



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Hillside Residential Care Home (1155)

Date of Inspection: 16 and 19 December 2014

Inspector's Name: Bronagh Duggan

Inspection No: IN016966

**The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Hillside Residential Care Home
Address:	23a Old Mountfield Road Omagh Co Tyrone BT79 7EL
Telephone Number:	028 82252822
Email Address:	hillcrestcarefacility@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs B Kiernan O'Donnell
Registered Manager:	Mrs Karen Shields acting manager
Person in Charge of the Home at the Time of Inspection:	16 December 2014 – Ms Kerry Nichol Follow up 19 December 2014- Mrs Karen Shields
Categories of Care:	RC - MP RC - MP(E)
Number of Registered Places:	15
Number of Residents Accommodated on Day of Inspection:	12
Scale of Charges (per week):	£450.00
Date and Type of Previous Inspection:	Primary Announced Inspection 27 November 2013
Date and Time of Inspection:	16 December 2014 11:00am - 7:30pm 19 December 2014 10:45am - 1:15 pm
Name of Inspector:	Bronagh Duggan

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the acting manager on 19 December 2014
- Discussion with person in charge on 16 December 2014
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	10
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Hillside is a two storey residential care home, situated on an elevated site on the Old Mountfield Road in Omagh close to the town centre. The residential care home is located on a site shared by two other establishments owned by the same provider.

The building is sub divided into a residential care home and a separate private nursing home. The residential home is owned and operated by Mrs Bernadette Kiernan O'Donnell. Mrs Karen Shields is acting manager of the home and has been in post since 2009.

Accommodation for residents is provided in single rooms. Communal lounge and dining areas are provided in the home, these are situated close to each other on the ground floor.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 15 persons under the following categories of care:

Residential care

MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years

A variation application has been submitted to RQIA requesting a reduction in the number of registered beds from 15 to 13. This is currently being processed and a new certificate will be issued in due course.

8.0 Summary of Inspection

This primary unannounced care inspection of Hillside Residential Home was undertaken by Bronagh Duggan on 16 December 2014 between the hours of 11:00 am – 7:30 pm and 19 December 2014 between the hours of 10:45 am – 1:15 pm. Ms Kerry Nichol person in charge on 16 December 2014 was available during the inspection and for verbal feedback at the conclusion of the inspection.. The acting manager Mrs Karen Shields was present and available for feedback on the 19 December 2014.

The three requirements and nine recommendations made as a result of the previous inspection were also examined. Two requirements were evidenced to have been complied with and one requires further action to achieve a satisfactory standard. Eight recommendations evidenced compliance with one requiring further action to achieve a satisfactory standard. The detail of the actions taken by Mrs Shields can be viewed in the section following this summary.

Prior to the inspection Mrs Shields completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Shields acting manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

The inspector can confirm that following an analysis of care records, additional policy documentation and observation of delivery of care that the home are assessed as being compliant with the standard on 'responding to resident's behaviour. The inspector however assessed the standard on programme of activities and events as 'moving towards compliance'. Further actions are required to achieve compliance in this important area. Full details of the findings are recorded in the main body of the report.

During the course of the inspection the inspector met with residents, and staff. Some comments received by residents are detailed below;

"I am happy here"

"I'm doing ok, the staff are kind"

"I would like to go out for a walk everyday but can't, the staff are too busy doing the cleaning"

"It gets very monotonous"

"It's like home from home"

Whilst questionnaires were issued to staff it was disappointing that none of these were returned.

A number of additional areas were inspected. These included;

- Care Practices
- Environment
- Staff Duty Rosters
- Staffing Levels
- Storage and Administration of Medications
- Fire Safety
- Pre inspection returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, and vetting.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Although interactions were often brief, good relationships were evident between residents and staff.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and generally fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard. A decorator was in the home on the first day of inspection and was observed painting the ground floor corridor. A strong odour was identified in one specific bedroom, a recommendation was made that the identified bedroom receives a deep and thorough clean to ensure it is free from odour.

