



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No:	18274
Establishment ID No:	1155
Name of Establishment:	Hillside
Date of Inspection:	30 April 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Hillside
Address:	23a Old Mountfield Road Omagh BT79 7EL
Telephone Number:	02882252822
Registered Organisation/Provider:	Mrs Bernadette Kiernan O'Donnell
Manager:	Mrs Karen Shields (Acting)
Person in Charge of the Home at the time of Inspection:	Mrs Gemma Cassidy
Other person(s) consulted during inspection:	Mr Ciaran Donaghy (Maintenance Manager)
Type of establishment:	Residential Home
Number of Registered Places:	14; RC-MP ,RC-MP(E)
Date and time of inspection:	30 April 2014 from 10.00 – 11.30 hrs
Date of previous estates inspection:	14 October 2012
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Residential Care Homes Regulations (Northern Ireland) 2005;
- Residential Care Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Mr Ciaran Donaghy and Mrs Gemma Cassidy;
- Examination of records;
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr Ciaran Donaghy and Mrs Gemma Cassidy.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 27 - Premises and grounds;
- Standard 28 - Safe and healthy working practices;
- Standard 29 - Fire Safety.

7.0 PROFILE OF SERVICE

Hillside is a two storey residential care home, situated on an elevated site on the Old Mountfield Road in Omagh close to the town centre. The building is sub divided into a residential care home and a separate private nursing home. The home is registered to provide care under the following categories:

RC - MP Mental disorder excluding learning disability or dementia;
RC – MP (E) Mental disorder excluding learning disability or dementia – over 65 years.

8.0 SUMMARY

Following the Estates Inspection of Hillside on 30 April 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds;
- Standard 29 - Fire Safety.

This resulted in two recommendations, outlined in the quality improvement plan appended to this report.

Interior decorated surfaces had received some minor damage resultant from impact with wheelchairs/hoists etc, the maintenance of building services was implemented in

accordance with good practice and redecoration works were progressing at the time of inspection.

The Estates Inspector would like to acknowledge the assistance of Mrs Gemma Cassidy and Mr Ciaran Donaghy during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

The issues listed in the report of the previous estates inspection on have been addressed.

9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activities and procedures, although there were some issues identified as requiring corrective/improvement works to comply with the listed standard. Items requiring corrective/improvement action by the registered person are detailed in report items 9.2.2 - 9.2.7, and in the attached Quality Improvement Plan section titled '**Standard 27 – `Premises and grounds`**'.

9.2.2 Shower room (adjacent Bedroom 1) wall surfaces were stained adjacent wash-hand-basin.
(Reference: Quality Improvement Plan Item 1)

9.2.3 Ground floor corridor (location bedrooms 1 to 6) skirting was chipped & marked.
(Reference: Quality Improvement Plan Item 1)

9.2.4 First floor corridor (location bedrooms 12 to 16) skirting was chipped & marked.
(Reference: Quality Improvement Plan Item 1)

9.2.5 Bathroom/shower/WC adjacent bedroom 16 wall decoration was flaking & stained.
(Reference: Quality Improvement Plan Item 1)

9.2.6 Bedroom 10 wall decoration was faded & stained.
(Reference: Quality Improvement Plan Item 1)

9.2.7 Redecoration works were in progress during the inspection and Mr Donaghy indicated that all deteriorated surfaces would be refurbished.

9.3 **Standard 28 - Safe and healthy working practices - *The home is maintained in a safe manner***

9.3.1 Safe and healthy working practices are evident in the home, in compliance with this standard; no issues have been identified for attention by the registered person.

9.3.2 The kitchen gas appliances safety verification certificates dated 13 November 2013 were presented for examination, laundry gas appliances certificates were requested for examination but were not available for inspection. Gas safety inspection report for tumble dryer dated 16/03/14 received 23 May 2014.

9.3.3 A passenger lift installation maintenance verification certificate dated 20 January 2014 was presented for examination, the Lifting Operations and Lifting Equipment Regulations thorough examination report was submitted for examination.

9.3.4 A Legionella Risk Assessment was completed on 14 May 2013 and recommended control measures are implemented.

9.3.5 The BS7671 Periodic Inspection Report for the electrical installation was completed on 2 August 2013 and was listed as valid for a period of one year.

9.4 **Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.***

9.4.1 Fire Safety procedures are completed in the home and a fire risk assessment review was completed on 29 November 2013; maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in report item 9.4.3 and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 The fire risk assessment was completed by an IFE accredited fire risk assessor, Mr John Gurney; the risk was evaluated as tolerable.

9.4.3 The fire risk assessment report recommended the designation and adaptation of a room for a smoker room facility on the ground floor of the facility. (Reference: Quality Improvement Plan Item 2)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Ciaran Donaghy and Mrs Gemma Cassidy during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

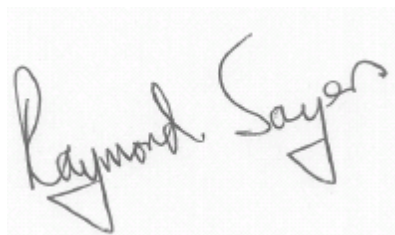
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

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

A handwritten signature in black ink that reads "Raymond Sayers". The signature is written in a cursive style with a large 'R' and 'S'.

Raymond Sayers
Estates Inspector

28 May 2014

Date



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	The Hillside Centre
Date of Inspection	21 January 2014
Name of Inspector	Gavin Doherty

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.		✓		Gavin Doherty	20/8/2014
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

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NOTES:

The details of the quality improvement plan were discussed with Ms Brenda O'Neill as part of the inspection process.

The timescales commence from the date of inspection.

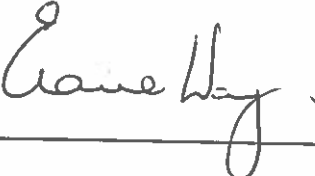
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by clients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Brenda O'Neill
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Announced Estates Inspection to the The Hillside Centre on 21 January 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 27 – Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 27 – Safe and healthy working practices

Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 26 (2)(l)	Ensure that a risk assessment in relation to the control of Legionella bacteria in the Centre's water systems is in place and that all necessary 'control measures' are implemented and maintained, with suitable records maintained and available for inspection within the centre. (Refer to 9.3.2 in the report)	12 Weeks.	Risk assessment is already in place. It is held at Estates Dept. in Derry. Copy requested and is now on-site at Hillside. This is attached for your consideration. Estates staff have confirmed with myself that any measures required are being carried out.
2	Regulation 26 (2)(l)	Confirmation should be provided that an inspection certificate, is in place in relation to the Centre's fixed electrical installation. Any remedial works required as a result must have been completed and the system deemed 'Satisfactory'. (Refer to 9.3.3 in the report)	12 Weeks.	This information also requested from Estates Dept. Electrical inspection report attached for your consideration. Estates staff have confirmed with myself that any works required have either been completed or are in process. Report now available on-site also.

Announced Estates Inspection to the The Hillside Centre on 21 January 2014

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