



Unannounced Care Inspection Report 6 November 2018



Hillside Residential Home

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

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 living with mental health issues.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Beckett	Registered Manager: Karen Shields (acting)
Person in charge at the time of inspection: Karen Shields	Date manager registered: Karen Shields - acting no application required
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 6 November 2018 from 10.15 to 16.15.

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, infection prevention and control, and the home's environment, the culture and ethos of the home and listening to and valuing residents and taking account of the views of residents.

Areas requiring improvement were identified in relation to the designated smoking area of the home, an urgent care review for an identified resident and for the homes statement of purpose and residents guide to be reviewed and updated to reflect any restrictive practices used in the home.

Residents spoken with said they were happy with their life in the home, their relationships with staff and the standard of care and support provided.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Karen Shields, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, 10 residents, one staff member, and one visiting professional.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine questionnaires were returned by residents, no staff questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), NISCC registration
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

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 15 May 2018

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 15 May 2018

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
Area for improvement 1 Ref: Regulation 27.(2) (d) Stated: First time	The registered person shall ensure 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	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment showed the wall and pipe covering area in the identified toilet area had been significantly improved upon and included an easily wipeable surface. New flooring was also in place.	

Area for improvement 2 Ref: Regulation 19.(3) (b) Stated: Second time	The registered person shall ensure monthly monitoring visit reports are available for inspection. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records in the home confirmed monthly monitoring visit reports were available for 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 24 Stated: First time	The registered person shall ensure staff supervision and appraisal are maintained on an up to date basis. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records in the home showed an annual planner was in place for staff supervision and appraisal and this was being completed accordingly.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the environmental issues are addressed: <ul style="list-style-type: none"> • the malodour should be addressed in the two identified bedrooms • paintwork should be improved upon in the two identified bedrooms • appropriate furniture / storage should be made available to replace the cardboard boxes used in the identified bedroom Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the environment confirmed the malodours had been addressed in the identified bedrooms. The two identified bedrooms had been repainted and appropriate furniture was in place in the identified bedroom.	

<p>Area for improvement 3</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure there is a system in place to receive and act on information from the Northern Ireland Adverse Incident Centre (NIAIC).</p> <p>Ref: 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of records in the home confirmed there was a system in place to receive and act on information from the Northern Ireland Adverse Incident Centre (NIAIC).</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure care records are signed by residents or their representative where appropriate. When a resident or their representative is unable or unwilling to sign this should be recorded.</p> <p>Ref: 6.5</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of three care records showed these had been signed by residents accordingly.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 20.7, 20.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure the homes Statement of Purpose and Residents Guide is reviewed and updated to reflect organisational changes and any restrictive practices used in the home.</p> <p>Ref: 6.7</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of the homes Statement of Purpose and Residents guide showed they had been reviewed and updated to reflect organisational changes. Restrictive practices used in the home were not reflected. This area for improvement has been stated for a second time in the QIP appended to this report.</p>		

Area for improvement 6 Ref: Standard 21.5 Stated: Second time	The registered person shall ensure a systematic three yearly review of policies and procedures or more frequently if needed. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained in the home showed review of the policies and procedures for the home had been outsourced to a consultancy and was due to be fully completed by December 2018.	

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 manager advised that the staffing levels for the home 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 rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the manager 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 annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The need to ensure any gaps in an employment record are explored was discussed with the manager.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC) (where applicable).

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

The staff member spoken with was 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.

The manager advised there had been no recent safeguarding referrals in the home and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The manager advised there were restrictive practices within the home, notably the use of pressure alarm mats and an alarmed door. During the previous inspection an area for improvement was identified in relation to reflecting the use of restrictive practices in the homes statement of purpose and residents guide. This has been stated for a second time in the QIP appended to this report.

Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves, was available throughout the home. 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 manager 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.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The manager confirmed there were plans in place to continue to improve the home environment through a process of redecoration and refurbishment.