Five new requirements and six recommendations were made as a result of this inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

As a result of observations made, and discussion with residents during the inspection on the 16 December 2014 an urgent actions letter was left with the person in charge outlining the need for the acting manager to review immediately staffing levels in the home and also to ensure the home adheres to all legislation in relation to the safe handling, storing, and administration of medications. The findings regarding medication issues in the home were shared with RQIA pharmacy inspectorate.

During the second day of inspection on 19 December 2014 the acting manager was informed that a serious concerns meeting may be convened at RQIA offices to discuss the issues identified. However due to the assurances received on behalf of the registered person a serious concerns meeting is not required at present. Validation of the registered person's compliance with requirements will be examined in the incoming weeks/months.

The inspector would like to thank the residents, the acting manager, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 27 November 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	21 (4) (b) (i) Schedule 2 (6)	The registered person shall not employ a person to work at the residential care home unless a full employment history, together with a satisfactory written explanation of any gaps in employment is obtained prior to any employee taking up post.	A review of three staff folders evidenced that these included relevant employment history and there were no gaps in employment evident in the files reviewed.	Compliant
2	21 (4) (b) (i) Schedule 2 (3)	The registered person shall not employ a person to work at the residential care home unless two written references relating to the person, including a reference from the person's present or most recent employer, if any are obtained.	A review of three files showed that these included two satisfactory references, including references from the most recent employers.	Compliant
3	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.	Discussion with staff, the registered manager and review of the duty rota showed that domestic cover in the home was not indicated on the duty rota on a consistent basis which led to difficulty identifying when domestic cover was available. There was also no indication on the duty rota when the activities therapist should be working. This has been stated for a second time.	Not Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.1	It is recommended that the care review policy be reviewed and updated to address the areas highlighted within the report.	The care review policy has been reviewed and updated in January 2014 and contained relevant information regarding admission, care planning and care review information.	Compliant
2	16.1	It is recommended that the safeguarding of vulnerable adults' policy be reviewed to include the immediate reporting of any suspected, alleged or actual allegation to the relevant Trust including out of hours contact details.	The safeguarding of vulnerable adults policy was reviewed in January 2014, this included the reporting procedure and details of the relevant Trust safeguarding team including contact details.	Compliant
3	19.1	It is recommended that the registered person develops a policy and procedures for staff recruitment fully detailing the recruitment process and legislative requirements and DHSSPS guidance.	A policy and procedure relating to the recruitment of staff was available in the home. This included relevant information regarding the recruitment process and reflected legislative requirements and DHSSPS guidance.	Compliant
4	25.3	It is recommended that the template used to undertake staff competency and capability assessments be reviewed and updated to address all aspects of the day to day management of the home in the absence of the manager including safeguarding vulnerable adults.	The staff competency and capability assessment template was reviewed this included relevant information regarding all aspects of the day to day management of the home in the absence of the manager including safeguarding vulnerable adults.	Compliant

5	16.2	It is recommended that the care staff induction programme be reviewed and updated to include safeguarding vulnerable adults including responding and reporting to suspected, alleged or actual abuse.	<p>A review of the induction programme for care staff showed that it included safeguarding vulnerable adults including responding and reporting to suspected, alleged or actual abuse.</p> <p>A recommendation was made that the date should be recorded when each section of the induction programme has been completed by new staff. This recommendation will not be reiterated.</p>	Substantially Compliant
6	25.3	It is recommended that a central matrix be developed to show the dates/renewal of staff registration with NISCC in order to monitor staff compliance with required registration.	<p>The registered manager provided a central matrix which showed the dates/renewal of staff registration with NISCC in order to monitor staff compliance with required registration.</p> <p>Whilst the central matrix is maintained information available showed that three staff were awaiting confirmation of registration. A recommendation was made that the registered manager should follow this up with the identified staff.</p>	Substantially compliant
7	19.6	The manager should make further efforts to enable residents, or where appropriate their representatives, to be involved in the recruitment process.	The acting manager informed the inspector that efforts to involve residents will be considered.	Compliant

