Unannounced Care Inspection Report
14 January 2021

Hillside Residential Unit

Type of Service: Residential Care Home
Address: 23a Old Mountfield Road, Omagh, BT79 7EL
Tel no: 028 8225 2822
Inspector: Laura O'Hanlon

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 registered to provide care for up to 13 residents.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd **Responsible Individual:** Linda Florence Beckett	**Registered Manager and date registered:** Danielle Duggan (acting) – no application required.
Person in charge at the time of inspection: Danielle Duggan	**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	**Number of residents accommodated in the residential home on the day of this inspection:** 10

4.0 Inspection summary

An unannounced inspection took place on 14 January 2021 from 10.30 to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Significant concerns were identified during this inspection in relation to governance arrangements and managerial oversight; the quality of care records; the management of risk including fire safety and the overall cleanliness of the environment.

As a result of this inspection enforcement action was taken and one Failure to Comply notice was issued.

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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Danielle Duggan, manager, as part of the inspection process and also with the manager and responsible individual following the inspection. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Significant concerns were identified during this inspection in relation to governance arrangements and managerial oversight; the quality of care records; the management of risk including fire safety and the overall cleanliness of the environment,

As a consequence, a meeting was held via video teleconference on 28 January 2021 with RQIA with the intention of serving four Failure to Comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005 in relation to:

- Regulation 10 (1) relating to governance arrangements and managerial oversight
- Regulation 13 (1)(a)(b) relating to the quality of care records
- Regulation 14 (2) (a) (c) and (4) relating to the management of risk
- Regulation 27 (2)(d)(m) relating to the environment

The intention meeting was attended by the responsible individual and the manager. At the meeting the responsible individual provided an action plan and advised of the completed or planned actions to address the concerns identified during the inspection and achieve the necessary improvements in a sustained manner. However, RQIA were not sufficiently assured in relation to all of the areas requiring improvement. It was therefore decided that one of the four Failure to Comply notices would be served under Regulation 10(1). Compliance with this notice must be achieved by 29 March 2021. A further inspection will be completed to ensure that compliance is achieved and sustained.

RQIA informed the responsible individual that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections

The enforcement policies and procedures are available on the RQIA website at https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 residents and two staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rotas
- two staff competency and capability assessments
- staff training records
- records of registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 10 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 25 **Stated:** First time	The registered person shall ensure the number and ratio of management, care and housekeeping staff on duty at all times meet the care needs of residents.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met as there were concerns identified in relation to the housekeeping arrangements in the home and the potential impact on care delivery. This area for improvement was subsumed in the failure to comply notice issued.	
Area for improvement 2 **Ref**: Standard 27 **Stated:** First time	The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose. With specific reference to ensuring: • the identified shower chair is replaced. • the identified bathroom/toilet is repaired. • The kitchen worktop can be adequately cleaned.	**Met**
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that these areas for improvement were addressed.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed the staff duty rota and could see that the person in charge in the absence of the manager was identified, the full names of staff were recorded and the rota accurately reflected the staff working in the home. However, the rota did not record the grades of staff nor the manager's presence in the home; we were therefore unable to clearly determine their working hours in the home.

Discussion with the residents confirmed that they were satisfied with the staffing arrangements in the home. However, concerns were raised by staff with the inspector in relation to inadequate cleaning/housekeeping arrangements in the home. We were informed by the manager that there was currently no cleaner employed in the home and that domestic tasks

were undertaken by care staff while on duty. Staff told us that it was difficult for them to undertake the required cleaning/housekeeping duties while simultaneously trying to ensure adequate care delivery to residents. An example of this was observed during the inspection when staff had to be prompted by the inspector to provide assistance to a resident with their breakfast. This lack of domestic staff within the home reduces the ability of care staff to deliver safe and effective care to residents in a consistent manner.

Staff told us that teamwork was good and that they all work together for the benefit of the residents. Comments included:

- "There is good team work here and good communication."
- "We all work together."

We reviewed two staff competency and capability assessments for the person in charge in the absence of the manager. However, we identified that for three other staff who are required to be in charge of the home, these assessments of competence were not completed.

We reviewed the staff training matrix and it was disappointing to note that the matrix did not accurately reflect the staff working in the home and was not maintained in an up to date manner. RQIA was therefore not assured that robust governance arrangements were in place with regard to staff training. We also identified shortfalls in relation to the monitoring of staff registration with appropriate professional bodies. We were unable to verify that all staff were appropriately registered and we were not assured that this was checked on a regular basis.

