

**Unannounced Care Inspection**  
**Of**  
**Hillview Lodge**  
**15 April 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 15 April 2015 from 10.30 to 15.30. The focus of this inspection was to follow up on issues identified during the previous inspection on 29 October 2014.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 29 October 2014.

### 1.2 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Julie Taylor, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Bernadette Kiernan O'Donnell	<b>Registered Manager:</b> See box below
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Julie Taylor	<b>Date Manager Registered:</b> Not registered
<b>Categories of Care:</b> NH-I, NH-DE (4)	<b>Number of Registered Places:</b> 20
<b>Number of patients accommodated on day of inspection:</b> 19	<b>Weekly Tariff at Time of Inspection:</b> £567.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

## 4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 19 patients either individually or in small groups. Discussion was also undertaken with seven care staff and one member of nursing staff.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- records of accident/notifiable events
- staff training records
- policies on continence care.

## 5.0 The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 29 October 2014. The completed QIP was returned and approved by the aligned care inspector.

## 5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated: First time</b>	<p>The responsible person shall ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients.</p>	<b>Met</b>
	<p>The manager should review the practice of seating patients on wheel chairs for prolonged periods of time and ensure that patients are seated appropriately based on an assessment of their individual needs.</p> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with patients and the manager evidenced that patients are given a choice of where they wish to sit. Those patients who choose to remain in wheelchairs have risk assessments and care plans in place to reflect pressure relief.</p>	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 12 (4)  <b>Stated: First time</b>	<p>The responsible person should ensure that the meal service is managed in an efficient and caring manner with menus reflecting a choice at each mealtime. The meal service should be supervised by a registered nurse or senior member of staff and appropriate support should be provided to patients who require assistance.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  The meal service was supervised by a registered nurse and was well managed. The manager confirmed that all meals are supervised by a nurse/senior care assistant.</p>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated: First time</b>	<p>The responsible person should ensure that bowel and bladder continence assessments include patients' normal bowel pattern and the type of continence products to be used.</p>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Review of a sample of three patients care records evidenced that this recommendation had been met.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 19.1  <b>Stated: First time</b>	The responsible person should ensure that a specific care plan for the management of continence is in place to meet the patients assessed needs and these care plans should be audited regularly.  <b>Action taken as confirmed during the inspection:</b> Review of a sample of three patients care records evidenced that a specific care plan for the management of continence was in place to meet the patients assessed needs, however there was no evidence that these care plans had been audited regularly.	Partially met
<b>Recommendation 3</b>  <b>Ref:</b> Standard 19.2  <b>Stated: First time</b>	The responsible person should ensure that the incontinence management and catheter care policies are reviewed and updated to reflect best practice guidance. The manager should also ensure that a policy and procedure has been developed to cover the management of stoma care.  <b>Action taken as confirmed during the inspection:</b> The catheter care policy had been reviewed and updated on 10 March 2015 to reflect best practice. The management of incontinence policy was dated 31 December 2003 and focused on urinary incontinence. This policy should be reviewed to include the management of faecal incontinence. There was no evidence of a policy for the management of stoma care. While there were no patients with a stoma in the home, it is recommended that this policy be developed in advance of patients being admitted.	Partially met
<b>Recommendation 4</b>  <b>Ref:</b> Standard 19.4  <b>Stated: First time</b>	The responsible person should ensure that registered nurses have been deemed competent in the management of male catheterisation.  <b>Action taken as confirmed during the inspection:</b> We reviewed training certificated provided by Western HSC Trust confirming that three nurses had completed training in male catheterisation.	Met