8	23.6	<p>It is recommended that a record is kept in the home of all training. The record should include:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event • The date(s) of the training • The name and qualification of the trainer or training agency • The content of the training programme. <p>Ref: Section 1.10 (Additional Areas Examined)</p>	Training records viewed in the home contained the relevant information.	Compliant
9	8.3	A summary report of any period of respite care is compiled and a copy sent to the resident's carer in the community (if appropriate) and referring Trust in line with the resident's written agreement.	The acting manager confirmed that there have not been any respite residents in the home since the recommendation was made. The acting manager confirmed that if a resident was to visit the home for a period of respite a summary report would be provided to the resident's carer in the community (if appropriate) and referring Trust in line with the resident's written agreement.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff have excellent knowledge of individual residents behaviours, routines and means of communication. Staff are aware of appropriate interventions to promote positive outcomes. Staff know how to access other members of MDT where behaviours are unresolved or cause concern.	Compliant
Inspection Findings:	
<p>The home had a Responding to Residents Behaviour, and Restraint policy and procedure dated 2010 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for HSC Trust involvement in managing behaviours which challenge staff. A recommendation is made to include the need to notify RQIA when specialised control restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values of dignity and respect and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that care staff had received training in behaviours which challenge in 2014.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication.</p>	Substantially Compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
After observing behaviour and other interventions fail to have desired out-come, staff will liaise with GP/CPN re further advice. Having good knowledge of individual residents, staff will contact other members of MDT in timely manner and family where appropriate.	Compliant
Inspection Findings:	
Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	
Provider's Self-Assessment	
Residents are involved in revision of careplans, give input and sign same. NOK informed re: change in care where involved in care. Care plans give clear direction on appropriate support and interventions required by residents and this is shared with relevant staff.	Compliant
Inspection Findings:	
A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident where appropriate, the staff member drawing it up and the acting manager.	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Psychiatrist/care manager/GP are made aware of specific behaviour management programmes and give input, documented on careplan and signed. Reviews held as appropriate and community psychiatric support and guidance available as necessary.	Compliant
Inspection Findings:	
A review of Responding to residents behaviour policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary. The acting manager confirmed that relevant professionals were involved in managing resident's behaviours; this information is included in residents care plans.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff in Hillside have additional training in mental health first aid and suicide awareness. On call manager available for guidance and support, as is CPN and behavioural nurse when required.	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in behaviours which challenge titled Challenging Behaviour Training (2014) and also specific training in relation to resident specific mental health issues. Two out of three care plans reviewed by the inspector included relevant information regarding behaviours that identified residents could display.</p> <p>Whilst it was appreciated by the inspector that staff are appropriately trained in the management of behaviours which pose a challenge, the acting manager must ensure that there are always sufficient staff available to allow the training to be effectively deployed and risks to residents health and welfare minimised.</p> <p>Staffing is discussed in the additional areas of the report.</p>	Substantially compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All incidents which occur are appropriately addressed, documented and reported. Relevant HCP and services are involved immediately and review of care provision held after any serious incident.	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from April 2014 to December 2014 and discussions with the acting manager identified that residents' representatives, HSC Trust personnel and RQIA had not been appropriately notified of one event. The need for appropriate submission of all notifiable events was discussed at length during feedback of inspection findings and the acting manager was required to submit a retrospective notification.</p> <p>Discussion with the acting manager confirmed that the residents care plan had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p>	Substantially compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Restraint is not used in Hillside but staff are aware of home policy on restraint.	Compliant
Inspection Findings:	
A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment The residents give input into activity programme and its based on their needs and interests. Weekly programme of activities and residents positively encouraged to be involved and engage. Minibus available for outing to local events and clients encouraged to be involved in community events.	Compliant
Inspection Findings: A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plans of residents. Feedback from residents included that they sometimes get bored, and activities provided by the home were limited. Observations on the day of the inspection showed that although activities assessments were in place within residents care plans, and a weekly programme of activities was on display these were not being followed. A recommendation is made that the home develops a policy on the provision of activities and events. A requirement is made that activities in the home should be planned and provided with regard to the needs of the residents.	Moving towards compliance

