

Inspection Report

29 July 2021



Hillside Residential Unit

Type of service: Residential Care Home
Address: 23a Old Mountfield Road, Omagh, BT79 7EL
Telephone number: 028 8225 2822

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Mrs Linda Florence Beckett	Registered Manager: Ms Danielle Duggan - not registered Date registered: Acting
Person in charge at the time of inspection: Ms Louise Mullin, senior care assistant,	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 care home on the day of this inspection: 10
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 13 residents who are living with dementia. The home operates over two floors. All residents have access to communal spaces, a dining area and a garden area outside.	

2.0 Inspection summary

An unannounced inspection took place on 29 July 2021 between 10.15 and 15.15 by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be clean and maintained to a good standard. Resident bedrooms were observed to be warm and personalised with items of memorabilia.

Staffing arrangements were found to be safe and effective and adjusted if required. Staff were seen to be professional and polite as they conducted their duties and told us that they were supported in their roles with training and resources.

Residents were seen to be well looked after. There was clear evidence of attention to personal care and dressing and for those residents who required assistance with mobility and meals; this was provided by staff in a prompt and compassionate manner.

Residents expressed positive opinions about the home and the care provided. Residents told us that staff were friendly and that they were satisfied with the food provided.

Feedback from residents and staff indicated that they were very satisfied with the care and service provided at Hillside Residential Unit.

Areas requiring improvement were identified in relation to the lack of access to information and the use of vinyl gloves.

RQIA were assured that the delivery of care and services provided in Hillside Residential Unit was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

We met with 10 residents and three staff either individually or in small groups.

Residents told us that felt safe and that they were satisfied with the care delivery in the home. They described staff as “wonderful” and “very kind.” and said that there was enough staff available and that they get help and assistance when they need it. Observation during the inspection indicated that residents’ needs were met.

Staff spoke positively about working in the home and advised there was good team work within the home. The staff commented on how things continue to improve in the home and that everyone is clear in terms of their roles and responsibilities. Staff further advised that they feel supported by the manager.

No responses to the resident/relative questionnaires or staff questionnaires were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Hillside Residential Unit was undertaken on 29 March 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. We were unable to review recruitment records as the person in charge was unable to access such records. This is discussed further in section 5.2.5.

We were able to verify that there were some systems in place to ensure staff were trained and supported to do their job. For example staff were provided with a range of training including mandatory training. Staff training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

However on the day of the inspection records of staff appraisal and supervision was not available. This is discussed further in section 5.2.5. These records were reviewed following the inspection and they confirmed that all staff received regular supervision and appraisal.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

The records of staff registration with their professional body were not available during the inspection. This is discussed further in section 5.2.5. Review of records following the inspection confirmed that there was a system in place to ensure this remained live. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC).

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

When we walked around the home; the atmosphere was calm and relaxed. We observed residents able to walk around freely and light music was playing in the background.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed. Where residents were at risk of falls; risk assessments were in place to manage this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms if they wished.

The dining experience was calm and unhurried. It was observed that residents were enjoying both their meal and the overall dining experience. Supervision and support from staff was readily available where this was required.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

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

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

Staff reported that the care provided to the residents was of a high standard and was person centred.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was completed on 30 September 2020.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. We noted that vinyl gloves were available for staff to use throughout the home. This was identified as an area for improvement to ensure that vinyl gloves are not used in the home.

Visiting arrangements were managed in line with Department of Health guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

5.2.5 Management and Governance Arrangements

Ms Danielle Duggan is the manager of Hillside Residential Unit. Staff were aware of who the manager of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment.

Staff commented positively about the manager and described her as approachable and always available for guidance. Staff were particularly appreciative of the practical and emotional support provided to them by the management team during the COVID-19 pandemic.

The person in charge during the inspection was unable to access some records, for instance: staff were unable to access staff selection and recruitment records; staff registration with their professional body and supervision and appraisal information. This was identified as an area for improvement to ensure that the person in charge of the home in the absence of the manager, can access the necessary records/ information.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of hand hygiene, IPC, care records, accidents and incidents, nutrition, falls and the home's environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was an effective system in place to manage complaints which were seen as an opportunity to for the team to learn and improve.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

The home was visited each month by the registered provider's representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

In summary, there were robust governance arrangements in place to effectively monitor care delivery and service provision, and to help drive improvement.

6.0 Conclusion

Residents looked well cared for in that they were well dressed, clean and comfortable. There was a nice atmosphere and ambience in the home and it was clear that residents and staff had a good rapport with one another.

Feedback from residents and staff was all positive and warm. Residents also stated that they knew the management team, they got on well with them and they would have no hesitation in reporting to them any concerns.

As a result of this inspection two new areas of improvement were identified in respect of the use of vinyl gloves and access to information. Details can be found in the Quality Improvement Plan included.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 35.1 Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that vinyl gloves are not used in the home.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: On the day of inspection both vinyl and nitrile gloves were available in danicentre. Staff are aware of apporatie use of same.</p>
Area for improvement 2 Ref: Standard 22.3 Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that relevant records are available for inspection in the home at all times.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: A key has been made available to access information, all staff are aware. On the day of inspection HR was not on duty, appointment can be made to see staff records.</p>

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