<b>Recommendation 5</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time	The responsible person should ensure that activities are planned and provided with regard to the needs of the patients.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the activities therapist and review of activities records evidenced that more structure is needed in the assessment, planning and evaluation of activities.	
<b>Recommendation 6</b> <b>Ref:</b> Standard 28.4 <b>Stated:</b> First time	The responsible person should review the training provided to the identified member of staff and ensure training in dementia awareness and patient dignity and human rights is up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of training records evidenced that four staff (including the identified member of staff) were undertaking a 12 week Sterling University course in dementia care.	
<b>Recommendation 7</b> <b>Ref:</b> Standard 30.7 <b>Stated:</b> First time	The responsible person should ensure that staff duty rotas reflect the name of the manager and the number of management hours allocated to Hillview Lodge.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three weeks duty rotas evidenced that this recommendation had been met.	
<b>Recommendation 8</b> <b>Ref:</b> Standard 37.7 <b>Stated:</b> First time	The responsible person should ensure that staff risk assess the storage of topical creams in bedrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of three patients care records evidenced that risk assessments have been completed and included in patients care plans.	
<b>Recommendation 9</b> <b>Ref:</b> Standard 34.1 <b>Stated:</b> First time	The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. The following issues were identified which require to be addressed:	<b>Met</b>
	<ul style="list-style-type: none"> <li>the carpet in one identified patients bedroom was stained</li> </ul>	

	<ul style="list-style-type: none"> <li>the veneer was worn exposing bare wood on a number of vanity units in bedrooms (making them difficult to clean effectively)</li> <li>there was inappropriate storage of boxes of incontinence products in a bathroom.</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and inspection of the internal environment confirmed that this recommendation had been met.</p>	

### Areas for Improvement

The registered person must review and expand the incontinence management policy to ensure that it reflects best practice guidance and include a policy on the management of stomas. Continence care plans should be audited regularly. Improvements in recording the assessment, planning and evaluation of activities will further enhance the quality of life in the home.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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## 5.3 Additional Areas Examined

### 5.3.1 Management arrangements in the home

The Manager, Mrs Julie Taylor is also the registered manager for Hillcrest, a sister home on the same site as Hillview Lodge. An application for registration as manager of Hillview Lodge was received by RQIA and is being processed according to the registration procedures.

### 5.3.2 Consultation with patients and staff

The inspectors were able as part of the inspection process to meet with 19 patients either individually or in small groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below;

- “I am very happy here there.”
- “The food here is good and I always have enough to eat.”

No patient representatives or professional visitors were available in the home at the time of the inspection.

During the inspection the inspectors spoke with seven staff members. The inspectors were able to speak to a number of these staff individually and in private. Staff responses in discussion indicated that staff received an induction, completed mandatory training and were very satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Examples of staff comments were as follows:

- “This is a good place to work.”
- “We all work well as a team and the patients are very well looked after.”

### 5.3.3 Staffing levels

Review of a sample of staff duty rosters for a three week period spanning the week of the inspection and the previous two weeks, observation during the inspection and discussion with patients and staff evidenced that staffing levels were sufficient to meet the care needs of the patients.

## 6.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Julie Taylor as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



Quality Improvement Plan			
Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated: Second time</b>  <b>To be Completed by:</b> <b>31 May 2015</b>	The responsible person should ensure that care plans for the management of continence should be audited regularly.		
	<b>Response by Registered Person Detailing the Actions Taken:</b> Continence audits implemented		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 19.2  <b>Stated: Second time</b>  <b>To be Completed by:</b> <b>31 May 2015</b>	The responsible person should ensure that the incontinence management and catheter care policies are reviewed and updated to reflect best practice guidance. The manager should also ensure that a policy and procedure has been developed to cover the management of stoma care.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policies reviewed and updated. Stoma Care policy being developed.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 13.1  <b>Stated: Second time</b>  <b>To be Completed by:</b> <b>31 May 2015</b>	The responsible person should ensure that activities are planned and provided with regard to the needs of the patients. Activities records should evidence a structured approach to the assessment, planning and evaluation of activities.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> 1:1 assessments, interest checklists and monthly reviews implemented by activity therapist.		
<b>Registered Manager Completing QIP</b>		Julie Taylor	<b>Date Completed</b> 26.05.15
<b>Registered Person Approving QIP</b>		Therese McGarvey	<b>Date Approved</b> 26.05.15
<b>RQIA Inspector Assessing Response</b>		Bridget Dougan	<b>Date Approved</b> 29.05.15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**