Inspection of the internal and external environment identified that the designated outdoors smoking area should be improved upon to ensure an appropriate degree of comfort and shelter for residents. This was identified as an area for improvement to comply with the standards.

The home had an up to date legionella risk assessment in place dated 27 June 2018.

It was established that some residents smoked. A review of the care records of two of these residents identified that risk assessment and corresponding care plan had been completed in relation to smoking. The need to ensure any issues were shared with identified residents care managers was discussed with the manager to ensure any identified risks are managed appropriately.

Following discussion regarding the behaviour of one identified resident the manager was advised to ensure there was an urgent care review regarding placement suitability taking into consideration the behaviours being displayed by the resident in the home. This was identified as an area for improvement to comply with the regulations.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 6 September 2018.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and fire alarm systems were checked weekly/monthly and were regularly maintained.

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Two new areas for improvement were identified during the inspection these related to the improvement of the designated smoking area for residents and an urgent care review for an identified resident. One area has been stated for a second time this related to the review and updating of the homes statement of purpose and residents guide to reflect restrictive practices used in the home.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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

Three care records were reviewed 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, smoking, 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example some residents have preferred rising and retiring times.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights. The manager advised no residents currently required specialist input from dieticians or speech and language therapists (SALT) but that there were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

The manager advised there were no residents in the home requiring wound care, if this was required it would be managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

The manager advised 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 accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The manager 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is 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 manager 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.

The manager, residents and staff member advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with the manager, staff member, and residents confirmed that residents' spiritual and cultural needs were met within the home, this included visits by local ministers and lay groups. Residents were also supported to attend local churches.

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 daily menu was displayed in the dining area of the home, the names of staff on duty was also displayed centrally for residents to access.

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; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

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 an activities therapist visits the home and supports residents with one to one activities and group events. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents attend local concerts, tea dances, visit local shops and cafes.

Residents and a visiting professional spoken with during the inspection made the following comments:

- “Brilliant, everyone is very nice. It’s by far the best place I have been can’t speak highly enough. Too happy with the food, it’s excellent. No complaints from me, couldn’t be better.” (resident)
- “I like it here, everyone is very nice. The food is lovely.” (resident)
- “Staff are really devoted; the food is second to none here it is really good, great variety, nutritious, couldn’t be better.” (resident)
- “Home from home.” (resident)
- “It’s great, good staff, good food, can’t complain.” (resident)
- “The standard of care has always been good; the manager would go above and beyond what you might expect. Communication is very good, they have dealt well with complex people you can see (residents) do well when they come here.” (visiting professional)

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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 manager outlined the management arrangements and governance systems in place within the home and stated that 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.

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 Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in 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. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

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

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff completed training in dementia awareness.

A visit by the registered provider 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, RQIA and any other interested parties to read.

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 manager stated that the registered provider was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with one staff member confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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

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 Karen Shields, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13.(1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 16 November 2018</p>	<p>The registered person shall make proper provision for the care and where appropriate, treatment and supervision of residents, this includes ensuring an urgent care review is undertaken regarding the suitability of placement for the identified resident due to the identified behaviour.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A care review took place with social work, resident and his family he was made aware if behaviours didn't change his placement would be at risk. He is happy in the home and expressed his wish to remain stated he would comply with policy and procedures with in the home.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 20.7, 20.9</p> <p>Stated: Second time</p> <p>To be completed by: 6 January 2018</p>	<p>The registered person shall ensure the homes Statement of Purpose and Residents Guide is reviewed and updated to reflect organisational changes and any restrictive practices used in the home.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Residents guide is being and reviewed and updated to reflect organisational changes and restrictive practices within the home.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2018</p>	<p>The registered person shall improve the designated outdoor residents smoking area ensuring it offers an appropriate degree of comfort and shelter for residents.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Directors have been informed that designated smoking area should be updated- At present there has been no update regarding this issue.</p>

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



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