



Unannounced Care Inspection Report 1 and 5 July 2019



Hillside Residential Unit

Type of Service: Residential Care Home
Address: 23a Old Mountfield Road, Omagh BT79 7EL
Tel No: 028 8225 2822
Inspectors: Bronagh Duggan & Helen Daly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to provide care for up to 13 residents with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Florence Beckett	Registered Manager and date registered: Karen Shields Acting – No application required
Person in charge at the time of inspection: Karen Shields	Number of registered places: 13
Categories of care: Residential Care (RC) MP - mental disorder excluding learning disability or dementia MP (E) - mental disorder excluding learning disability or dementia – over 65 years	Total number of residents in the residential care home on the day of this inspection: 10

4.0 Inspection summary

An unannounced inspection took place on 1 July 2019 from 10.30 hours to 17.00 hours and on 5 July 2019 from 10.25 hours to 13.05 hours.

This inspection was undertaken by care and pharmacist inspectors.

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 in respect of the previous pharmacy inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to supervision and appraisal; regular review of care records; communication between residents, staff and other key stakeholders; the culture and ethos of the home; and maintaining good working relationships. Evidence of good practice was identified in relation to the management of medication on admission, the administration of medicines and the management of pain.

Areas for improvement were identified in relation to recruitment records; first aid training for staff; environmental improvements; updating two identified care records; and completion of monthly monitoring reports. Two areas for improvement were identified in relation to monitoring the storage temperature for medicines and signing updates on the personal medication records.

Residents described living in the home in positive terms.

Comments received from residents during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	3

Details of the Quality Improvement Plan (QIP) were discussed with Karen Shields, 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.

4.2 Action/enforcement taken following the most recent inspection dated 6 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 6 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine completed questionnaires were received from residents within the identified timescale. All respondents indicated that they were "very satisfied" with the care provided in the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 24 June 2019 to 7 July 2019
- staff training matrix

- two staff recruitment and induction records
- staff NISCC registration information
- staff supervision and appraisal schedule
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from November 2018 to June 2019
- a sample of monthly monitoring reports from January to May 2019
- minutes of staff meetings
- minutes of residents' meetings
- RQIA registration certificate
- records for the management of medicines on admission and medication changes
- records relating to the management of distressed reactions, pain, controlled drugs, antibiotics and time-critical medicines
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed of
- medicines management audits
- storage temperatures for medicines
- care plans regarding the management of medicines

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 6 November 2018

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement two were met, one was no longer applicable.

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival we observed the home was comfortably heated and welcoming. Residents were up washed and dressed. All residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. A few residents sat within the lounge reading newspapers and watching TV while others moved freely around the home.

The manager, who was on duty throughout the inspection, explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty roster reviewed accurately reflected the number and names of staff on duty over the 24 hour period. No concerns were raised regarding staffing levels during discussions with residents and staff.

Two recruitment records were reviewed; it was noted one did not contain references or any information regarding employment history or relevant experience. The need to ensure two references are in place for all staff prior to the commencement of employment was discussed with the registered manger, including candidates who may not have had previous employment or were still in education. This was identified as an area for improvement under the regulations. The manager advised that AccessNI disclosures were confirmed prior to any new staff commencing work. (AccessNI check is the vetting of applicants to ensure they were suitable to work in the home.) The two recruitment records viewed showed AccessNI checks had been completed appropriately.

The manager confirmed there was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC); this information was available for review during the inspection.

One staff member told us that they were currently doing their induction programme and found it beneficial to shadow other staff during this period. Records in the home confirmed the induction was ongoing. Records available in the home showed systems were in place to ensure regular supervision, appraisal and staff meetings.

Staff training schedules reviewed evidenced that mandatory training was being provided alongside additional professional development training, including dementia awareness. It was noted first aid training was due for a number of staff; this issue was discussed with the manager and an area for improvement was identified.

The manager is the adult safeguarding champion for the home and advised that no adult safeguarding issues had arisen since the previous care inspection. The adult safeguarding position report for 2018 will be reviewed at the next care inspection. Staff training in adult safeguarding was maintained on an up to date basis; this was evidenced from mandatory training records.

Accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. The measures in place to minimise the risk of falls included, for example, fall risk assessments, referral to trust falls team, and the provision of various equipment to aid mobility. Care reviews were undertaken at regular intervals. Three care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

We undertook an inspection of the home. Residents' bedrooms were personalised with personal items and memorabilia displayed. We identified a number of areas within the environment that should be improved upon. These included the paintwork throughout the home, with special attention to skirting boards, door frames, and walls on the downstairs communal area. It was noted that there were chairs and boxes being stored under the stairwell which should be removed; a shower chair with rusty legs should be removed and replaced; and the curtains in an identified bedroom should be secured appropriately to the curtain pole.

Areas inspected within the home were observed to be comfortably heated, odour free and clean. Supplies of disposable gloves, aprons, liquid hand soap and paper towels were available throughout the home. Staff were observed washing their hands following practical assistance with residents.

Findings of medicines management inspection

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment; the majority of medicine records; the management of medicines on admission; the management of distressed reactions; pain, controlled drugs; antibiotics; and time-critical medicines.

We reviewed 10 personal medication records in detail. The date of writing had been recorded and they had been verified and signed by two trained members of staff at the time of writing. The personal medication records were up to date and correlated with the medicines held in stock for each resident. However, updates on the personal medication records had not been signed and verified by two trained members of staff. This is necessary to ensure the accuracy of transcribing. An area for improvement was identified.

Medicines were observed to be stored safely and securely. However, the temperature of the treatment room was not monitored and recorded each day. This is necessary to ensure that the temperature is maintained at or below 25°C. An area for improvement was identified. It was noted that the control solution for blood glucose meters was out of date. The senior carer advised that this was an oversight and that it would be replaced following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction; supervision and appraisal; infection prevention and control; risk management; the management of medication on admission; the administration of medicines; and the management of pain.

Areas for improvement

Five areas were identified for improvement in relation to staff recruitment; the home’s environment; first aid training; the storage temperature for medicines; and signing updates on the personal medication records.

	Regulations	Standards
Total number of areas for improvement	3	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

There was evidence within three residents’ care records reviewed that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, and moving and handling. Care plans had been developed which were generally reflective of residents’ needs; however, it was noted from two of the records further development was required with regard to the management of two identified conditions. This issue was discussed with the manager as was the need to liaise with appropriate professionals regarding the assessment and management of one of the resident’s condition. The need to ensure there was clear guidance for staff including what to do in specific situations was discussed with the manager who confirmed she would contact the relevant professionals without delay. An area for improvement was identified.

Records showed residents were weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within care records that advice was sought from an appropriate health professional such as a dietician or a speech and language therapist.

Regarding the meal time experience in the home we could see that the dining room was spacious, clean and bright. There was a menu on display on the wall which reflected the choices available. There was a choice of two hot dishes on the lunch menu.

Food was brought to the dining room using a hot trolley; staff plated dishes which were served to residents. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised.

Residents spoken with confirmed they had a good choice of meals at meal times and drinks were observed as being freely available in the home throughout the day. Comments from residents included:

- “The food is second to none, great choices, it is very nutritious and tasty.”
- “The food is good, it’s lovely and warm.”

Residents’ risk of pressure related skin damage was assessed on their admission and reviewed. The manager advised there were no residents in the home receiving input for pressure care damage but if needed district nursing would be involved. The benefit of

completing body maps in a timely manner around admission and when residents return from hospital stays was discussed with the manager.

When a restrictive practice, such as the use of a door alarm had been implemented, there was evidence within the residents’ care records of multidisciplinary agreement and regular review.

Staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Residents spoken with expressed their views on the care received in the home. One resident stated, “It’s home from home, staff are very good. Only for this place... (I wouldn’t be here), they care about you.” Another resident said, “Karen the manager is exceptional; when I came in here, it changed my life.”

Each staff member was aware of their roles and responsibilities within the team. Staff were observed interacting with residents in a pleasant and supportive manner. Residents were comfortable and relaxed in their surroundings and were observed walking into the manager’s office to chat or with queries throughout the day.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to regular review of care records and communication between residents, staff and other key stakeholders.

Areas for improvement

One area was identified for improvement in relation to the further development of two care plans regarding the management of the identified conditions.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual residents’ wishes, likes and dislikes. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were given choice, privacy, dignity and respect. Staff were also aware of resident confidentiality regarding the handling and use of information. We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting readily and easily with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Residents spoke openly with us, and appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance. One resident stated, “Oh it’s good care you get here, that’s why I am ready for home, it is very good”.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the residents and reflected their life experiences. Residents were supported to attend events in the local community. For example, one resident shared about their plans for the weekend to visit the Omagh Show, and another spoke about their upcoming holiday.