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Clients encouraged and facilitated to take part in community events and in areas of individual interest, e.g. shops, church daily and outings. Programme is flexible and while residents encouraged to be involved, their right to individual choice and selection is respected.	Compliant
Inspection Findings:	
<p>Examination of the programme of activities record available in the home showed that social activities are organised each day.</p> <p>On the day of the inspection the inspector spoke with staff members regarding the activities available. One staff member informed the inspector there would be bingo in the afternoon for residents, this information was not indicated on the programme of activities which was on display on the day of inspection. This information was also not included in the weekly planner stored in the activities folder.</p> <p>The inspector asked staff on duty if the events outlined on the programme usually occurred staff confirmed only three events included on the activity programme would usually occur. On the day of the inspection a resident informed the inspector of their wish to go out for walks on a regular basis, the resident informed the inspector this did not happen. A review of the residents care plan showed that they should be having regular walks to maintain their exercise and mood. There was no evidence of this occurring on the day of inspection or on a regular basis to benefit the resident.</p> <p>As outlined in 13.1 a requirement is made that activities in the home should be planned and provided with regard to the needs of the residents.</p>	Moving towards compliance

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are discussed at all residents meetings, suggestions are made and any ideas incorporated into activity programme as appropriate. Residents who prefer to stay in bedroom have 1:1 time with staff as desired.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of resident meetings.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activity programme located in communal area and also displayed daily on board and any changes highlighted or additional activities/outings.	Compliant
Inspection Findings:	
On the day of the inspection a programme of activities was on display on a doorway in the hall way of the home, a record was also available in an activity folder in the sitting room. It was noted by the inspector that neither of these programmes of activities reflected what was happening on the day of the inspection. The hallway location was considered appropriate as this area was easily accessible to residents and their representatives. A recommendation is made that the activities display is 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.	Moving towards compliance

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Equipment aids available to residents. Staff and activity therapist give assistance as necessary and driver available for minibus and outings.	Compliant
Inspection Findings:	
During the inspection a staff member informed the inspector that an activities therapist worked in the home two days a week, the inspector asked the staff member what days the therapist worked the staff member stated they did not know but the therapist would work between Hillside and another adjoining home. A review of seven weeks duty rosters in the home did not show any activities therapist hours included on the roster. This issue was raised by the inspector with the acting manager on 19 December 2014. Observations made on the day evidenced that staff members were very busy trying to complete daily tasks in the home including care duties, domestic duties, and managing resident's monies. Residents were observed interacting with each other during the inspection and were observed to be spending significant periods of time sitting at the entrance area of the home. Newspapers and music centres were observed as being utilised by residents on the day of inspection.	Moving towards compliance

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Adequate time is given for each activity and cognisance is taken of residents attention span and willingness to remain.	Compliant
Inspection Findings:	
Observations on the day of inspection showed that the information on the programme of activities was not being followed within the home. Records available in the home included limited detail. A recommendation is made that the duration of each activity is recorded to reflect more accurately exactly what activities are provided in the home and for how long.	Moving towards compliance

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Evidence is obtained prior to therapist doing activities that they have the necessary skills and staff often assist residents in activity	Compliant
Inspection Findings:	
The acting manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Needs/concerns discussed prior to activities commencing and feedback is given by staff to activity person as appropriate but confidentiality remains very important.	Compliant
Inspection Findings:	
The acting manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activity therapist and staff keep a record of all activities - where, when and by whom activity done and what activity was and who attended.	Compliant
Inspection Findings:	
A limited record of activities was available which identified activities residents participated in on a daily basis. As already stated in 13.6 a recommendation is made that these should contain more detailed information regarding the duration of time spent on activities.	Moving towards compliance
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Programme reviewed 2-3 times yearly and discussed in residents meetings. Review takes consideration of residents interests, time of year and community events which can be accessed.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed on 30 July 2014. A review of residents meeting records showed that suggestions were sought from residents in February 2014. The acting manager confirmed that planned activities were also changed at any time at the request of residents.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with 10 residents individually. Residents were observed sitting at the entrance area to the home, others were observed walking around the home whilst others were resting in their bedrooms. In accordance with their capabilities residents shared their experiences of life in the home, with the facilities and services provided and their relationship with staff.

