staff. Residents were treated with dignity and respect, residents were comfortable and at ease in their surroundings.

Areas for Improvement

We identified one area of improvement in relation to this standard. This standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number Recommendations:	1
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We reviewed three residents' care records which reflected that an individualised assessment and plan of care was in place regarding continence management. Issues of assessed needs are referred to the continence service. Following this, the nurse in consultation with the resident and the home prescribes a plan of care. The plans of care for residents are kept under review as confirmed by staff and records available in the home.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, our general observations together with our review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has a policy and procedure regarding the management of continence; this included information relating to continence assessment and referral information for the Continence Advisory Service. A number of residents in the home are on a specific toileting programme to maintain and promote continence. Resident's individual needs are reviewed regularly. Identified issues of assessed needs are reported to the Continence Advisory services for advice and direction.

We made a recommendation that the policy relating to the management of continence, dated 2009, should be reviewed and revised to make reference to current best practice and ensure it is reviewed on a systematic three yearly basis.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

We identified one area of improvement in relation to this standard. This standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

5.6 Residents views

We spoke with 10 residents on an individual basis. In accordance with their capabilities, all expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments from residents included:

"The girls are the kindest you could meet".

"The food is first class, hotel standard".

"I enjoy it here everyone is very kind".

"I'm getting on great here".

5.7 First Aid Training

We reviewed training records for staff in the home; we noted that a number of staff in the home had not completed training in the management of first aid. We made a requirement that all staff employed should receive training in first aid.

5.8 Managers Absence

We noted the absence of the acting manager. This was discussed with the senior care assistant in charge who confirmed this leave commenced two days prior to the inspection. The need to inform RQIA of any planned period of absence by the acting manager was discussed. The necessity to inform the alternative arrangements in the acting manager's absence was also raised. Notification regarding the managers planned period of absence was later forwarded to RQIA following the inspection.

5.8 General Environment

We found that the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were in good order.

Number of Requirements	1	Number Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Kerry Nichol senior care assistant in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered person to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1	The registered person must ensure that all staff complete training in first aid.
Ref: Regulation 14.2(d) Stated: First time	Response by Registered Manager Detailing the Actions Taken: Basic First aid covered yearly within mandatory training. Additional first aid training will be sourced within Trust and Omagh College as soon as possible.
To be Completed by: 30 July 2015	

Recommendations



Recommendation 1	The acting manager should ensure that staff have access to information and educational resources to facilitate training relating to dying and death. This information should be reflective of current best practice.
Ref: Standard 23.4 Stated: First time	Response by Registered Manager Detailing the Actions Taken: New policies for June 2015 supplied to staff. Staff identified will attend end of life training when available.
To be Completed by: 30 July 2015	

Recommendation 2	The acting manager should ensure the policy relating to the management of continence is updated to make reference to current best practice and ensure it is reviewed on a systematic three yearly basis.
Ref: Standard 21.1 Stated: First time	
To be Completed by: 30 July 2015	

Response by Registered Manager Detailing the Actions Taken:
New continence policy for June 2015 have been supplied to staff.

Recommendation 3	It is recommended that the acting manager should follow up the registration status of <u>one</u> identified staff and update the central matrix data as required.
Ref: Standard 25.3 Stated: Second time	
To be Completed by: 2 July 2015	

Response by Registered Manager Detailing the Actions Taken:
Ongoing registration of care staff with NISCC, all staff will be registered by July 2015.

Registered Manager Completing QIP	Therese McGarvey	Date Completed	18.06.15
Registered Person Approving QIP		Date Approved	18.06.15
RQIA Inspector Assessing Response		Date Approved	23.7.15

****Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address****