Staff described how they strive to promote residents’ independence, for example, by way of encouragement, being involved in house hold tasks, and maintaining personal appearance.

Activities such as arts, crafts, bingo and spiritual events including communion, and church representatives visiting regularly were available for residents in the home. Staff said activities were based on residents’ hobbies and interests and they were consulted about their preferences when activities were being planned. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

Consultation with nine residents individually confirmed that living in Hillside was a positive experience.

Residents consulted during the inspection commented:

- “It is nice, I am only here a couple of weeks the food is good, my room is nice.”
- “I am happy enough.”

Nine completed satisfaction questionnaires were returned to RQIA following the inspection. Respondents indicated that they felt staff treated them with compassion, were kind and respectful, with privacy and dignity maintained. All respondents indicated they were very satisfied that the staff treated them with compassion.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager was on duty throughout the inspection. The manager described how she spent some time working on the floor to make sure that the care delivered to the residents by the staff was good; this also allowed her to get to know the residents well.

There has been no change in the organisational structure of the home since the previous inspection. Staff spoken with demonstrated good understanding of their roles and responsibilities.

The home retains a wide range of policies and procedures in place to guide and inform staff which were recently reviewed and updated.

The manager explained that there were arrangements in place to ensure risk assessments were reviewed on a monthly basis. Risk assessments viewed within care records were noted to be current and had been reviewed. The manager advised that all care records were being fully updated.

The manager explained that audits of accidents/incidents and environment were undertaken. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of a sample of reports for January 2019 to May 2019 showed there was no report available for April 2019. The issue was discussed with the manager an area for improvement was identified to comply with the regulations.

The home had a complaints policy and procedure in place; copies were available in residents' bedrooms. The home's statement of purpose and resident guide, which is given to all residents on admission, also contained information on how and to whom they can complain. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

Records were made and available of complaints received. Records showed that one complaint was received since the previous inspection. This was managed appropriately and resolved to the complainant's satisfaction. There was a system in place to record and share compliments received within the home.

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. The manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

One area was identified for improvement in relation to the completion of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 care 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.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 .(1) (b) Schedule 2 Stated: First time To be completed by: 1 August 2019	<p>The registered person shall ensure that all relevant information and documents are obtained prior to employing persons to work in the residential care home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All relevant information & documents will be obtained prior to commencement of employment.</p>
Area for improvement 2 Ref: Regulation 14. (1) (d) Stated: First time To be completed by: 15 August 2019	<p>The registered person shall ensure the training of persons employed in first aid.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff will have first aid training completed by end of October 2019</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: 5 August 2019	<p>The registered person shall ensure that the treatment room temperature is accurately monitored and recorded each day. Corrective action should be taken if temperatures outside the accepted range are observed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Thermometer put in place and temperatures monitored daily.</p>
Area for improvement 4 Ref: Regulation 29 Stated: First time To be completed by: 15 July 2019	<p>The registered person shall ensure monitoring visits are under taken on a monthly basis and ensure a written report is completed on the conduct of the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Monthly monitoring visits have been carried out and reports completed.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 15 September 2019	The registered person shall ensure the following environmental improvements are made: <ul style="list-style-type: none"> • Paintwork throughout the home with special attention to skirting boards, door frames, and walls on the down stairs communal area. • Chairs and boxes stored under the stairwell should be removed. • The shower chair with rusty legs should be removed and replaced. • Curtains in the identified bedroom should be secured appropriately to the curtain pole. Ref: 6.3
	Response by registered person detailing the actions taken: Stairwell decluttered and environmental improvements are ongoing.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: 5 August 2019	The registered person shall ensure that updates on the personal medication records are verified and signed by two trained members of staff. Ref: 6.3
	Response by registered person detailing the actions taken: New medications are now signed by 2 staff members.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 8 July 2019	The registered person shall ensure the care plans for the two identified individuals should be updated accordingly to clearly demonstrate the plan of care regarding the identified conditions. Ref: 6.4
	Response by registered person detailing the actions taken: These careplans are now in place and updated regularly.

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



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