These shortfalls were discussed during the inspection and at the subsequent enforcement meeting on 28 January 2021. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA was not sufficiently assured. RQIA decided to serve a Failure to Comply notice under Regulation 10(1) in relation to these deficits. The actions required to address these shortfalls are contained in the notice.

6.2.2 Infection prevention and control procedures

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home.

However, we noted a number of concerns in regard to the management of IPC within the environment. Examples of this included: rust was observed on bedside tables meaning they were unable to be effectively cleaned. A hand soap dispenser in a bathroom required to be cleaned and replenished with soap. Vanity units in bedrooms were cluttered with various items such as toiletries making it difficult to clean around the wash hand basin. In one bedroom, an occasional table was covered with a stained table cloth and was being used to store toiletries and a toilet roll for use by the resident. Foot pedal operated bins were broken in a number of identified bathroom areas. The general clutter and untidiness observed throughout the home prevented staff from being able to clean the home effectively. We were concerned that the

overall standard of the environment was not effectively maintained so as to promote and maintain the comfort, wellbeing and dignity of residents.

We observed staff practice in regard to the folding of clean laundry and noted that while a staff member was folding clean sheets, the remaining clean laundry was left lying on the laundry floor. We also observed staff cleaning a bathroom and were concerned in relation to the insufficient cleaning technique employed by the staff member; we also noted that staff lacked a thorough understanding in regard to infection prevention and control practices and their use of PPE.

There was a lack of managerial oversight in relation to ensuring the cleanliness and fitness of the environment. These environmental shortfalls were discussed during the inspection and at the subsequent enforcement meeting on 28 January 2021. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA was not sufficiently assured. RQIA decided to serve a Failure to Comply notice under Regulation 10(1) in relation to these deficits. The actions required to address these shortfalls are contained in the notice.

6.2.3 Care delivery

There was a pleasant and relaxed atmosphere in the home and staff were observed to have caring and friendly interactions with the residents. We observed residents mobilising freely throughout the home. We found that residents were chatty and engaged. Staff spoke to the residents in a reassuring tone and were attentive to their needs. Residents spoke positively about life in the home, the staff and the food; they commented:

- “I am very happy here; the staff are all good. If I want anything, all I have to do is ask. It’s a good place. We get a choice of meals and the food is good.”
- “I am safe and well looked after. It’s good and warm and everyone gets on well in here. I like it here.”
- “This is a great place; it saved my life.”
- “I am very happy here and well supported by staff. There are good people here to turn to.”
- “I feel very safe in here.”

The staff told us that they recognised the importance of maintaining good communication with residents’ families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well. Visiting arrangements were in place on a planned basis.

We observed residents engaged in activities such as, knitting, reading or watching television. In the afternoon the staff encouraged residents to participate in bingo.

We observed a resident who was still having their breakfast at 12.00 hours; the resident’s meal was cold and some of their clothing was stained with foodstuff. When we discussed this with staff we were advised that this resident did not require assistance with their breakfast although did require such assistance with their lunch and evening meals. We asked the manager to undertake a review of this resident’s care needs in relation to eating and drinking. The need for staff to remain vigilant during mealtimes to ensure residents are supported in a timely manner was stressed.

We observed the serving of lunch in the dining room. A menu was on display and there were two main course options available. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was served from a heated trolley, was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary. The mealtime was relaxed and unhurried.

6.2.4 Care records

We reviewed three residents' care records. Care records contained assessments of needs, care plans and associated risk assessments. However, concerns were identified regarding the quality of record keeping for directing staff when delivering care to residents; care records reviewed were found to be inaccurate, out of date, absent and /or lacking sufficient detail regarding the needs of the residents. For instance, there were no care plans in place for residents in relation to some aspects of personal care such as: continence management, skin care, mobility and moving and handling needs.

While risk assessments had been routinely reviewed monthly they were not reflective of the changing needs of the residents. For example, risk assessments in relation to choking were not specific to the needs of the identified residents.

We reviewed care records for one resident who was assessed as requiring regular checks by staff to ensure the resident's safety. Discussion with the manager / staff and review of these care records evidenced a contradictory understanding in regard to the frequency with which these safety checks should be conducted. While feedback from staff provided assurance that the safety checks were being completed, there was no written record being maintained to evidence this.

