

# Unannounced Care Inspection Report 7 December 2017



## Hillside Residential Unit

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

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 13 beds that provides care for people living with mental health issues.

### 3.0 Service details

<b>Registered organization /registered provider:</b> Mrs Therese McGarvey	<b>Registered manager:</b> Mrs Karen Shields (acting)
<b>Person in charge of the home at the time of inspection:</b> Edel Sabrinski - Senior Carer	<b>Date manager registered:</b> Mrs Karen Shields – application received - “registration pending”.
<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 registered places:</b> 13

### 4.0 Inspection summary

An unannounced care inspection took place on 7 December 2017 from 10:30 to 15:30.

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

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

Evidence of good practice was found in relation to staff training, supervision and appraisal, adult safeguarding, care records, the culture and ethos of the home quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to fire drill completion rates, systematic review of policies and procedures and the completion of monthly monitoring visits. One area for improvement has been stated for a second time in the QIP appended to this report this related to identified environmental improvements.

Residents said they liked living in the home, had whatever they needed, and that they were well looked after.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Edel Sabrinski, Senior Carer, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 June 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report, the returned QIP.

During the inspection the inspector met with nine residents and two staff.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of environment
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 most recent inspection dated 27 June 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 27 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2017	The registered person shall ensure all notifiable events are reported to RQIA in keeping with legislation.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior carer and review of records in the home confirmed all notifiable events were reported to RQIA appropriately.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2017	The registered person shall undertake a review of staffing levels to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior carer and review of the duty rota confirmed staffing levels had been reviewed. During the inspection staffing levels observed were adequate to meet the needs of residents.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.7  <b>Stated:</b> First time  <b>To be completed by:</b> 28 July 2017	The registered person shall ensure the identified care plan clearly reflects the multi-disciplinary agreed practice.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior carer and review of the identified care plan confirmed this had been updated to reflect multi-disciplinary input.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 28 June 2017	The registered person shall ensure the environmental issues are acted on :  <ul style="list-style-type: none"> <li>• The strong odour in the identified bedroom should be addressed</li> <li>• The wall and pipe covering area in the identified toilet area should be improved. Consideration should be given to the use of an easily wipeable surrounding surface.</li> </ul> Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior carer and inspection of the environment confirmed the odour had been addressed in the identified bedroom.  Improvements had been partially addressed in the identified toilet area the wall had been	

	improved, however the pipe covering area should be further improved upon.  This element of the area for improvement will be stated for the second time.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4.2 <b>Stated:</b> First time <b>To be completed by:</b> 27 September 2017	The registered person shall ensure the individual agreements are reviewed and updated.  Ref: 6.4  <b>Action taken as confirmed during the inspection:</b> Discussion with the senior carer and review of three individual agreements confirmed that these had been updated accordingly.	<b>Met</b>

#### 6.4 Is care safe?

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

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

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the senior carer and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Completed induction programmes were not viewed on this occasion but shall be looked at during a future inspection.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The senior carer and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; and that records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were not reviewed on this occasion in the manager's absence but have been viewed during a previous inspection and were found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Staff personnel files were not viewed on this occasion in the manager's absence.



Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the current regional guidance. A safeguarding champion has been established. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The senior carer advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The senior carer advised there were restrictive practices employed within the home, notably pressure alarm mats and a sensor door alarm. Discussion with the senior carer regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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

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

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

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



Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 29 August 2017. Review of staff training records confirmed that staff completed practical fire safety training in May 2017. The senior carer confirmed staff were due to complete a second fire safety training session for 2017. This shall be followed up at the next inspection.

The most recent fire drill was completed on 24 September 2017 records were retained of staff who participated and any learning outcomes. The need to ensure all staff members complete at least one fire drill per annum was identified as an area for improvement to comply with standards. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.

### Areas for improvement

One area for improvement was identified during the inspection this related to ensuring a system is in place to ensure all staff members complete a fire drill at least once per annum.

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.5 Is care effective?

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

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

A review of three care records confirmed that they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice for example residents are supported to maintain individual interests and access local community events.

The senior carer confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of the environment and infection prevention and control procedures were available for inspection. Further evidence of audit was contained within the monthly monitoring visits reports.

The senior carer advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

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

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

#### **6.6 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.**

The senior carer advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The senior carer and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The senior carer and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, suggestion box, annual reviews etc.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example quizzes, bingo, and crafts.

Arrangements were in place for residents to maintain links with their friends, families and wider community. For example during the inspection residents were preparing to visit a local arts centre, there was also a monthly events planner in place which residents were pleased to talk about. Events planned for December included visit by carol singers, residents going Christmas shopping, meals out and a country music concert.

Residents spoken with during the inspection made the following comments:

- "This is a great place, couldn't be better staff are brilliant. Food is great, always a good choice, no complaints."
- "We are well looked after here, we really are. It's a good home, no issues at all."
- "I am getting on the best, going out to a dance hall tonight I am looking forward to it. It's good to get out and about."
- "I find it great, you have whatever you need. The food is very good, can't complain about anything. I have my tv, hi fi, if you need staff you can just buzz."

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 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 senior carer outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. A review of policies identified that they were not reviewed every three years. The need to ensure policies and procedures are systematically reviewed every three years or more frequently as changes occur was discussed. This was identified as an area for improvement to comply with the standards.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information available in resident's bedrooms.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There had been no new complaints recorded since the previous care inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example first aid training relating to mental health.

Monthly monitoring visits were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. However review of reports available showed that there were none available for inspection for September and October 2017. This was identified as an area for improvement to comply with the regulations.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The senior carer advised that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

The senior carer confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior carer confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior carer advised that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified during the inspection these included the systematic three yearly review and updating of the homes policies and procedures and also to ensure monthly monitoring visit reports are available for inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Edel Sabriniski, Senior Carer, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19.(3)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 January 2018	The registered person shall ensure monthly monitoring visit reports are available for inspection.  <b>Ref:</b> 6.7
	<b>Response by registered person detailing the actions taken:</b> Monthly monitoring visit reports are up to date and available for inspection in front office.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 7 February 2018	The registered person shall implement a robust system to ensure all staff members complete at least one fire drill per annum  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> This will be included in training matrix
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> First time  <b>To be completed by:</b> 7 April 2018	The registered person shall ensure a systematic three yearly review of policies and procedures or more frequently if needed.  <b>Ref:</b> 6.7
	<b>Response by registered person detailing the actions taken:</b> Policies and procedures are currently being reviewed where appropriate.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 February 2018	The registered person shall ensure the environmental issues are acted on : <ul style="list-style-type: none"> <li>The wall and pipe covering area in the identified toilet area should be improved. Consideration should be given to the use of an easily wipeable surrounding surface.</li> </ul> <b>Ref:</b> 6.2
	<b>Response by registered person detailing the actions taken:</b> Home owners have been made aware.

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





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