

# Unannounced Care Inspection Report 5 July 2016



## Hillside

Type of Service: Residential Home

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

Tel No: 02882252822

Inspector: Bronagh Duggan

## 1.0 Summary

An unannounced inspection of Hillside Residential Home took place on 5 July 2016 from 10:30 to 17:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

One recommendation was made in regards to reviewing and updating the homes policy and procedure on safeguarding adults. Examples of good practice included staff induction, training, supervision and appraisal, adult safeguarding, and infection prevention and control procedures.

### Is care effective?

One recommendation was made in regards to the frequency of staff meetings. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents, and providing residents with individual opportunities to maintain community links.

### Is the service well led?

Two areas of improvement were made. One requirement was made in relation to the reporting of notifiable events. One recommendation was made in relation to the reviewing and updating of the homes complaints policy and procedure.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Karen Shields, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

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

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Mrs Bernadette Kiernan O'Donnell	<b>Registered manager:</b> Mrs Karen Shields (Acting)
<b>Person in charge of the home at the time of inspection:</b> Mrs Karen Shields	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-MP, RC-MP(E)	<b>Number of registered places:</b> 13

## 3.0 Methods/processes

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

During the inspection the inspector met with 11 residents, one care staff, and the acting manager. There were no visiting professionals or resident's visitors/representatives present during the period of the inspection.

The following records were examined during the inspection:

- Three care records
- Minutes of residents meetings
- Minutes of staff meetings
- Three staff recruitment files
- Staff induction
- Accident and incident reports
- Complaints records
- Fire safety risk assessment
- Fire drill and fire safety checks
- Environmental audits
- Policy and procedure manual
- Competency and capability assessments
- Statement of purpose
- Residents Guide

The inspector left five residents, four resident's representatives and five staff questionnaires to be distributed and returned to RQIA following the inspection. Ten were returned in time for inclusion within this report.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 10/11/15**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 10/11/15**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> 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.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and review of training records confirmed that all staff had completed training in first aid.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> 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.	Not Met
	<b>Action taken as confirmed during the inspection:</b> This was not completed. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2016</p>	<p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The acting manager confirmed the views and opinions of representatives had not been gathered for 2016. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.</p>	Not Met
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 November 2015</p>	<p>The acting manager should ensure that liquid soap and hand gel dispensers situated throughout the home are consistently replenished and monitored.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Liquid soap and hand gel dispensers situated throughout the home were found to be well stocked.</p>	Met
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2016</p>	<p>The acting manager should ensure the two sofas in the front hall area are repaired or replaced.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> These have been removed, alternative seating was provided.</p>	Met
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 29.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 January 2016</p>	<p>The acting manager should ensure all staff complete fire safety training at least twice every year.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of staff training records and discussion with the acting manager confirmed fire safety training was provided twice annually.</p>	Met

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 10 January 2016</p>	<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>	<p>Met</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The acting manager confirmed resources were available for staff. Information pertaining to dying and death was available in the home.</p>		

### 4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty :

- Acting manager
- Care assistant x1
- Kitchen assistant x1

Review of completed induction records and discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with one staff member and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The acting manager and staff member confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the acting manager and review of three staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the acting manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC).

An adult safeguarding policy and procedure was in place. A recommendation was made that the policy and procedure should be reviewed and updated to reflect current regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

The staff member spoken with was knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, falls, smoking where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The acting manager confirmed there were risk management policy and procedures in place. Discussion with the acting manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety, hot surfaces etc.

The acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (IPC); in line with their roles and responsibilities. Discussion with the acting manager and staff member established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The acting manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 8 December 2015 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every 3 months, the most recent fire drill was held on 26 June 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with care provided.

One resident and one staff member commented:

- Very satisfied with all care
- Staff attend training on things such as mental health first aid as to further expand their knowledge and understanding on how to keep service users safe from harm.

### Areas for improvement

One area for improvement was identified in relation to the review and updating of the homes safeguarding policy and procedure.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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### 4.4 Is care effective?

Discussion with the acting manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are supported to participate in one to one events in the local community.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.



