

# Inspection Report

23 July 2022



## Hillside Residential Unit

Type of service: Residential Care  
Address: 23a Old Mountfield Road,  
Omagh, BT79 7EL  
Telephone number: 028 82 252 822

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Dunluce Healthcare Bangor Ltd  <b>Responsible Individual:</b> Mr Ryan Smith	<b>Registered Manager:</b> Ms Danielle Duggan – not registered
<b>Person in charge at the time of inspection:</b> Ms Louise Mullin, Lead Care Assistant	<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>Number of residents accommodated in the residential care home on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 13 residents. The home operates over two floors. All residents have access to communal spaces, a dining room and an outdoor area.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 July, from 9.20am to 2pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. One area for improvement has been stated for a second time in relation to the availability of records within the home.

Residents told us that they felt well looked after and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff are included in the main body of this report.

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 previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

### 4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included "Staff are super friendly", "The Manager is great", "Really like living here", "I feel safe" and "Well cared for". There were no questionnaires received from residents or relatives.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "I enjoy working here" and a further staff member said "Very happy here". There was no feedback from the staff online survey.

Comments received during the inspection from residents and staff were shared with the Manager following the inspection.

## 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 29 July 2021.		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time	The registered person shall ensure that vinyl gloves are not used in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with staff evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22.3  <b>Stated:</b> First time	The registered person shall ensure that relevant records are available for inspection in the home at all times.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and review of available records evidenced that this area for improvement had not been fully met and has been stated for a second time.  This is discussed further in section 5.2.1 and 5.2.5.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty. Staff said that staffing levels were regularly reviewed by management to ensure that the needs of the residents are met.

Observation of the care delivery evidenced that there was enough staff on duty to meet the needs of the residents. Staff were attentive towards residents and displayed a kind and caring nature.

Discussion with staff confirmed that they were required to complete mandatory training both online and face to face. However, the inspector was unable to verify if there was a system in place to ensure staff were trained and supported to do their job as these records were not available. Following the inspection the Manager confirmed in writing that a matrix system was in place and there was good compliance in the overall training provided. This is discussed further in section 5.2.5.

A record of staff appraisal and supervision was available; however, the inspector was unable to establish if a system was in place to ensure that all staff receive a minimum of two supervisions and one appraisal yearly. Following the inspection the Manager provided written confirmation that a matrix system was in place with the staff names and the dates that the meetings were held. This is discussed further in section 5.2.5.

Review of a sample of competency and capability assessments for the person in charge in the absence of the Manager evidenced that these had been completed.

Recruitment and induction records were not available during the inspection and the inspector was unable to verify if the Manager had appropriate oversight of this process. Discussion with the Manager following the inspection evidenced that these records were held by the Human Resource department for the home. The Manager agreed to implement a checklist to evidence oversight of the recruitment and induction process which would be maintained within the office. This is discussed further in section 5.2.5.

There was no available evidence to verify if a system was in place for ensuring that care workers are registered with the Northern Ireland Social Care Council (NISCC) and reviewed regularly. Following the inspection the Manager confirmed in writing that a system was in place to ensure staff are registered with NISCC. This is discussed further in section 5.2.5.

Residents said that they felt safe in the home and that staff were always available and were very friendly.

## **5.2.2 Care Delivery and Record Keeping**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. It was positive to observe that residents were offered choice throughout the day. For example, some residents were enjoying a lie in on the day of inspection and were later assisted with personal care at their request.

Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in Hillside. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward

referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated.

Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals.

Whilst residents care records were held confidentially within a locked filing cabinet, other confidential information was accessible within an unlocked office and an area for improvement was identified.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of minor deficits were identified and discussed in detail with the lead care assistant. Following the inspection the Manager provided written confirmation that relevant action had been taken to address these deficits.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

Daily records were kept of how each resident spent their day and the care and support provided by staff. However, it was noted that the time entered within individual residents daily progress notes was the same for all residents, for example; 7am or 7pm. This was discussed with the lead care assistant and an area for improvement was identified.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home and retained within the residents care file.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. A number of walls throughout the home required painting and surface damage was identified to an armchair within a corridor. Following the inspection the Manager advised that the armchair had been removed from the home and that refurbishment works were in the process of being scheduled to ensure that the home is well maintained.



Corridors and fire exits were clear from clutter and obstruction. However, two fire doors were observed propped open. This was discussed with the lead care assistant and an area for improvement was identified.

Staff belongings were accessible to residents within an unlocked office. The potential risks were discussed with the lead care assistant and an area for improvement was identified.

The lead care assistant told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

Observation of the environment and staff practices evidenced a number of deficits in relation to infection prevention and control (IPC) measures. For example; staff were not wearing an apron during cleaning duties; identified light pull cords were stained and toilet brushes were unable to be air dried following use. It was further identified that there was no liquid soap or hand paper towels within bedrooms to facilitate resident, staff or visiting professionals hand hygiene. Details were discussed with the lead care assistant who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Residents commented positively about the food provided within the home with comments such as; "The food is lovely", "Great chef", "The best soup I have ever had" and "Good choice of food".

During the inspection residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

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

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Staff said that the Manager was approachable and accessible.

As mentioned above in section 5.1 and 5.2.1, a number of documents were not available during the inspection to verify if effective systems were in place to monitor the overall governance of the home; quality of care and services provided to residents. Details were discussed with the Manager following the inspection and an area for improvement has been stated for a second time.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available within the home.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4*

\* The total number of areas for improvement includes one standard which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Louise Mullin, Lead Care Assistant, as part of the inspection process and with Danielle Duggan, Manager, following the inspection. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that fire doors are clear from obstruction and not held/propped open.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> All staff are have been reminded that all fire doors are to remained closed at all times. With exception to specific doors which have magnets linked to the fire alarm system.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that staff belongings are secured and not accessible to residents.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> All staff have been informed that the office door should be locked when not in use. There is a magnet on the door which is linked to the fire alarm system.



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 22.3  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that relevant records are available for inspection in the home at all times.  Ref: 5.1, 5.2.1 and 5.2.5
	<b>Response by registered person detailing the actions taken:</b> All relevant records which are required for an inspection are located in the office. All staff have been reminded of the location of these records.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that confidential information is kept secure with specific reference to the office door being locked when not in use.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All staff have been informed that the office door should be locked when not in use.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> 23 August 2022	The registered person shall ensure that contemporaneous records are maintained. This is with specific reference to the entry time recorded within daily progress notes.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Staff have started to use the specific times in the daily evaluation note.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that IPC issues identified during the inspection are addressed.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Since the inspection date, all IPC issues identified have been addressed by Dunluce healthcare.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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