

Announced Care Inspection Report 20 March 2018



Hilltop Respite Unit

Type of Service: Nursing Home
**Address: Flat 1, South Tyrone Hospital, Carland Road,
Dungannon, BT70 1HX**
Tel no: 028 8771 3565
Inspector: Sharon Loane

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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 registered nursing home which provides care on a respite basis for one patient with a learning disability.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin – registration pending	Registered Manager: See box below
Person in charge at the time of inspection: Louise Donnelly	Date manager registered: Louise Donnelly – registration pending
Categories of care: Nursing Home (NH) LD – Learning disability.	Number of registered places: 1

4.0 Inspection summary

A short notice announced inspection took place on 20 March 2018 from 14.00 to 15.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Evidence of good practice was found in relation to staffing, recording keeping and providing holistic care to meet the needs of the service user that availed of respite care.

No areas requiring improvement were identified during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Louise Donnelly, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 15 February 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 15 February 2018.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that no incidents had been reported. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues. The previous inspection report was also reviewed.

Questionnaires were posted to the service user and their representatives for feedback. At the time of writing this report no responses had been received.

The following information was examined during the inspection:

- staff duty rota
- one care record
- incident and accident records
- review of monthly monitoring reports in accordance with Regulations (Northern Ireland) 2005
- records of complaints
- quality audits

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 February 2018

The most recent inspection of the home was an unannounced finance inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 16 March 2017

There were no areas for improvement identified as a result of the last care inspection.

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 confirmed that staffing levels for the home were planned to meet the needs of the patient accommodated for respite care. A review of the staffing rota for the period 16 -19 March 2018 evidenced that the planned staffing levels were adhered to. The duty rota was maintained in accordance with the Care Standards for Nursing Homes, 2015.

Staff are allocated to work in the respite unit by Woodlawn House Nursing home a Trust facility which is located in close proximity to Hilltop respite unit.

An inspection of Woodlawn House was undertaken 15 February 2018. At this inspection, there was evidence that systems were in place to enable staff to fulfil their mandatory training requirements. 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.

A review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls and/ incidents confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and was found to be warm and clean throughout. An application has been submitted to RQIA for a new self-contained unit which will provide accommodation for one patient on a respite care basis. This unit is located close to Woodlawn Nursing home which oversees the operational needs of Hilltop.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, induction and training. The manager assured that staffing levels to include skill mix were planned to ensure that the holistic needs of the service user were fully met during their period of respite care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of a care record for an identified patient evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. The registered manager advised that risk assessments and care plans are reviewed at least once a month. The nursing assessment record is reviewed on each admission for respite care.

The care records reviewed were very comprehensive and person centred to direct staff in the delivery of care. It was noted that there was no care plan in place for one identified area of need; this was raised with the manager who gave their assurance that this would be addressed without delay.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dieticians.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

A review of daily progress notes for a recent respite period evidenced that these were very comprehensive. Information reviewed evidenced that the staff had a very good knowledge of the patient’s needs and how to respond to this in a safe, effective and compassionate manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and effective communication to ensure the needs of the patient were met.

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.

Staff demonstrated a detailed knowledge of the patient's wishes, preferences and assessed needs as identified within the patient's care plan. Discussion established that the patient could make choices and decisions in respect of how they wished to spend their respite stay in regards to social and recreational activities and it was clear that the patient's preferences were supported as appropriate.

Discussion with the manager confirmed that there were systems in place to obtain the views of the patient, their representative and staff. Questionnaires were issued to the patient who avails of the respite service and their representatives. At the time of writing this report these had not been returned.

Areas of good practice

There were examples of good practice identified for example, in relation to listening to and taking account of the choices and preferences of the patient using the service.

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 registration certificate was up to date and displayed appropriately.

Since the previous care inspection there has been a change in the management arrangements for the home. RQIA were notified of the changes as required and an application to register the manager has been received.

Discussion with the manager evidenced that there was a clear organisational structure within the home. There was evidence that the patient availing of respite care at the time of the inspection knew the manager and staff well.

Policies and procedures were available for staff to access and refer to as required.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Since the last care inspection no complaints had been received.

Discussion with the manager confirmed that they were knowledgeable in regards to the criteria for submitting notifications to RQIA. No notifications were received since the last care inspection and a review of information confirmed that none were required to be notified.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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