These shortfalls with regard to the quality of care records were discussed during the inspection and at the subsequent enforcement meeting on 28 January 2021. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA was not sufficiently assured. RQIA decided to serve a Failure to Comply notice under Regulation 10(1) in relation to these deficits. The actions required to address these shortfalls are contained in the notice.

6.2.5 Environment

We observed a number of residents' bedrooms, en-suites, bathrooms, lounge and dining areas and storage areas. Residents' bedrooms were found to be personalised with items of memorabilia and special interests.

In addition to the environmental concerns identified in section 6.2.2, shortfalls were also identified in regard to the management of risks within the environment. For example, cleaning chemicals were stored in an unsecure manner and were accessible to residents in the laundry room. The laundry room door was found to be open and unsecured throughout the inspection.

Fire doors were observed to be propped and/or wedged open while corridors and stairwells contained inappropriate storage. Multiple bottles of alcohol were stored in an unsecure manner within the main office and were potentially accessible to residents.

We were concerned that management and staff did not recognise or understand their role and responsibilities in relation to prevention of harm by reducing and responding to these risks within the home's environment.

These shortfalls with regard to environmental risks were discussed during the inspection and at the subsequent enforcement meeting on 28 January 2021. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA was not sufficiently assured. RQIA decided to serve a Failure to Comply notice under Regulation 10(1) in relation to these deficits. The actions required to address these shortfalls are contained in the notice.

We observed an empty bedroom which was being used as a store room for various items of equipment and supplies. This was identified as an area for improvement.

6.2.6 Governance and management arrangements

Discussion with the manager and staff confirmed that there is a management structure within the home. Following the last inspection, a new acting manager has been appointed in a temporary capacity. The manager advised that she is supported in her role by managers from other care homes within the group of care homes to which this service belongs.

We reviewed accident and incident records and found that not all accidents and incidents were reported to RQIA in accordance with legislation. There was no system in place to facilitate managerial oversight in relation to the reporting of accidents and incidents or for the purpose of identifying trends / patterns which could then be more proactively managed.

There was no system in place for the robust completion of governance audits. We reviewed a sample of such audits and noted that they did not identify deficits identified during this inspection and were therefore ineffective in helping to drive necessary improvement within the home. For example, there was no audit of care records which were noted by the inspector to require improvements, as outlined in section 6.2.4.

While environmental and IPC audits did identify that there was a lack of oversight in relation to ensuring the cleanliness and fitness of the environment, they did not identify those environmental risks outlined in section 6.2.5.

We reviewed the records of the visits to the home by the registered provider's representative as required under Regulation 29 of The Residential Homes Regulations (Northern Ireland) 2005. We reviewed the reports for October 2020, November 2020 and December 2020 and found that they did not identify those deficits in service provision and care delivery which were found during this inspection; we were therefore not assured that these reports were completed in a robust manner so as to drive necessary improvements. It was also noted that action plans generated by and contained within monthly monitoring reports were carried over from month to month without evidence of meaningful and timely improvement having been achieved.

These shortfalls with regard to governance arrangements and managerial oversight were discussed during the inspection and at the subsequent enforcement meeting on 28 January 2021. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA was not sufficiently assured. RQIA decided to serve a Failure to Comply notice under Regulation 10(1) in relation to these deficits. The actions required to address these shortfalls are contained in the notice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work and interactions between residents and staff.

Areas for improvement

One area for improvement was identified to ensure that the excess storage is removed from an occupied bedroom.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

This inspection resulted in enforcement action due to significant concerns being identified in regard to governance arrangements and managerial oversight, the quality of care records, risk management including fire safety and the environment of the home.

As a consequence one Failure to Comply notice was served under Regulation 10(1) in relation to the deficits identified. Compliance with this notice must be achieved by 29 March 2021.

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. We observed positive interactions between staff and residents.

One new area for improvement was identified and is discussed within the body of the report and section 7.2. One area for improvement arising from the previous care inspection was not met and has been subsumed into the Failure to Comply Notice.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Danielle Duggan, manager, as part of the inspection process and with the manager and responsible individual following the inspection. 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 27 **Stated:** First time **To be completed by:** 21 January 2021	The registered person shall ensure that all inappropriate storage is removed from the identified bedroom. Ref: 6.2.5
	Response by registered person detailing the actions taken: Inappropriate storage has been removed from the indentified bedroom. However a spare room is currently a temporay staff room this enables staff to have breaks in an indentified green zone.

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

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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