Comments received included:

"I am happy here"

"I'm doing ok, the staff are kind"

"I would like to go out for a walk everyday but can't, the staff are too busy doing the cleaning"

"It gets very monotonous"

"It's like home from home"

11.2 Relatives/Representative Consultation

There were no relatives / representatives available to speak with the inspector.

11.3 Staff Consultation/Questionnaires

The inspector spoke with two staff on duty. The inspector provided 10 questionnaires for completion by staff. No completed questionnaires were returned to RQIA.

Discussions with the two staff members identified that they felt supported in their respective roles.

One staff member stated they felt supported during their induction period when an additional member of staff was available. The staff member also informed the inspector that it can be difficult at times to find the second member of staff quickly when needed considering the size and layout of the home if they had any issues or needed help.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting Professionals' Consultation

There were no visiting professionals available to meet with the inspector on the day of inspection.

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. A number of residents were observed spending a lot of their day sitting at the entrance of the home. Staff were observed to be busy throughout the day carrying out care duties, and additional domestic duties. Staff interactions with residents although brief were observed to be respectful, polite, warm and supportive.

11.6 Staff Duty Rosters

During the inspection staff were observed carrying out domestic chores such as vacuuming communal areas, and cleaning bathrooms around the home despite the employment of a domestic assistant. Staff informed the inspector that the domestic assistant would usually visit from the neighbouring / adjoining nursing home and would be included on the domestic roster. The inspector requested to see a copy of the domestic duty roster this again did not show when domestic assistance was provided within the home. Completed cleaning schedules were available in the home, a review of these records showed the last entry was made on 26 November 2014. A review of the homes duty roster showed that domestic assistance was not included on the roster with the exception of one day 19 November 2014 when housekeeping was listed. This was discussed with the acting manager who confirmed this was done periodically to provide the home with a “spring clean”.

Separate discussions with the acting manager and one member of care staff confirmed that an activities therapist was employed by the home. When asked what days the activities therapist visited the home the care staff member did not know, this was raised with the acting manager. The need to ensure all staff employed and working in the home are included in the homes duty roster was discussed with the acting manager.

A requirement was made during the previous inspection of Hillside in November 2013 that the acting manager must ensure that all persons working in the residential care home are recorded on staff duty rosters. This requirement is stated for the second time.

11.7 Staffing Levels

A review of the duty roster over a seven week period evidenced that from 6pm onwards there was one staff member on duty in the home. The duty rosters also evidenced that on December 4, 6, and 7 2014 the home had been operating with one staff member on duty from 7.50 am – 8pm with the exception of a two and a half hour period on the morning of 7 December 2014. The duty roster also showed on 15 November 2014 there was only one member of staff on duty from 2pm until 8pm.

The home is therefore evidenced to be operating on a frequent and regular basis with only one staff member. As a consequence of these findings the inspector considered the need for a serious concerns meeting with the registered person. However assurances were given by the registered person that the staffing provision would be addressed and an assurance that there would be at least two care staff available everyday between the hours of 08.00 and 20.00. This staffing provision will be validated by regular continued submission of the staff duty roster to the inspector. A requirement is made.

11.8 Care Reviews

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014. The registered person must ensure that the referring HSC Trust undertake a review of each residents care on at least an annual basis. Records of requests for annual review should be retained in the home.

11.9 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The acting manager confirmed that lessons learnt from investigations were acted upon.

11.10 Storage and Administration of Medications

During the inspection some issues were identified in relation to the storage and administration of medication. Whilst walking around the home the inspector was shown into the medicine room on the first floor. The inspector observed the key to the controlled drugs cabinet in the door of the cabinet, the handling of key was not being managed effectively by the person in charge. Also a review of one residents care notes showed that a resident had been storing medication which had been administered, in their bedside locker, staff believed the resident had taken the medication. This matter was discussed with the acting manager, the need to ensure staff observe the resident taking their medication and staff practice for administering medicines should be monitored closely was emphasised. The inspector requested that RQIA should be notified retrospectively of this event. A requirement is made regarding the safe handling, storage and administration of medications. This matter has been referred to the aligned pharmacy inspector for information.

