



Unannounced Care Inspection Report 10 February 2020



Hillside Residential Unit

Type of Service: Residential Care Home
Address: 23a Old Mountfield Road, Omagh, BT79 7EL
Tel no: 02882252822
Inspector: Gerry Colgan

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.

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 registered residential care home which provides 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: Karen Shields (acting)
Person in charge at the time of inspection: Karen Shields	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	Total number of residents in the residential care home on the day of this inspection: 11

4.0 Inspection summary

An unannounced care inspection took place on 10 February 2020 from 12.00 hours to 17.00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of the previous medicines management inspection have also been reviewed and validated as required.

There were examples of good practice found throughout the inspection in relation to staff induction; training; supervision and appraisal; adult safeguarding; risk management; record keeping; audits and reviews; and communication between residents, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home; the dignity and privacy afforded to residents; listening to and valuing residents and their representatives; taking account of the views of residents; robust governance arrangements; management of complaints and incidents; quality improvement and maintaining good working relationships.

Two areas for improvement were identified in relation to the home's environment and adequate staffing.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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	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 inspection dated 1 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 1 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care and medicines management inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. Six completed questionnaires were returned from residents and two from relatives within the identified timescale. Respondents indicated that they were very satisfied with the care provided.

A poster was provided for staff detailing how they could complete an electronic questionnaire however no responses were received within the identified timescale.

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

- staff duty rotas from 27 January to 16 February 2020
- two staff recruitment records
- staff training schedule and training records
- staff supervision and appraisal schedule
- sample of staff competency and capability assessments
- three residents' records of care
- two residents' records of care in relation to a previous area for improvement
- complaint records
- compliment records
- minutes of staff meetings
- minutes of residents meetings
- a sample of governance audits/records
- accident/incident records from July 2019 to 10 February 2020
- reports of visits by the registered provider
- fire safety checks
- RQIA registration certificate
- personal medication records, medicine administration records
- medicines management audits
- storage temperatures for medicines

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as met, partially met, or 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 the last care inspection dated 1 July 2019

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 21 .(1) (b) Schedule 2 Stated: First time	The registered person shall ensure that all relevant information and documents are obtained prior to employing persons to work in the residential care home.	Met
	Action taken as confirmed during the inspection: A review of records for two recently recruited staff confirmed that all relevant information and documents were obtained prior to employing persons to work in the home.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14. (1) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the training of persons employed in first aid.</p> <p>Action taken as confirmed during the inspection: Review of the training matrix and discussion with the manager confirmed that all staff had first aid training in October 2019.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the treatment room temperature is accurately monitored and recorded each day. Corrective action should be taken if temperatures outside the accepted range are observed.</p> <p>Action taken as confirmed during the inspection: Records confirmed that the treatment room temperature is accurately monitored and recorded each day.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure monitoring visits are under taken on a monthly basis and ensure a written report is completed on the conduct of the home.</p> <p>Action taken as confirmed during the inspection: A review of documentation confirmed that all monthly monitoring visit reports were available since the previous care inspection.</p>	<p>Met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following environmental improvements are made:</p> <ul style="list-style-type: none"> • Paintwork throughout the home with special attention to skirting boards, door frames, and walls on the down stairs communal area. • Chairs and boxes stored under the stairwell should be removed. • The shower chair with rusty legs should be removed and replaced. • Curtains in the identified bedroom should be secured appropriately to the curtain pole. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager confirmed that this work has been completed.</p>	
<p>Area for improvement 2 Ref: Standard 31 Stated: First time</p>	<p>The registered person shall ensure that updates on the personal medication records are verified and signed by two trained members of staff.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of medication records confirmed that updates on the personal medication records are verified and signed by two trained members of staff.</p>	
<p>Area for improvement 3 Ref: Standard 6.2 Stated: First time</p>	<p>The registered person shall ensure the care plans for the two identified individuals should be updated accordingly to clearly demonstrate the plan of care regarding the identified conditions.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of care records for the two identified residents confirmed that care plans have been developed regarding the identified conditions.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review. A review of the staffing rota from 27 January to 16 February 2020 evidenced that the planned staffing levels were not at the required numbers to ensure the needs of the residents were met. For many days over this period the staffing consists of either two carers or the manager and a carer. The planned daily staffing is a manager and two carers. The duty rotas also confirmed that there was no housekeeper in the unit putting an extra burden on to staff. This is identified as an area for improvement.

Staff spoken with were not satisfied that there was sufficient staff on duty to meet the needs of the residents. We also sought staff opinion on staffing via the online survey. No responses were received within the required timeframe. Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Hillside Residential unit.

Two recruitment files were reviewed and found to be satisfactory. Enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

The manager explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Records available in the home confirmed this.

