



The **Regulation** and
Quality Improvement
Authority

Hillside
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Omagh
BT79 7EL

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**Unannounced Care Inspection
of
Hillside**

10 November 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 10 November 2015 from 10.00 to 15.00. On the day of the inspection the home was found to be delivering safe and compassionate care. Areas of improvement have been identified to ensure the home is more effective. Overall, the standard we inspected was assessed as being met. One requirement and one recommendation from the previous care inspection have been stated for a second time.

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

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	6

The details of the QIP within this report were discussed with the person in charge, Ms Claire Cotton, 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 Claire Cotton	Date manager registered: Acting Manager since 9 December 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 per week

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 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incident records submitted to RQIA since the previous care inspection and the returned Quality Improvement Plan.

During the inspection we met with 12 residents, two care staff, and one visiting professional. The group manager Mrs Therese Mc Garvey was also present for part of the inspection.

The following records were examined during the inspection:

- Three care records
- Minutes of residents meetings
- The homes annual quality review report
- Monthly monitoring reports
- Relevant policies and procedures
- Staff training records
- Accident and incident records
- Statement of Purpose

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 9 June 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection on 7 May 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.2(d) Stated: Second time	The registered person must ensure that all staff complete training in first aid.	Not met
	Action taken as confirmed during the inspection: This has not been addressed. In our discussions the group manager Mrs Therese Mc Garvey confirmed that to date the home had been unable to source first aid training.	

	This requirement has been stated for a second time in the Quality Improvement Plan appended to this report.	
Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.4 Stated: Second time	<p>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.</p>	Partially met
	<p>Action taken as confirmed during the inspection: We did not observe any available educational resources relating to dying and death including best practice guidance during the inspection. An updated policy relating to dying and death was forwarded to the inspector following the inspection.</p> <p>This recommendation has been partially met and is stated for a second time in the Quality Improvement Plan appended to this report.</p>	
Recommendation 2 Ref: Standard 21.1	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: The policy on continence management had been updated accordingly.</p>	
Recommendation 3 Ref: Standard 25.3	<p>It is recommended that the acting manager should follow up the registration status of one identified staff and update the central matrix data as required.</p>	Met
	<p>Action taken as confirmed during the inspection: The identified staff member is now registered with the professional body. Information available in the home confirmed this.</p>	

5.3 Standard 1: Residents' involvement

Is care safe? (Quality of life)

In our discussions with staff on duty they confirmed that residents' views and comments shape the quality of services and facilities provided by the home. Staff confirmed that individual choices, preferences, or issues of concern identified by residents are listened to and readily acted on. We inspected three care records. These records included up to date needs assessments, risk assessments and care plans. These were found to be kept under continual review to reflect the needs and preferences of residents. Care records inspected were signed appropriately by the residents.

Staff demonstrated to us a good awareness of the values of independence, choice, respect, dignity and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

Is care effective? (Quality of management)

The home had a policy in place titled Listening and responding to residents views (2009). We made a recommendation that the policy should be revised and updated systematically on a three yearly basis. We inspected the minutes of residents meetings. The records showed residents' meetings are held regularly and provide an opportunity for residents to share their views and identify any actions taken. A suggestions box was observed in the hallway of the home. We discussed this with one resident who confirmed they found it beneficial. Residents confirmed they were aware of the homes complaints procedure. Information regarding how to make a complaint was positioned throughout the home.

In our discussions with residents they confirmed that they were involved in decisions which affect them. Residents attend care reviews on an annual basis, or sooner if required. Residents are involved in planning social events, selecting activities and making menu choices.

We inspected the home's annual quality review report. This contained information which was sought directly from residents in relation to the care and services they receive in the home. Staff views were also sought on an annual basis. We noted that the views of representatives had not been gathered within the report. This was discussed with the person in charge. We made a recommendation in this regard.

Monthly monitoring reports were completed on a regular basis. These reflected feedback from residents in relation to their views of the services and facilities provided.

Is care compassionate? (Quality of care)

In our discussions with the staff members on duty they confirmed that residents' individual needs and preferences are at the centre of care provision in the home.

In our observations of care practices and interactions between residents' and staff we found that residents were treated with dignity and respect when being supported by staff. Interactions between residents and staff were warm and friendly.

Areas for improvement

We identified two areas of improvement in relation to this standard. These included updating the homes policy on listening and responding to residents views and gathering the views of resident's representative's about the quality of the service. Overall this standard was assessed to be met.