The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints, and environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home. A recommendation was made that staff meetings should be held on a regular basis and no less than quarterly.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident meetings were available for inspection. The frequency of residents meetings was discussed with the acting manager who confirmed the homes policy was for residents meetings to be held every two months.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents confirmed satisfaction with care provided.

One resident and one staff member commented:

- I wouldn't change anything
- Residents are kept at the centre of the care being provided

### Areas for improvement

One area was identified for improvement this related to the frequency of staff meetings.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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### 4.5 Is care compassionate?

The acting manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with one staff member, the acting manager, and residents confirmed that residents' spiritual and cultural needs were met within the home.

The acting manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. The staff member and acting manager were also able to demonstrate how residents' confidentiality was protected. For example staff were aware not to speak about residents care needs in front of other residents.

Discussion with the staff member, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example some residents shared with the inspector the experience of their recent holiday. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example one resident is supported by a local community group to go for regular walks to maintain health and wellbeing. Some comments received from residents during the inspection included:

- "I love it here, everybody is very good".
- "This is like home, everyone is very good. They help you out, help you get back on your feet".
- "It is an excellent place, it is very clean, staff are helpful. It is very good".
- "It's like home from home. Staff are very helpful".

The acting manager and staff member confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with one staff member, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example a suggestion box located in a central part of the home, monthly monitoring visits, and residents meetings.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified. The most recent report available was for 2015. The acting manager confirmed the report for 2016 was still to be completed.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents confirmed satisfaction with care provided.

One resident and one staff member commented:

- Would not change anything.
- The service users are always valued, respected and kept at the centre of the care being provided with special consideration to their needs.

## Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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### 4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place, it was noted the homes complaints policy was last reviewed in 2011. A recommendation was made that this should be reviewed and updated to ensure it is in accordance with the legislation and DHSSPS guidance on complaints handling. Residents were made aware of how to make a complaint by way of the Residents Guide, and information displayed throughout the home. Discussion with the staff member confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. No new complaints had been recorded since the previous inspection.

A review of accidents/incidents/notifiable events showed that on at least three occasions RQIA were not notified of accidents / incidents in the home. These were discussed with the acting manager. A requirement was made that RQIA should be informed of any event in the home which adversely affects the care, health, welfare or safety of any resident. The acting manager was advised to access RQIA updated guidance regarding the reporting of notifiable events 2015. The Falls Prevention Toolkit was discussed with the acting manager and advice given on how to implement this.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. Discussion with the acting manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff have completed training including mental health specific training.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The acting manager is currently working towards QCF Level 5 qualification. There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

The acting manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff member confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with one staff member established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with one staff member confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents confirmed satisfaction with care provided.

One staff member commented:

- Could not fault this aspect at all I believe the home is managed very well.

### Areas for improvement

Two areas for improvement were identified in relation to updating the homes complaints policy and procedure and the reporting of notifiable events to RQIA.

<b>Number of requirements</b>	1	<b>Number of recommendations:</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Karen Shields, Acting Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation 30 (d)</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2016</p>	<p>The registered provider must ensure RQIA are informed of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> This has been addressed</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2016</p>	<p>The registered provider should ensure the homes safeguarding policy and procedure is reviewed and updated to reflect current regional guidance.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> This has been addressed</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2016</p>	<p>The registered provider should ensure staff meetings be held on a regular basis and no less than quarterly.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> This has been addressed</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2016</p>	<p>The registered provider should ensure the complaints policy and procedure is reviewed and updated to ensure it is in accordance with the legislation and DHSSPS guidance on complaints handling.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> This has been addressed</p>

<b>Recommendations</b>	
<b>Recommendation 4</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> Second time <b>To be completed by:</b> 5 September 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.  <b>Response by registered provider detailing the actions taken:</b> This has been addressed
<b>Recommendation 5</b> <b>Ref:</b> Standard 1.6 <b>Stated:</b> Second time <b>To be completed by:</b> 5 September 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.  <b>Response by registered provider detailing the actions taken:</b> This has been addressed

*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**



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