Staff training schedules reviewed evidenced that mandatory training was being provided alongside additional professional development training, including dementia awareness. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Staff also confirmed they also received regular supervision and appraisal.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager and staff confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visits.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction and the home was found to be warm and comfortable throughout. However in an identified bathroom/toilet we observed that the bath panel was badly discoloured and held together with masking tape, a shower chair had rust under the seat and on the wheels, and the worktop behind the sink in the kitchen has deteriorated and cannot be adequately cleaned. This was identified as an area for improvement.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and outlined cleaning arrangements in the home.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, alarm mats. There was also evidence of consultation with relevant persons.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Areas for improvement were identified in relation to ensuring adequate staffing in the home and that resident's equipment and the premises are well maintained.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents in a timely manner. Staff were able to describe the care needs of individual residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work. Staff spoken with had appeared to know residents' needs very well.

Review of three residents' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the resident. Records evidenced risk assessments and associated care plans in relation to residents who were at risk of falls. Records reflected residents individual preferences with regards to rising and retiring times, food choices and personal interests.

Records showed residents were weighed regularly. Where a risk was identified there was evidence within care records that advice was sought from an appropriate health professional such as a dietician or a speech and language therapist.

Regarding the meal time experience in the home we could see that the dining room was spacious, clean and bright. There was a menu on display on the wall which reflected the choices available. There was a choice of two hot dishes on the lunch menu.

Food was brought to the dining room using a hot trolley; staff plated dishes which were served to residents. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised.

Residents spoken with confirmed they had a good choice of meals at meal times and drinks were observed as being freely available in the home throughout the day.

The front door to the home was not locked so that residents can come and go as they please. One resident has an alarm mat in place. A review of care records for this resident confirmed that this is documented and regularly reviewed.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes and they said there was good information sharing within the home. Staff meetings take place on a quarterly basis or more often if required. Staff also advised they were kept up to date regarding any changes during the handover period at the beginning of each shift.

Residents' care records confirmed that residents had an annual care review. The team leader explained that a review of residents' progress was ongoing and there were regular updates provided to staff from visiting professionals including occupational therapists, GP and district nurses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 12.00 hours and were greeted by staff who were helpful and attentive. Some residents were enjoying lunch whilst others were reading newspapers and chatting with each other.

Throughout the inspection staff interactions with residents were observed to be compassionate. Staff displayed good knowledge of residents' preferences and assessed needs. There was a relaxed atmosphere within the home, with residents conversing and joking with staff and each other.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Staff described how they aim to promote residents' independence, for example, by way of encouragement to help residents maintain their independence as best as possible.

Activities were provided on a daily basis and included, for example, arts, crafts, exercises, and musical events. Residents can go out shopping, attend bingo in Omagh and country music

nights at a local venue. Staff confirmed residents' spiritual needs were met within the home with visits from the local clergy.

Six residents completed questionnaires which were returned within the identified timescale of two weeks after the inspection. All responses received showed that respondents were very satisfied with the care provided in the home. The following comments were provided:

- "Top notch. The treatment and care is beyond the call of duty."
- "I enjoy the activities that are provided."

Consultation with six residents individually, and with others in smaller groups, confirmed that living in Hillside Residential Unit was a good experience. Comments from residents included:

- "It's far better here than in Strabane. We all love the bingo."
- "It is very good all right. Everyone is very good to us."
- "We are far too well looked after. Staff are lovely, every one of them."
- "Nothing is perfect but in the main I do love it here. The manager is a great help to me. There is a marvellous sense of camaraderie here and it provides a lot of order and structure for me."
- "There is always someone to turn to 24/7."

Staff were asked to complete an on line survey; we had no responses within the timescale specified. However, staff who met with the inspector during the inspection did comment positively on the care delivered and the working relationships within the home. Some of the comments included:

- "I am very happy working here. Everyone is very supportive. We try to help out and work extra shifts when we can to help the manager out."
- "There is good interaction with the residents and the management are grand."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and residents evidenced that the manager's working patterns supported effective engagement with residents, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager. Staff spoken with confirmed that the home's manager was 'very approachable' and they would have no problem in raising any issues to be addressed.

The home has a wide range of policies and procedures in place to guide and inform staff. Staff we spoke with demonstrated good understanding of their roles and responsibilities. They were aware of the reporting procedures within the home and discussed their awareness of the whistleblowing policy and procedure for the home.

Review of accidents and incidents records in the home showed these had been managed appropriately and reported onwards to relevant bodies as necessary.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care reviews, complaints, maintenance, accidents and incidents, and monthly falls audits. Further quality assurance was demonstrated from the completion of monthly monitoring visits by the registered provider.

The home had a complaints policy and procedure in place. Review of complaints records evidenced the nature of the complaint, contributing factors, the investigation, outcomes and lessons learned.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

When we spoke with staff confirmed they that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25 Stated: First time To be completed by: 30 April 2020	<p>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.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: This has been addressed - new staff have been employed.</p>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 31 March	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose. With specific reference to ensuring:</p> <ul style="list-style-type: none"> • the identified shower chair is replaced. • the identified bathroom/toilet is repaired. • The kitchen worktop can be adequately cleaned. <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Identified items replaced and awaiting new kitchen worktop.</p>

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



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