

Unannounced Care Inspection Report

27 June 2017



Hillside

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

www.rgia.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 residents within the categories of RC-MP and RC-MP (E).

3.0 Service details

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

4.0 Inspection summary

An unannounced care inspection took place on 27 June 2017 from 10.30 to 17.30.

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 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, communication between residents, staff and other key stakeholders and taking account of the views of residents.

Areas requiring improvement were identified in relation to reviewing of staff levels, reporting of notifiable events, ensuring consistency of care records, environmental improvements and the review and updating of individual agreements.

Residents said “Its great everyone is very good”, “I am happy here”, “The food is very good, there is a good variety”.

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
Total number of areas for improvement	1	4

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. The manager was made aware of the areas identified for improvement during a telephone conversation following the inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent medicines management inspection

No further actions were required to be taken following the most recent inspection on 15 May 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 and the returned QIP.

During the inspection the inspector met with 10 residents, two care staff and the activities therapist.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), environment, infection prevention and control procedures
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Input from independent advocacy services
- Policies and procedures manual

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and to the manager via telephone after the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 May 2017

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 8 December 2016

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 6.2 Stated: First time To be completed by: 8 January 2017	The registered provider should ensure the identified residents care plan is updated to reflect the use of a pressure alarm mat.	Met
	Action taken as confirmed during the inspection: The senior carer confirmed the use of pressure alarm mats was detailed in care plans. Inspection of care records confirmed this.	
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 8 February 2017	The registered provider should ensure the acting manager completes a monthly audit to monitor accidents and incidents in the home.	Met
	Action taken as confirmed during the inspection: Discussion with the senior carer and review of records maintained in the home confirmed that a monthly audit was completed regarding accidents and incidents in the home. The need to ensure accuracy of recording was discussed with the senior carer.	

Area for improvement 3 Ref: Standard 16.1 Stated: Second time To be completed by: 8 February 2017	The registered provider should ensure the homes safeguarding policy and procedure is reviewed and updated to reflect current regional guidance.	Met
	Action taken as confirmed during the inspection: The safeguarding policy and procedure was reviewed and updated to reflect regional guidance.	

6.3 Inspection findings

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 confirmed the staffing levels for the home. Review of the duty roster and discussion with staff confirmed that from 6pm onwards one staff member was on duty, it was also noted that on occasions one staff member was scheduled to be on duty from 2pm onwards. Considering the layout of the building, the individual needs of residents and the supervision requirements regarding identified residents within the home to ensure compliance with standards the manager should undertake a review of the staffing levels in the home especially during the evening periods.

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.

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 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were not viewed on this occasion but have been viewed during a previous inspection.

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 and procedure in place was consistent with the current regional guidance. 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 referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. However it was noted that on two occasions RQIA had not been informed of incidents although all other relevant bodies had been notified accordingly. This was identified as an area for improvement to ensure compliance with regulations. Following the inspection the manager was advised to send the notifications to RQIA retrospectively.

The senior carer confirmed 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 confirmed 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 assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Review of care records showed an inconsistency with regard to the timescales agreed by the multi-disciplinary team regarding the use of a restrictive practice and what was documented within the identified residents care plan. This issue was discussed with the manager via telephone following the inspection. The need to ensure the care plan clearly reflects the multi-disciplinary agreed practice was discussed with the acting manager. This was identified as an area for improvement to ensure compliance with standards.

The senior carer confirmed 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.

An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed that all staff had received training in 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. The importance of wearing aprons in different situations was discussed with staff.

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 generally fresh smelling, clean and appropriately heated however a strong odour was detected in one identified bedroom. This should be addressed to comply with standards. It was also noted that the wall and pipe covering in an identified toilet area was badly stained. Consideration should be given to the use of an easily wipeable surface. This was identified as an area for improvement to comply with standards.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated August 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every three months. Records were retained of staff who participated and any learning outcomes. 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 and risk management.

Areas for improvement

Four areas for improvement were identified in relation to reviewing staffing levels, reporting of notifiable events, ensuring consistency with regard to the implementation of an identified restrictive practice, and environmental issues including the strong odour in an identified bedroom and staining in an identified toilet area.

	Regulations	Standards
Total number of areas for improvement	1	3

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 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. manual handling, nutrition, falls) 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. As stated in section 6.4 the manager was advised to ensure care records consistently reflected the plan of care agreed with the multi-disciplinary team for one identified resident in relation to an identified restrictive practice. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and signed. These should be reviewed and updated to reflect current rates. This was identified as an area for improvement to comply with standards. Records were stored safely and securely in line with data protection.

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, infection prevention and control procedures, medication and accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The senior carer confirmed 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 registered manager confirmed 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 audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in relation to reviewing and updating individual agreements.

	Regulations	Standards
Total number of areas for improvement	0	1

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 confirmed 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. 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 for example a copy of the complaints procedure was available in each bedroom, the daily menu and activity choices were displayed in general areas of the home.

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 for example ensuring records were stored securely at all times.

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 and residents 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.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, the activities therapist, 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 arts and crafts, baking, bingo and quizzes. Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents were also supported to participate in short walks and visit local shops.

Residents spoken with during the inspection made the following comments:

- “It’s great, everyone is very good. I’m very happy and have all I need”.
- “I like to get involved in whatever is going on. I am happy enough”.
- “The food is very good, there is a good variety”.
- “The staff are good they are there to help you with anything you need. The food is good, room is good, no issues”.
- “I have no problems, I’m happy with everything”.

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
Total number of areas for improvement	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.

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 information available in each bedroom and around the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. There had been no new complaints recorded since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. As stated in section 6.4 of this report review of

accidents/incidents/notifiable events showed two occasions that RQIA had not been notified in accordance with legislation this was identified as an area of improvement. The notifications were to be forwarded to RQIA retrospectively.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

A monthly monitoring visit was 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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The senior carer confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits.

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 was displayed.

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 confirmed that staff could access line management to raise concerns.

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, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Edel Sabrinski, senior carer as part of the inspection process. The timescales commence from the date of inspection. The manager was made aware of the areas identified for improvement via telephone following the 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 to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 30 June 2017	The registered person shall ensure all notifiable events are reported to RQIA in keeping with legislation. Ref: 6.4
	Response by registered person detailing the actions taken: Staff are aware and reminded that all notifiable events must be reported to RQIA
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.1 Stated: First time To be completed by: 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
	Response by registered person detailing the actions taken: Staffing levels are reviewed in line with number of residents and dependency
Area for improvement 2 Ref: Standard 6.7 Stated: First time To be completed by: 28 July 2017	The registered person shall ensure the identified care plan clearly reflects the multi-disciplinary agreed practice. Ref: 6.4
	Response by registered person detailing the actions taken: This has been addressed with care staff
Area for improvement 3 Ref: Standard 27.8 Stated: First time To be completed by: 28 June 2017	The registered person shall ensure the environmental issues are acted on : <ul style="list-style-type: none"> the strong odour in the identified bedroom should be addressed 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. Ref: 6.4
	Response by registered person detailing the actions taken: The odour was immediately addressed. The Home owners have been made aware of redecoration and suggested covering to wall.

Area for improvement 4 Ref: Standard 4.2 Stated: First time To be completed by: 27 September 2017	The registered person shall ensure the individual agreements are reviewed and updated. Ref: 6.4 Response by registered person detailing the actions taken: The Home Manager (Acting) will ensure that documentation is kept up to date.
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