Number of requirements:	0	Number of recommendations:	2
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5.4 Additional areas examined

5.4.1 Residents views

In accordance with their capabilities all residents indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments received from residents included:

- "It is like home from home here. The food is marvellous".
- "Everyone is very kind, they will always help you".
- "I am happy here; I have all that I need".
- "All is good, no complaints from me".
- "I like it".

5.4.2 Staff views

We spoke with two staff members on duty. Both staff members confirmed to us that they were supported in their roles and that they were provided with relevant resources to undertake their duties. The staff members confirmed residents' views and comments shape the service provided by the home.

5.4.3 Visiting professionals

We met with one visiting professional in the home. They provided positive feedback in relation to their experience. The visiting professional confirmed that any changes in residents' needs are quickly shared with relevant professionals and they found the care delivered to be of a good standard.

5.4.4 General environment

We found the home was clean and tidy with no malodours present. Redecoration has been completed throughout much of the home; this has made a noticeable improvement.

Following a random check of liquid soap and hand gel dispensers located around the ground floor of the home we noted several of these were empty and required refilling. We made a recommendation that these should be consistently replenished and monitored.

It was also recommended that the two sofas in the front hall area should be repaired or replaced as these were found to be badly stained and torn.

5.4.5 Complaints

We reviewed complaint records available in the home. No complaints had been made from the previous inspection.

5.4.6 Accidents and incidents

We reviewed the accident and incident notifications recorded since the previous inspection; these had been reported and managed appropriately.

5.4.7 Fire Safety

The home had an up to date fire safety risk assessment in place. This is due to be updated in December 2015. We inspected fire safety training records. We noted that not all staff had completed two fire safety training sessions within the past 12 months. We made a recommendation in this regard.

5.4.8 Management arrangements

We spoke with Mrs Therese Mc Garvey group manager regarding the current management situation in the home. At the time of the inspection Mrs Mc Garvey informed us the pending manager application would be unlikely to progress any further at this time. This information was later confirmed via telephone by Mr O' Donnell. RQIA have requested written confirmation from the provider regarding the current position. The registered provider is aware that this issue must be addressed as soon as possible without delay.

Areas for improvement

We identified three areas of improvement from the additional areas examined. These included the replenishment of liquid soap dispensers throughout the home as needed and improvements to be made regarding the two sofas at the entrance of the home. We also recommended that all staff members should complete fire safety training at least twice per year.

Number of requirements:	0	Number of recommendations:	3
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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 Claire Cotton, person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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 DHSSPS 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 should be completed by the registered person/registered manager and 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. 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 in this report do not absolve the registered provider/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 provider/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 Ref: Regulation 14.2 (d) Stated: Second time To be completed by: 10 January 2016	The registered person must ensure that all staff complete training in first aid. Response by Registered Person(s) detailing the actions taken: New e-learning training to commence in January 2016 with first aid a mandatory course for all staff
Recommendations	
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 10 February 2016	The acting manager should ensure the policy titled "Listening and responding to residents views" is revised and updated systematically on a three yearly basis. Response by Registered Person(s) detailing the actions taken: This will be updated by 10.02.2016.
Recommendation 2 Ref: Standard 1.6 Stated: First time To be completed by: 10 February 2016	The acting manager should ensure that the views and opinions of representatives are gathered formally at least annually and included within the annual quality review report issued by the home. Response by Registered Person(s) detailing the actions taken: There are no regular visitors to Hillside. The opinion of visiting health care professionals will be sought and recorded.
Recommendation 3 Ref: Standard 35.7 Stated: First time To be completed by: 10 November 2015	The acting manager should ensure that liquid soap and hand gel dispensers situated throughout the home are consistently replenished and monitored. Response by Registered Person(s) detailing the actions taken: This has been addressed
Recommendation 4 Ref: Standard 27.1 Stated: First time To be completed by: 10 February 2016	The acting manager should ensure the two sofas in the front hall area are repaired or replaced. Response by Registered Person(s) detailing the actions taken: These have been replaced
Recommendation 5	The acting manager should ensure all staff complete fire safety training

Ref: Standard 29.4 Stated: First time To be completed by: 10 January 2016	at least twice every year.		
	Response by Registered Person(s) detailing the actions taken: This will be within e-learning and 2 practical sessions yearly which staff are paid to attend.		
Recommendation 6 Ref: Standard 23.4 Stated: Second time To be completed by: 10 January 2016	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.		
	Response by Registered Person(s) detailing the actions taken: Additional resources made available. Palliative care included in e-learning from January 2016.		
Registered Manager completing QIP	A/M Edel Shalbinski	Date completed	24.12.15
Registered Person approving QIP	John O'Donnell	Date approved	24.12.15
RQIA Inspector assessing response	Bronagh Duggan	Date approved	25/1/16

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