11.11 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, and adequately heated. A strong odour was identified in one bedroom, a recommendation was made that this should receive a deep and thorough clean. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. On the day of inspection a decorator was observed painting walls on the ground floor hallway.

11.12 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.13 Staff Meetings

A review of minutes from staff meetings showed that these were not always attended by all members of staff included on the duty rota. A recommendation is made that all staff should read and sign the staff meeting minutes to indicate that they have read and understood same.

11.14 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 8 December 2014. The acting manager confirmed to the inspector she was aware that there was one recommendation made as a result of this assessment and that this would be actioned as required.

A review of the fire safety records evidenced that the majority of staff had last completed fire safety training in 2013 records available in the home showed three staff had completed one training session on fire safety in 2014.

During a walk around the building a fire door which was being held open with a magnetic holding device had a laundry basket positioned in front of the door, the need to keep magnetic closing fire doors free from obstacles was discussed with the acting manager.

A requirement was made in regard to fire safety training and practices in the home.

11.15 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Karen Shields. Mrs Shields confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Shields registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

(R)



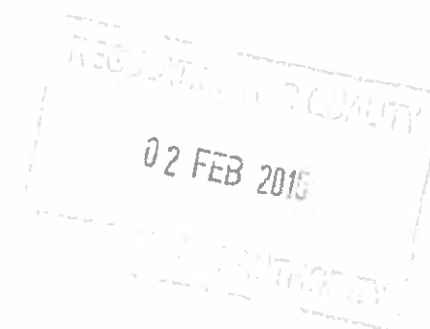
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Unannounced Care Inspection

Hillside

16 & 19 December 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Karen Shields either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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. Ref: 9.0	Two	This is addressed + all staff reminded of importance of accuracy	From the date of inspection and ongoing.
2	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. Ref: 10.0	One	Activity Co-ordinator to commence r w/c 9/2/15. -additional care hours allocated to ensure activities in interim. The present program will be reviewed for suitability when therapist commences post. Questionnaire formulated & residents opinion and audit report will be completed	From the date of inspection and ongoing.

3	20 (1) (a)	<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>Ref: 11.6</p>	One	<p>This has been addressed.</p> <p>This has been addressed.</p>	From the date of the inspection and ongoing.
4	13 (4) (a) (b)	<p>The registered person must ensure that the administration and storage of medicines is maintained in keeping with Regulations.</p> <p>Ref: 11.10</p>	One	<p>This issue has been addressed - no previous issues in respect of medication management.</p>	From the date of the inspection and ongoing.
5	27 (4) (d) (e)	<p>The registered person must ensure that fire doors are <u>not</u> propped open at any time.</p> <p>Ref 11.14</p>	One	<p>This has been addressed + discussed w/ residents + staff.</p>	From the date of the inspection and ongoing.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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. Ref: 9.0	one	This will be addressed	24 February 2015
2	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. Ref: 10.0	One	This will be updated	24 February 2015
3	13.1	The registered manager should develop a policy on the provision of activities and events for use in the home. Ref:10.0	One	This will be developed in conjunction with new AT when the COMMODRES 9/2/15	24 February 2015

4	13.4	<p>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.</p> <p>Ref: 10.0</p>	One	<p><i>This will be addressed.</i></p>	24 February 2015
5	13.9	<p>Records on activities provided for residents should contain more detailed information regarding the duration of time spent on specific activities.</p> <p>Ref:10.0</p>	One	<p><i>This will be addressed.</i></p>	24 February 2015
6		<p>The minutes of staff meetings should be read and signed by all staff to demonstrate they have read and understood same.</p> <p>Ref: 11.13</p>	One	<p><i>This will be addressed.</i></p>	24 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rgia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	<i>K. Shields</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>T. McGoney</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes</i>	<i>Brian O'Connell</i>	<i>12.2.15</i>
Further information requested from provider			